DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF AUDIT SERVICES
233 NORTH MICHIGAN AVENUE
CHICAGO, ILLINOIS 60601

REGION V
OFFICE OF
INSPECTOR GENERAL

Report Number: A-05-03-00051

July **16, 2003**

Ms. Lynda Northcutt
Vice President, Medicare Administration
Cahaba Government Benefit Administrators
P.O. Box 830139
Birmingham, Alabama 35283-0139

Dear Ms. Northcutt,

Enclosed are two copies of the U.S. Department of Health and Human Services (HI-IS), Office of Inspector General, Office of Audit Services' (OAS) report entitled "Ineligible Medicare Payments to Skilled Nursing Facilities Under the Administrative Responsibility of Cahaba Government Benefit Administrators." A copy of this report will be forwarded to the action official noted below for review and any action deemed necessary.

Final determination as to actions taken on all matters reported will be made by the HHS action official named below. We request that you respond to the HHS action official within 30 days from the date of this letter. Your response should present any comments or additional information that you believe may have a bearing on the final determination.

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To facilitate identification, please refer to Report Number A-05-03-00051 in all correspondence relating to this report.

Sincerely,

Paul Swanson

Paul Swanson
Regional Inspector General
for Audit Services

Enclosures – as stated

Direct Reply to HHS Action Official:

Rose Crum-Johnson – CMS Regional Administrator
Centers for Medicare & Medicaid Services – Region IV
Atlanta Federal Center
61 Forsyth Street, S.W., Suite 4T20
Atlanta, Georgia 30303-8909

Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

INELIGIBLE MEDICARE PAYMENTS TO SKILLED NURSING FACILITIES UNDER THE ADMINISTRATIVE RESPONSIBILITY OF CAHABA GOVERNMENT BENEFIT ADMINISTRATORS

July 2003
A-05-03-00051

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The designation of financial or management practices as questionable or a recommendation for the disallowance of costs incurred or claimed, as well as other conclusions and recommendations in this report, represent the findings and opinions of the HHS/OIG/OAS. Authorized officials of the HHS divisions will make final determination on these matters.

EXECUTIVE SUMMARY

OBJECTIVE

The audit objective was to determine the extent of ineligible Medicare Skilled Nursing Facilities (SNF) payments contained in our database of payments made under the administrative responsibility of Cahaba Government Benefit Administrators (GBA).

FINDINGS

We estimate that the Medicare program improperly paid $3.3 million to SNF providers that should be recovered by Cahaba GBA. Based on a sample of 200 SNF stays, we estimate that 84.5 percent of the Cahaba GBA database is not in compliance with Medicare regulations requiring a three consecutive day inpatient hospital stay within 30 days of SNF admission.

The absence of automated cross-checking, within the Centers for Medicare and Medicaid Services' (CMS) Common Working File (CWF) and Cahaba GBA's claims processing systems, allowed ineligible SNF claims to be paid. Because a comparison of the actual dates of the inpatient stay on the hospital claim to the inpatient hospital dates on the SNF claim did not occur, a qualifying three-day hospital stay preceding the SNF admission was not verified. Neither the CWF nor Cahaba GBA have an automated means to match an inpatient stay to a SNF admission and to generate a prepayment alert that a SNF claim does not qualify for Medicare reimbursement. As a result, unallowable SNF claims amounting to $3.3 million were paid without being detected.

RECOMMENDATIONS

We recommend that Cahaba GBA:

- Initiate recovery actions estimated to be $3.3 million or support the eligibility of the individual stays included in the database.

- Initiate SNF provider education to emphasize Medicare interpretations which establish an eligible three-day inpatient hospital stay and qualify a SNF admission for Medicare reimbursement.

In a written response to our draft report, Cahaba generally concurred with our recommendations but requested that we provide them only those claims in our database that involve ineligible SNF stays. Upon receiving direction from CMS, they will initiate recovery action. Although we will provide Cahaba our database, we believe that the recommended recovery action is within their scope of responsibility and area of expertise to determine which claims are ineligible and recoverable.

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Glossary of Abbreviations and Acronyms

CFR	Code of Federal Regulations
CMS	Centers for Medicare and Medicaid Services
CWF	Common Working File
FI	Fiscal Intermediary
HIC	Health Insurance Claim
INPL	Inpatient Listing
SNF	Skilled Nursing Facility

INTRODUCTION

BACKGROUND

Skilled Nursing Facilities

A SNF is an institution primarily engaged in providing skilled nursing care and related services to residents who require medical or nursing care and the rehabilitation for the injured, disabled, and sick. To qualify for Medicare reimbursement, a SNF stay must be preceded by an inpatient hospital stay of at least three consecutive days, not counting the date of discharge, which is within 30 days of the SNF admission.

