



**American Hospital
Association®**

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**STATEMENT ON CENTERS FOR MEDICARE & MEDICAID SERVICES' INTERIM
RULING AND PROPOSED RULE REVISING ITS POSITION ON REBILLING
CLAIMS DENIED BY MEDICARE CONTRACTORS, INCLUDING RECOVERY
AUDIT CONTRACTORS**

**Rich Umbdenstock
President and CEO
American Hospital Association**

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While CMS' interim ruling is a victory for hospitals, its long-term proposed solution is not. That's why it's essential that the AHA continue with our litigation.

CMS has conceded that its current policy of refusing to reimburse hospitals for reasonable and necessary care when the only dispute is which setting – not whether – care should have been delivered is contrary to the law. That is a central issue in our lawsuit.

We're pleased CMS will allow hospitals to rebill claims under Part B. Unfortunately the proposed rule then threatens to undermine the progress made on this important issue. Under the proposal, hospitals will be able to rebill CMS *only* within the narrow time frame of one year from when patient services were provided. Since the recovery audit contractor typically reviews claims that are more than a year old, the practical effect would be that hospitals would again not be fairly reimbursed for the care they provide Medicare patients.

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We will continue to work with CMS on this issue and also urge the agency to reimburse hospital claims they previously denied. Hospitals should be fairly reimbursed for the care they provide to our nation's seniors.

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