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

REGION V
OFFICE OF
INSPECTOR GENERAL

October 21, 2003

Report Number: A-05-03-00087

Mr. John Watts, Jr.
President and Chief Executive Officer
Blue Cross and Blue Shield of Georgia, Inc.
3350 Peachtree Road, N.E.
Atlanta, Georgia 30326

Dear Mr. Watts,

Enclosed are two copies of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, Offtce of Audit Services' (OAS) report entitled "Ineligible Medicare Payments to Skilled Nursing Facilities Under the Administrative Responsibility of Blue Cross and Blue Shield of Georgia, Inc." 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.

In accordance with the principles of the Freedom of Information Act (5 U.S.C. 552, as amended by Public Law 104-231), OIG, OAS reports issued to the department's grantees and contractors are made available to members of the press and general public to the extent information contained therein is not subject to exemptions in the Act which the department chooses to exercise. (See 45 CFR Part 5).

To facilitate identification, please refer to Report Number A-05-03-00087 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 BLUE CROSS AND BLUE SHIELD OF GEORGIA, INC.


October 2003
A-05-03-00087

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## OAS FINDINGS AND OPINIONS

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 awarding agency 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 Blue Cross and Blue Shield of Georgia, Inc. (BCBS of Georgia).

## FINDINGS

We estimate that the Medicare program improperly paid $1.1 million to SNF providers that should be recovered by BCBS of Georgia. Based on a sample of 200 SNF stays, we estimate that 90.5 percent of the BCBS of Georgia 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 BCBS of Georgia'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 BCBS of Georgia 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 $1.1 million were paid without being detected.

## RECOMMENDATIONS

We recommend that BCBS of Georgia:

- Initiate recovery actions estimated to be $1.1 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, BCBS of Georgia generally concurred with our recommendation to collect overpayments and indicated that they will continue their provider education efforts. Regarding recovery, the intermediary noted that the reopening of a claim beyond four years is not allowed, except where fraud has been established. We believe that the significance of the estimated overpayment warrants consideration and action by the fiscal intermediary. Further, we believe that they may find potential fraud or similar fault that will allow them to reopen claims beyond the regulatory period. A summary of BCBS of Georgia's response and our comments begin on page 5 of the report. The full text of BCBS of Georgia's response is included as Appendix B to this report.

# TABLE OF CONTENTS

**Page**



**APPENDICES**

# Glossary of Abbreviations and Acronyms

| | |
|---|---|
| CFR | Code of Federal Regulations |
| CMS | Centers for Medicare & 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 BCBS of Georgia is responsible for 275 potentially ineligible SNF stays, consisting of 451 SNF claims and reimbursed by Medicare in the amount of $1.2 million.

## OBJECTIVE, SCOPE AND METHODOLOGY

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

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 BCBS of Georgia. Our database identified 275 potentially ineligible SNF stays, which included 451 SNF claims reimbursed in the amount of $1.2 million under BCBS of Georgia's responsibility.

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

Our fieldwork was performed in the Chicago Regional Office during June and July 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 BCBS of Georgia database (reimbursed at $863,599) 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 90$^{th}$ percentile of ineligible SNF payments under BCBS of Georgia's responsibility amounted to $1.1 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 $1.1 million that BCBS of Georgia should recover. Ninety and one half percent of the 275 SNF stays in the BCBS of Georgia 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 BCBS of Georgia'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 BCBS of Georgia 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 BCBS of Georgia 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 BCBS of Georgia database is not directly attributable to any inappropriate action or inaction by BCBS of Georgia, we believe that our review has identified the need for BCBS of Georgia to educate SNF providers about the Medicare reimbursement regulations.

## EFFECT

Out of the potential unallowable database of $1.2 million, we estimate that improper Medicare SNF payments under BCBS of Georgia's responsibility for the period January 1, 1997 through December 31, 2001 amounted to $1.1 million. From the BCBS of Georgia database, we confirmed that 181 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 19 SNF stays in our sample were eligible for Medicare reimbursement based on a three-day hospital stay. For these 19 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 90.5 percent of the 275 SNF stays and $1.1 million of the payments in the BCBS of Georgia 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 BCBS of Georgia officials.

## RECOMMENDATIONS

We recommend that BCBS of Georgia:

- Initiate recovery actions estimated to be $1.1 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.

