

MLN Matters Number: **MM6276 Revised** Related Change Request (CR) #: **6276**

Related CR Release Date: **December 5, 2008** Effective Date: **March 5, 2009**

Related CR Transmittal #: **R4100TN** Implementation Date: **March 5, 2009**

Process for Recovering Medicare Payments for Home Health Prospective Payment System (HH PPS) Claims Failing to Report Prior Hospitalizations

Note: This article was revised on April 10, 2018, to update Web addresses. All other information remains the same.

Provider Types Affected

Home health agencies (HHAs) who bill Regional Home Health Intermediaries (RHHI) for services provided to Medicare beneficiaries.

CAUTION – What You Need to Know

CR 6276 provides Regional Home Health Intermediaries (RHHI) instructions for overpayment recoveries associated with Office of Inspector General (OIG) findings related to HH PPS claims and OASIS item M0175.

It provides that:

1. RHHIs will take no action on OIG reports regarding M0175 overpayment for services in calendar years 2001 through 2004.
2. RHHIs will act on OIG claim files provided in association with any current and future OIG reports regarding M0175 overpayments for services in calendar years 2005 through 2007. The RHHIs will notify each HHA that their identified claims will be reopened in response to the reports and, after such notification, the RHHIs will recover any overpayments for such services in accordance with the Medicare Modernization Act (MMA) 935-compliant processes.

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Background

In 2003, the OIG reported to the four RHHIs that the Medicare program is at risk for making excess payments when certain Outcomes and Assessment Information Set (OASIS) information is reported in error on HH PPS claims. Specifically, when home health agencies (HHA) report, in OASIS item M0175, that a beneficiary has not been discharged from a hospital within 14 days of the start of home health care, that beneficiary's claim may (in some cases) be submitted using a Health Insurance Prospective Payment System (HIPPS) code for a higher paying payment group.

The OIG recommended that the Centers for Medicare & Medicaid Services (CMS) and the RHHIs take action to prevent and to recover these excessive payments. In response, in April 2004 Medicare implemented pre-payment edits to ensure that claims failing to report prior hospitalizations were identified and recoded (whenever Medicare systems had sufficient information to do so). In addition, CMS issued a series of instructions regarding post-payment adjustment of claims previously paid in error.

Change Request (CR) 5085, released October 2006, provided directions for adjusting claims for services in fiscal year 2001, following a process that is compliant with the requirements of section 935 of the Medicare Modernization Act. (You might want to refer to the related MLN Matters article MM5085 -- *Changes to the Process for Recovering Medicare Payments for Home Health Prospective Payment System (HH PPS) Claims Failing to Report Prior Hospitalizations* – which you can find at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM5085.pdf> on the CMS website.) CR 5085 stated that further instructions regarding claims for services in October 2001 and later would be provided in a separate transmittal. CR 6276, from which this article is taken, provides those instructions:

1. Because CMS has found that, on appeal, a significant volume of recoveries have been reversed because providers did not receive timely notice of the reopening of their claims, RHHIs will take no action on OIG reports regarding M0175 overpayment for services in calendar years 2001 through 2004, since reopening these claims is no longer timely.
2. RHHIs will, however, act on OIG claim files provided in association with any current and future OIG reports regarding M0175 overpayments for services in calendar years 2005 through 2007. After notifying each HHA that their identified claims will be reopened in response to the reports, the RHHIs will recover any overpayments for such services in accordance with MMA 935-compliant processes outlined in CRs 5873 and 6183. MLN Matters article MM6183 covers CR6183 and the article is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6183.pdf>.

Finally, you should be aware that the HH PPS case-mix system refinement, effective January 1, 2009, removed OASIS item M0175 from the list of items that affect HH PPS payments.

Therefore since M0175 overpayments are not a long term vulnerability of the payment system, systematic changes and national processes to coordinate action on OIG reports regarding such overpayments are no longer warranted.

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Additional Information

You can find the official instruction, CR 6276, issued to your RHHI by visiting <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R4100TN.pdf>.

.If you have any questions, please contact your RHHI at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html>

Document History

Date of Change	Description
April 10, 2018	This article was revised to update Web addresses.
December 6, 2008	Initial article released

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