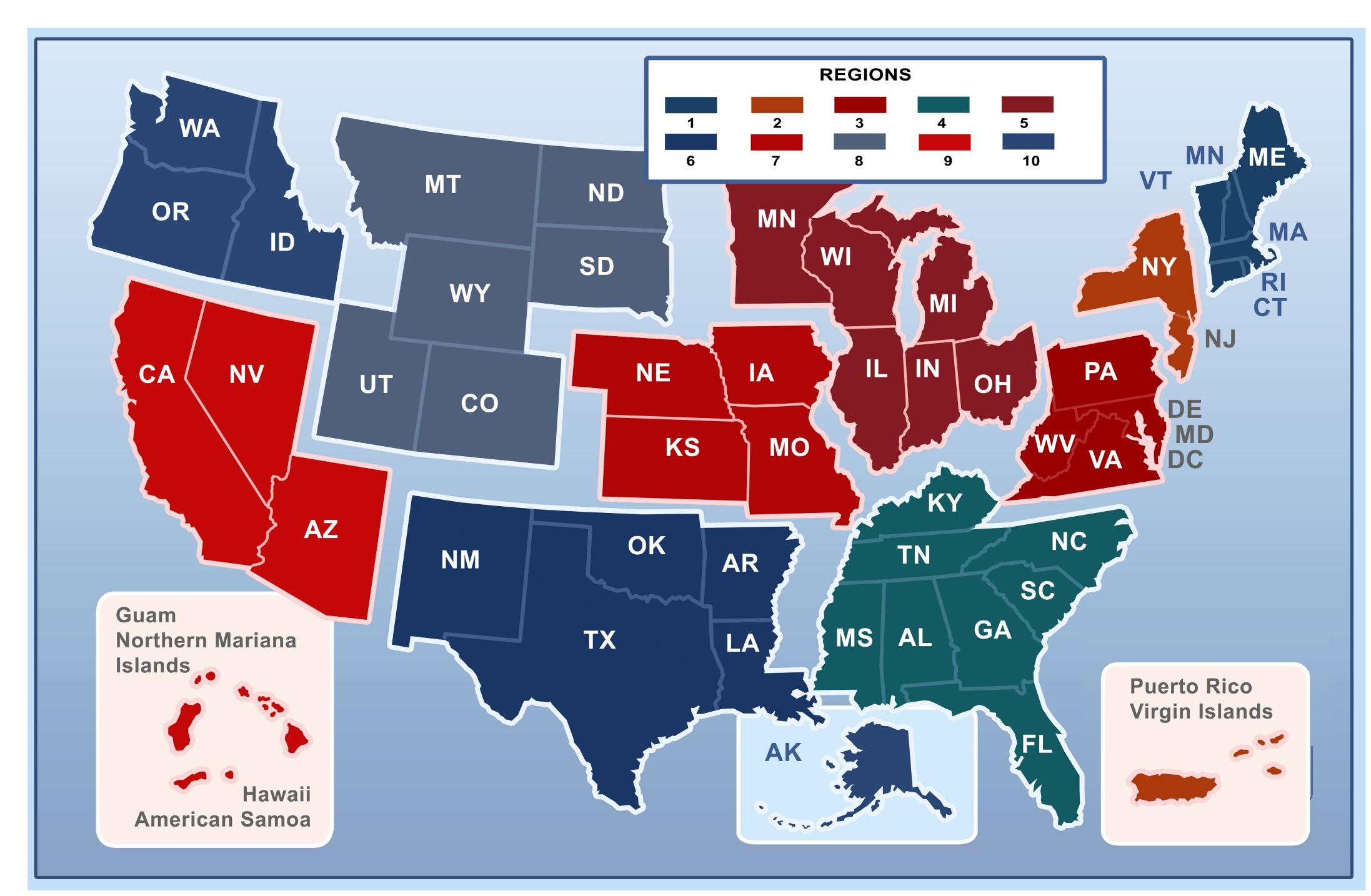
ENSURING ACCURATE MEDICARE PART A PAYMENT THROUGH REVIEW AND EDUCATION

Goal: Decrease Medicare paid claims error rate through strategic sampling and provider education