## BCBS of GEORGIA'S RESPONSE

BCBS of Georgia generally concurred with our recommendation to collect overpayments for ineligible SNF stays upon receipt of our database. However; they note that the reopening of a claim beyond four years is not allowed, except where fraud has been established. BCBS of Georgia will continue with their provider education efforts emphasizing the three-day inpatient stay and 30 day transfer requirements.

The full text of BCBS of Georgia's response is presented in Appendix B.

## OAS COMMENTS

Our database contains a significant amount of potential overpayments that warrant the intermediary's review. Whether a claim is beyond the regulatory time limit for recoupment does not change the impropriety of the payment. We believe that, as the database claims are reviewed, BCBS of Georgia may find potential fraud or similar fault in claims beyond the four-year period that would allow them to reopen those claims even beyond the regulatory time limit.

# 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 $1,163,595.

*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 |
|---|---|---|---|---|
| 275 | 200 | $863,599 | 19 | $46,270 |

*VARIABLE PROJECTION*

Point Estimate $63,621

90% Confidence Interval

| | |
|---|---|
| Lower Limit | $42,457 |
| Upper Limit | $84,784 |

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

| | | | | | |
|---|---|---|---|---|---|
| Database Value | | $1,163,595 | Database Value | | $1,163,595 |
| Upper limit | ( - ) | $84,784 | Lower limit | ( - ) | $42,457 |
| **Lower Limit As Reported** | | **$1,078,811** | **Upper Limit** | | **$1,121,138** |

MEDICARE PART A
INTERMEDIARY

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

August 28, 2003

Paul Swanson
Department of Health and Human Services
Office of Audit Services
233 North Michigan Avenue
Chicago, Illinois 60601

Dear Mr Swanson:

BlueCross and BlueShield of Georgia, Medicare Part A would like to thank you for the information you and your staff provided in the report titled "Ineligible Medicare Payments To Skilled Nursing Facilities Under the Administration Responsibility of Blue Cross and Blue Shield of Georgia, Inc. We welcome information from external reviewers that ensures proper payments are made to providers. BlueCross and BlueShield of Georgia is also committed to ensuring proper payments are made to providers. Based upon the information included in the report, there were a total of 200 claims potentially incorrectly paid for an estimated overpayment of $1.1 million dollars.

The report refers to BlueCross and BlueShield of Georgia's claims processing systems allowed ineligible SNF claims to be paid. As you may be aware, the system used by BCBSGA for Medicare Claims processing is the Centers for Medicare & Medicaid Services Part A Standard System, Fiscal Intermediary Standard System (FISS). The edits for the FISS are determined by CMS and are contracted by CMS with a systems maintainer. All claims paid by BCBSGA passed Medicare edits.

Included in your report, a request was made to specifically address your recommendations. There were two recommendations made:

- Initiate recovery actions estimated to be $1.1 million dollars or support the eligibility of the individual stays included in the database

  Once the detail is received from your office we can determine if an overpayment has been made and recovery will be initiated where appropriate. Also, it is important to note that reopening of a claim beyond four

years is not allowed except where fraud has been established. Therefore, the only claims that can be recouped would be those with paid dates within four years from the date of determination.

BlueCross and BlueShield believes that for inpatient stays that could not be located on CWF providers should be given the opportunity to support the stay they reported with additional documentation.

Therefore, as soon as BCBSGA receives the required details we will issue notice to the providers allowing them the opportunity to respond and then recovery actions will be initiated for claims that cannot be supported by the provider.

- 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

  BlueCross and BlueShield of Georgia strongly believes that education is a vital part of protecting the Medicare Trust Fund. Education efforts have been the focus of BlueCross and Blue Shield of Georgia and included in our education efforts has been specific subject material such as three day qualifying stays.

  Included with provider education funding for the current year, BlueCross and BlueShield of Georgia will continue efforts to provide education to emphasize the requirement for a covered 3 day hospital stay and the 30 day transfer requirement.

Again, BlueCross and BlueShield of Georgia would like to stress our commitment to ensuring that proper payments are made to providers.

Sincerely,

Martha McCrary, Director
Medicare Claims Operations

Cc: Pam Bell, Vice President Government Services
Sharon Bodnar, Director Compliance
Monye Connolly, General Manager State Programs

# 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.