Regulations

The legislative authority for coverage of SNF claims is contained in Section 1861 of the Social Security Act; governing regulations are found in Title 42 of the Code of Federal Regulations (CFR); and CMS coverage guidelines are found in both the Intermediary and Skilled Nursing Facility Manuals.

Data Analysis of Ineligible SNF Stays Nationwide

In a previous, self-initiated review of SNF compliance with the three-day inpatient hospital stay requirement in the State of Illinois, we identified improper Medicare payments for calendar year 1996 of approximately $1 million (CIN A-05-99-00018). Because of the significance of the improper payments in one state, we expanded our review to calendar years 1997 through 2001 and to SNF stays nationwide. In order to quantify the extent of improper SNF payments nationwide, we created a database of SNF claims that were paid even though CMS's automated systems did not support the existence of a preceding three-day inpatient hospital stay. Using the claim data from the CMS National Claims History Standard Analytical File, we matched SNF and inpatient hospital claims and identified 60,047 potentially ineligible SNF claims with potentially improper reimbursements of $200.8 million.

In developing our nationwide database, all SNF claims, with service dates between January 1, 1997 and December 31, 2001, were extracted from the CMS National Claims History Standard Analytical File. We excluded all SNF claims with a zero dollar payment or identification with a Health Maintenance Organization. We also extracted inpatient hospital claims, with dates of service between January 1, 1996 and December 31, 2001, which were associated with the beneficiary Health Insurance Claim (HIC) numbers on the extracted SNF claims.

We created a file of inpatient hospital stays using the hospital admission and discharge dates for the extracted inpatient claims and created a SNF file by combining all the extracted SNF claims indicating an admission date within 30 days of a previous discharge. The files of inpatient hospital and the SNF stays were then sorted by HIC number and compared to determine whether an inpatient hospital stay actually occurred within 30 days of SNF admission. We extracted all SNF stays with an inpatient stay within 30 days of SNF admission, but less than three days in

length. Based on our previous review in Illinois, we excluded all SNF stays with no inpatient hospital stay prior to admission. These situations likely pertained to the beneficiary having either a Veterans Administration or private-pay qualifying inpatient hospital stay which made the SNF stay eligible for Medicare reimbursement.

By arraying the database by the Fiscal Intermediary (FI) responsible for the SNF payments, we determined that Cahaba GBA is responsible for 908 potentially ineligible SNF stays, consisting of 1,522 SNF claims and reimbursed by Medicare in the amount of $3.8 million.

OBJECTIVE, SCOPE AND METHODOLOGY

The audit objective was to determine the extent of ineligible Medicare SNF payments made under the administrative responsibility of Cahaba GBA.

We performed our audit in accordance with generally accepted government auditing standards. This audit is part of a nationwide review of ineligible SNF payments. Accordingly, this report is part of a series of reports to be issued to the FIs identified in our national database. In addition, a roll-up report will be issued to CMS, combining the results of the FI audits. Our review was limited to testing the extent of ineligible Medicare SNF payments associated with the financial and administrative responsibility of Cahaba GBA. Our database identified 908 potentially ineligible SNF stays, which included 1,522 SNF claims reimbursed in the amount of $3.8 million under Cahaba GBA's responsibility.

Because of the limited scope of our review, we did not review the overall internal control structure of Cahaba GBA. Our internal control testing was limited to a questionnaire relating to the claim processing system edits in place at Cahaba GBA for SNF claim payments.

Our fieldwork was performed in the Chicago Regional Office during February and March 2003.

Methodology. Since our substantial data analysis established a database of SNF claims that were paid even though CMS's National Claim History File did not support the existence of a preceding three-day inpatient hospital stay, our audit testing was limited to determining whether any other sources supported the required inpatient stay. In essence, our validation process consisted of determining whether any eligible SNF stays were inadvertently included in the database. We selected a statistical sample of 200 SNF stays from the Cahaba GBA database (reimbursed at $781,747) and compared the SNF admission to inpatient information on the CWF system. For each of the 200 SNF stays selected in our sample, we reviewed the Inpatient Listing (INPL) claims screen from the various CWF host sites to identify any inpatient stays omitted from our database which would make the SNF stay eligible for Medicare reimbursement.

