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◆ In a new report following up on Medicare provider audits of 12 hospitals, the HHS Office of Inspector General (OIG) said CMS is not giving OIG enough information to determine whether overpayments have been fully recovered and other oversight recommendations implemented.^[1] In the 12 audits, OIG reviewed 1,290 inpatient and outpatient claims using statistical sampling and identified 387 improperly paid claims worth \$5.3 million in net overpayments. “Based on our sample results, we estimated that these 12 hospitals were overpaid \$85.5 million,” OIG said. After hospitals successfully appealed some of the overpayment determinations, OIG concluded the overpayments were \$82 million. But there are questions about how much of the money has been recouped from hospitals or improvements implemented. “With respect to our recommendations to repay funds, CMS provided us with insufficient information; therefore, we could not identify the actions CMS had taken to ensure that our recommendations were implemented,” OIG said. “With respect to our recommendations to follow the 60-day rule, CMS provided us with insufficient information; therefore, we could not ensure that our recommendations were implemented. With respect to our recommendations to strengthen internal controls, CMS acted on most of these recommendations. As a result of CMS’s incomplete responses, we are not able to verify that some hospitals have repaid funds or implemented our recommendations to follow the 60-day rule and strengthen internal controls. CMS could use our hospital compliance audit reports to enhance its oversight of the Medicare program.”

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