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By Nina Youngstrom

◆ CMS's supplemental medical review contractor said May 7 it will conduct postpayment reviews of inpatient rehabilitation claims billed on dates of service between Jan. 1, 2019, and Dec. 31, 2019.^[1]

◆ In a Medicare provider compliance audit,^[2] the HHS Office of Inspector General (OIG) said Suncoast Hospice in Clearwater, Florida, received \$47 million in improper Medicare payments. The overpayment finding is an estimate based on OIG's sample results. OIG audited a random sample of 100 hospice claims submitted for services provided between July 2015 and June 2017 and had an independent medical review contractor evaluate whether the hospice services satisfied coverage, medical necessity and coding requirements. Their findings: 49 claims didn't comply with Medicare requirements. For example, for 30 of the claims, a terminal prognosis wasn't supported in the beneficiary's clinical records. "On the basis of our sample results, we estimated that Suncoast received at least \$47,363,971 in improper Medicare reimbursement for hospice services that did not comply with Medicare requirements," OIG said. In a written response on behalf of Suncoast, the law firm Husch Blackwell said the hospice engaged three "expert hospice physicians" to review the disputed claims, and they confirmed the hospice patients were eligible for hospice services. Also, the law firm called the extrapolation "invalid and inappropriate."

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