Using the Department of Health and Human Services, Office of Inspector General, Office of Audit Services RAT-STATS Unrestricted Variable Appraisal Program, we projected the amount of SNF payments eligible for Medicare reimbursement. Since our database was intended to quantify only ineligible Medicare reimbursements, we used the "difference estimator" estimation method to measure the amount of eligible Medicare reimbursements that were inadvertently

included in the database. Using the difference estimator, we adjusted the database of ineligible SNF payments and calculated the upper and lower limits at the 90 percent confidence level. We estimate that the lower limit of the 90th percentile of ineligible SNF payments under Cahaba GBA's responsibility amounted to $3.3 million during the period January 1, 1997 to December 31, 2001. Details of our sample methodology and estimation are presented in the Appendix.

FINDINGS AND RECOMMENDATIONS

We estimate that the Medicare program improperly paid SNF providers $3.3 million that Cahaba GBA should recover. Eighty-four and one half percent of the 908 SNF stays in the Cahaba GBA database were not in compliance with Medicare regulations requiring a three consecutive day inpatient hospital stay within 30 days of the SNF admission. In accordance with 42 CFR, section 409.30, a SNF claim generally qualifies for Medicare reimbursement only if the SNF admission was preceded by an inpatient hospital stay of at least three consecutive calendar days, not counting the date of discharge, and was within 30 calendar days after the date of discharge from a hospital. The majority of the potentially ineligible SNF payments within our database did not have the required inpatient stay and should be recovered.

No Automated Matching

We attribute the significant amount of improper Medicare SNF payments to the lack of automated procedures within the CWF and Cahaba GBA's claims processing systems. SNF claims are not matched against a history file of hospital inpatient claims to verify that a qualifying hospital stay preceded the SNF admission. Consequently, neither the CWF nor Cahaba GBA have an automated means of assuring that the SNF claims are in compliance with the three consecutive day inpatient hospital stay regulations and eligible for Medicare reimbursement.

Instead of an automated match of inpatient and SNF claims data, SNFs are on an honor system. The automated edits, in place in the CWF and Cahaba GBA claims processing systems, merely ensure that the dates of a hospital stay have been entered on the SNF claim form. As the SNF claim is processed, edits ensure that the hospital dates on the SNF claim indicate a stay of at least three consecutive days. If the SNF mistakenly enters inaccurate hospital dates reflecting a three consecutive day hospital stay, the edits are unable to detect the errant data that renders the claim ineligible for Medicare reimbursement. Consequently, the ineligible SNF claim is processed for payment.

Relative to the improper SNF payments that we identified in our database, some SNFs may not understand that a particular day in a beneficiary's hospital stay may not be considered an inpatient day under Medicare regulations. We determined that occasionally a beneficiary's hospital stay of three consecutive days will include a day of outpatient services, such as emergency room or observation care preceding the actual inpatient services. When this situation occurs, the Medicare Hospital Manual, section 400D, states that the outpatient services, rendered during the hospital visit, are treated as inpatient services for billing purposes only. The first day of inpatient hospital services is the day that the patient is formally admitted as an inpatient, which is subsequent to the

patient's release from the emergency room or from observational care. A SNF's misunderstanding of these Medicare regulations will result in an incorrect claim of a three consecutive day hospital stay. The hospital's related inpatient claim will appropriately reflect two days of inpatient care. Since SNF claims are not matched against a history file of hospital inpatient claims, the disparity in the hospital days listed on the SNF and the hospital claims are not detected.

Although we have detected a weakness in the claims processing systems that enables a significant dollar amount of ineligible SNF claims to be paid, the processing of the SNF and inpatient claims by different contractors and delayed claims submission practices by Medicare providers may preclude an effective prepayment matching routine for SNF claims. Hospital providers may have their claims processed by FIs different than those processing the related SNF claims, and Medicare providers have up to 27 months, after the date of service, to submit a claim. Under these circumstances, the FI processing the SNF claims would not have the inpatient claim data necessary for an effective and efficient prepayment matching with SNF claims. While the CWF system would have all the inpatient hospital claim data and SNF claim data necessary for a matching procedure, the time allowed by Medicare regulations for providers to submit claims might result in a high incidence of inappropriately suspended SNF claims. Although generally SNFs submit claims more promptly than hospitals, it is not uncommon for a SNF to submit several claims for a prolonged beneficiary stay, before the hospital submits the claim for the qualifying hospital stay. Consequently, it is foreseeable that hospital inpatient claims data would not be available on the automated system for a prepayment matching, at the time a SNF claim is submitted for processing.