Livanta successfully implemented an Improper Payment Reduction Strategy (IPRS) to sample Medicare Part A claims more likely to be improperly paid. Education is provided to hospitals submitting improperly paid claims through the following mechanisms:

- Written letters that explain results and provide guidance
- Educational teleconferences for hospitals and hospital groups
- Monthly publication of The Livanta Claims Review Advisor
- Webinars and slide presentations upon request
- Email correspondence through Claimreview@Livanta.com
- Provider education and toolkit on Livanta website



For a text listing of the states by CMS region, go to https://www.livantaqio.com/en/ClaimReview/Regions.html







REVIEW FINDINGS FROM THE FIRST YEAR ARE SUMMARIZED BELOW ALONG WITH THE DOLLARS FOUND TO BE PAID IN ERROR FOR PART A CLAIMS REVIEWED. OVERALL, MORE THAN 48.6 MILLION DOLLARS IN IMPROPER PAYMENTS WAS FOUND FROM IMPROPER CODING AND APPLICATION OF CMS POLICY (I.E., THE TWO-MIDNIGHT RULE).

SHORT STAY REVIEWS

TABLE 1: IMPROPER SSR PAYMENTS BY CMS REGION

CMS Region	Case Error %	Dollars in Error	Dollar Error %
1	1	\$1,381,302.78	14.62%
2	2	\$3,662,039.98	22.80%
3	3	\$1,737,213.81	12.00%
4	4	\$3,908,250.59	11.89%
5	5	\$3,425,957.18	13.08%
6	6	\$2,341,229.91	14.26%
7	7	\$788,276.22	10.33%
8	8	\$640,730.21	11.73%
9	9	\$2,802,883.71	12.12%
10	10	\$556,027.99	8.13%
TOTAL	14.26%	\$21,243,912.38	13.40%
Program/Contract	Total Reviews	Cases in Error	Percent Cases in Error
SSR 11SOW	80,928	11,232	13.88%
SSR 12SOW	18,672	2,663	14.26%
Domain	Extrapolated Dollars in Error	Extrapolated Dollar Error %	Improper Payment Amounts
SSR	\$448,591,504.02	9.62%	More than \$21.2 million in improper payments were found for claims reviewed for SSR during the first year of reviews.

HIGHER-WEIGHTED DIAGNOSIS-RELATED GROUP REVIEWS

TABLE 2: NET IMPROPER HWDRG PAYMENTS BY CMS REGION

CMS Region	Case Error %	Dollars in Error	Dollar Error %
1	10.22%	\$720,284.12	2.52%
2	10.61%	\$1,252,603.41	2.97%
3	10.12%	\$1,385,198.93	2.52%
4	14.47%	\$9,981,320.65	3.92%
5	6.69%	\$1,530,482.73	2.06%
6	13.35%	\$5,616,519.20	3.62%
7	11.26%	\$1,105,962.59	2.50%
8	12.09%	\$1,170,454.58	3.98%
9	10.91%	\$4,065,439.61	2.79%
10	7.36%	\$615,831.76	2.12%
TOTAL	12.23%	\$27,444,097.58	3.20%
Program/Contract	Total Reviews	Cases in Error	Percent Cases in Error
HWDRG 11SOW	156,125	12,883	8.25%
HWDRG 12SOW	54,251	6,636	12.23%
Domain	Extrapolated Dollars in Error	Extrapolated Dollar Error %	Improper Payment Amounts
HWDRG	\$35,150,449.32	2.48%	More than \$27.4 million dollars in improper payments were found for HWDRG reviews during the first year of reviews.

This material was prepared by Livanta LLC, the Medicare Beneficiary and Family Centered Care - Quality Improvement Organization for Medicare Regions 2, 3, 5, 7, and 9, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 12-SOW-MD-2023-QIOBFCC-TO323