

Report on Medicare Compliance Volume 28, Number 4. February 04, 2019 Hospital Pays \$2.33M in CMP Case on Psych Certifications, Recerts

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UMass Memorial HealthAlliance–Clinton Hospital in Massachusetts agreed to pay \$2.33 million to settle a civil monetary penalty case about questionable documentation for Medicare inpatient psychiatric services. Certifications and recertifications, which support the medical necessity of treatment for the patient’s condition, weren’t consistently found in the medical records at its Geriatric Medical Psychiatric Unit. Although the hospital fixed that problem, another one surfaced when the hospital was monitoring the corrective action plan, and it subsequently self-disclosed to the HHS Office of Inspector General, according to the settlement and an OIG memo.

During due diligence conducted for a merger of HealthAlliance and Clinton Hospital, there was a risk assessment of inpatient psychiatric services at Clinton Hospital’s Geriatric Medical Psychiatric Unit. The hospital did two back-to-back internal reviews covering Jan. 1, 2011, through Jan. 20, 2017. During the first review, which covered the six-year look back period required by the Medicare 60-day overpayment return rule, the hospital allegedly “determined that the medical records did not consistently contain the appropriate documentation to satisfy Medicare requirements. While monitoring corrective measures implemented to address this issue, the hospital discovered that one of the newly implemented documentation processes resulted in the inappropriate manipulation of dates on certain forms,” OIG said. That’s when the second review was conducted, which covered the last six months.

The hospital was accepted into the OIG Self-Disclosure Protocol in June 2018. OIG contends the hospital submitted claims to Medicare that it knew or should have known were false or fraudulent. It didn’t admit liability in the settlement.

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