

## Report on Medicare Compliance Volume 27, Number 29. August 20, 2018

### News Briefs: August 20, 2018

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◆ WakeMed Health & Hospitals' 720-bed hospital in Raleigh, North Carolina, was overpaid \$697,608 from Sept. 1, 2014, to Aug. 31, 2016, according to a Medicare compliance review. The HHS Office of Inspector General reviewed a stratified random sample of 263 inpatient claims and determined the hospital complied with 187 of them. The other claims had errors, resulting in net overpayments of \$249,954. "On the basis of our sample results, we estimated that the Hospital received overpayments of at least \$697,608 for the audit period," OIG contends. The errors were in two areas: incorrectly billed DRG codes and billing for patients as if they were discharges when they were transferred to home health care for services (RMC 7/23/18, p. 1), OIG said. In a written response, Ted Lotchin, WakeMed's vice president and chief compliance and privacy officer, said, "WakeMed respectfully disagrees with both the number of claims that [OIG's Office of Audit Services] determined were billed in error, as well as the calculated and estimated overpayment amounts." One reason: there was no physician order for home health care with 27 of the 37 discharges that OIG said should have been transfers. "Specifically, the Hospital representatives stated that these 27 claims did not include a physician order for home health services in the discharge planning instructions and therefore were coded correctly based on the Hospital's discharge plan," the letter stated. Visit <https://go.usa.gov/xUAAj>.

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