Although the cause of the improper SNF payments in the Cahaba GBA database is not directly attributable to any inappropriate action or inaction by Cahaba GBA, we believe that our review has identified the need for Cahaba GBA to educate SNF providers about the Medicare reimbursement regulations.

EFFECT

Out of the potential unallowable database of $3.8 million, we estimate that improper Medicare SNF payments under Cahaba GBA's responsibility for the period January 1, 1997 through December 31, 2001 amounted to $3.3 million. From the Cahaba GBA database, we confirmed that 169 of the 200 SNF stays sampled were not in compliance with Medicare regulations requiring a three consecutive day inpatient hospital stay within 30 days of the SNF admission.

We determined that 31 SNF stays in our sample were eligible for Medicare reimbursement based on a three-day hospital stay. For these 31 stays, we found inpatient claims which were listed on the CWF host sites. For some unknown reason, these admissions were not transmitted to the CMS National Claims History File, used to create our database. If these claims had been included in our cross match procedure, the SNF stay would have been eligible and excluded from the database. Based on the results of our sample, we estimate that 84.5 percent of the 908 SNF stays and $3.3 million of the payments in the Cahaba GBA database were not in compliance with Medicare reimbursement regulations.

To assist in the identification and recovery of the unallowable SNF payments, we will make the necessary arrangements for the secure transfer of the database to the designated Cahaba GBA officials.

RECOMMENDATIONS

We recommend that Cahaba GBA:

- Initiate recovery actions estimated to be $3.3 million or support the eligibility of the individual stays included in the database.

- Initiate SNF provider education to emphasize Medicare interpretations which establish an eligible three-day inpatient hospital stay and qualify a SNF admission for Medicare reimbursement.

CAHABA'S RESPONSE

In a written response to our draft report, Cahaba concurred with our recommendations but requested that we provide them only those claims in our database that involve ineligible SNF stays. Upon receiving direction from CMS, they will initiate recovery action. In addition, Cahaba stated that they have been educating the SNF community on the requirement of a qualifying inpatient hospital stay prior to SNF admission since May 1997 and will provide another session in the summer of 2003. Although their claims processing system has edits in place to ensure the SNF claim reports a three-day hospital stay, they agreed that neither their system nor the CWF has the capability to cross match such information to a hospital claim.

OAS COMMENTS

We will provide Cahaba our database but believe that the recommended recovery action is within their scope of responsibility and area of expertise. They should coordinate their review with the billing SNF and establish whether the individual claims associated with each SNF stay were ineligible and recoverable.

APPENDICES

APPENDIX A

SAMPLING METHODOLOGY

ESTIMATION METHODOLOGY

Using the Department of Health and Human Services, Office of Inspector General, Office of Audit Services RAT-STATS Unrestricted Variable Appraisal Program, we projected the amount of SNF payments eligible for Medicare reimbursement. Since our substantial data analysis identified a database of potentially ineligible Medicare reimbursements, we used the "difference estimator" estimation method to measure the effect of the projected amount of eligible payments in the database and, thus, estimate the extent of ineligible Medicare SNF payments contained in our database. We calculated the upper and lower limits of our adjusted estimate of ineligible SNF payments, at the 90 percent confidence level, by subtracting the upper and lower limits of our projected eligible payments from the original database value of $3,788,721.

SAMPLE RESULTS

The results of our review are as follows:

Number of SNF Stays	Sample Size	Value of Sample	Number of SNF Stays Eligible for Payment	Value of SNF Stays Eligible for Payment
908	200	$781,747	31	$90,145

VARIABLE PROJECTION

Point Estimate $409,260

90% Confidence Interval

Lower Limit	$286,765
Upper Limit	$531,755

Calculation of estimated ineligible SNF payments at the lower and upper limit of the 90% confidence interval:

Database Value		$3,788,721	Database Value		$3,788,721
Upper limit	(-)	$531,755	Lower limit	(-)	$286,765
Lower Limit As Reported		**$3,256,966**	**Upper Limit**		**$3,501,956**

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

May 7,2003

Report Number: A-05-03-00051

Mr. Stephen Slamar
DHHS-OIG Office of Audit Services
233 North Michigan Avenue, Suite 1360
Chicago, Illinois 60601

Dear Mr. Slamar:

We have received the correspondence dated April 9, 2003 from Mr. Paul Swanson regarding Report Number A-05-03-00051. We have reviewed the draft report concerning ineligible Medicare payments made to skilled nursing facilities under the responsibility of Cahaba Government Benefit Administrators.

