

## Eli's Rehab Report

### NEWS BRIEF ~ UGS Wastes No Time Correcting Patient Status Codes

United Government Services is promptly responding to an HHS **Office of Inspector General** audit released last November.

The audit (A-04-04-00013) reviewed inpatient rehabilitation facilities' (IRFs') compliance with Medicare's transfer policy in 2003.

**How it works:** Medicare pays the full prospective payment to an IRF that discharges a patient to home, but Medicare pays a lesser amount for a transfer case, according to the OIG report. (A transfer is when the beneficiary's IRF stay is shorter than average, and the beneficiary transfers to another IRF, a long-term care hospital, an acute-care inpatient hospital, or a nursing home that accepts Medicare payment.)

**The problem:** The OIG identified 585 IRFs across the country that billed "discharges to home with home health agency services," which they should bill as transfers. OIG's estimated overpayments for this case totaled \$2,331,042.

In response to the OIG's recommendation for fiscal intermediaries to make proper adjustments to these claims, UGS recently said on its Web site that it will correct the patient status code on its improperly billed claims to a transfer based on the information at the Common Working File (CWF) -- and recover any overpayment.