As requested in Mr. Swanson's letter, we would like to submit the following information for your consideration:

I. Provider Education

Cahaba GBA started educating the SNF provider community in May of 1997 on the requirement of a qualifying inpatient stay prior to a SNF admission. The early education efforts were focused on updates to the Medicare Guide to Billing, which were mailed hardcopy to our SNF providers, and through workshops conducted in Iowa and South Dakota. In each year following 1997, our Medical Education and Outreach department has continued to educate the SNF community on the necessity of a qualifying inpatient stay. These efforts have continued to revolve around updates to the Medicare Guide to Billing, provider workshops and articles in our internally published .Newsline. With the exception of the 2000 fiscal year we have completed at least 4 and as many as 22 workshops each year. We have issued numerous articles in our monthly provider Newsline publication, and kept our Medicare Guide to Billing current. Both documents are available through our Medicare website.

We will provide another session for all SNF's this summer and will specifically emphasize the following points:

A. "To qualify for Medicare reimbursement, a SNF stay must be preceded by an inpatient hospital stay of at least **3** days, not counting the date of discharge, which is within 30 days of the SNF admission."

B. "Occasionally **a** beneficiary's hospital stay of three consecutive days will include' a day of outpatient services, such as emergency room or observation care preceding the actual inpatient services. When this situation occurs, the Medicare Hospital Manual, section **400D,** states that the outpatient services, rendered during the hospital visit, are treated as inpatient services for billing purposes only. The first day of inpatient hospital services is the day that the patient is formally admitted as an inpatient, which is subsequent to the patient's release from the emergency room or from observational care. A SNF's misunderstanding of these Medicare regulations will result in an incorrect claim of the three consecutive day hospital stay."

II. Fiscal Intermediary Standard System (FISS) and Common Working File (CWF)

A. The Standard System (FISS) contains multiple edits to validate data entered with Occurrence Span Code 70. These edits include validating the data to ensure that it is a valid date (format) and to ensure that the span is indeed **3** days. Editing also exists to ensure that initial SNF claims contain data regarding a qualifying stay. FISS documentation appears to demonstrate that this editing was in place prior to 1997 and is still active. If FISS edits encountered claims with invalid/incomplete dates, or date spans that were not at least **3** days, the claim was returned to the provider (RTP).

B. FISS does not appear to have any editing to validate an Occurrence Span Code 70 with an actual inpatient claim to agreement with the OSC 70 dates and an inpatient bill. We do not believe it would be feasible for such **an** edit to be placed within the system. In many cases the inpatient stay could occur at an inpatient facility under the jurisdiction of another FI. Any editing performed outside of CWF would need to be performed again at the CWF host to identify cases where an FI processed the inpatient claim and another FI had the SNF bill. Performing this type of editing prior to CWF would not eliminate the need of a claim to process through CWF, so nothing would be gained even in the case where both claims were handled by the same FI.

C. CWF does not appear to have any editing to ensure agreement between the OSC 70 entry on a SNF claim and the qualifying inpatient claim. This conclusion was drawn based upon a review of the FISS reason code file. CWF error codes match back to FISS reason codes (to allow the FI to

identify and adjudicate any CWF error). **A** search of C WF Infoman did not result in the identification of any similar edits either.

D. CWF does not appear to have any editing that is different than that contained within the Standard System (FISS). This conclusion was based upon a search of CWF Infoman.

III. Recovery Effort

A. Of the remaining 708 claims to be reviewed, we would ask the Office of the Inspector General (OIG) to review and forward only those claims which involve ineligible stays and therefore require adjustments in order to recoup overpayments. We would need specific details for each claim requiring a recoupment effort. This would include the HIC number, date(s) of service, patient name, provider name, and the ineligible chargelpayment.

B. Once we are directed by CMS we will initiate the recovery actions on all claims identified by the OIG as actual overpayment/incorrect payments. Again, the detailed claim level information indicated above will be required in order to initiate the recovery process.

Thank you for the opportunity to respond to your recommendations. Please let us know if we can be of further assistance.

Sincerely,

Lynda Northcutt
Senior Vice President, Medicare Administration

cc: Paul Swanson

ACKNOWLEDGMENTS

This report was prepared under the direction of Paul Swanson, Regional Inspector General for Audit Services. Other principal Office of Audit Services staff who contributed include:

Stephen Slamar, *Audit Manager*
David Markulin, *Senior Auditor*

Technical Assistance
Tammie Anderson, *Advanced Audit Techniques*

For information or copies of this report, please contact the Office of Inspector General's Public Affairs office at (202) 619-1343.