



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

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COMPLIANCE ALERT 10-22

New Filing Requirements for Medicare Claims

On March 23, 2010, President Obama signed *The Patient Protection and Affordable Care Act* (PPACA) (Pub. L. No. 111-148). It includes important amendments to the time period for filing Medicare fee-for-service (FFS) claims.

The Old Rules. Sections 1814(a), 1835(a)(1), and 1842(b)(3) of the Social Security Act (SSA) and in the Code of Federal Regulations (CFR), 42 CFR section 424.44 specify the time frame in which Medicare claims must be submitted. Prior to the PPACA, the maximum time frame was three years, although the Secretary was permitted to reduce the time frame to not less than one calendar year. Based on rules adopted by the Secretary, claims filing deadlines generally have been from 15-27 months from the date of service.

The New Rules. As one of the provisions to prevent fraud, waste, and abuse for Medicare claims, Section 6404 of the PPACA ***reduces the maximum period for submission of Medicare claims to generally one calendar year from the date of service.*** Section 6404 also provides that claims must be filed by December 31, 2010 for services furnished before January 1, 2010.

The Centers for Medicare & Medicaid Services (CMS) has issued guidance clarifying that claims with dates of service before October 1, 2009 must adhere to pre-PPACA requirements regarding timely submission of Medicare FFS claims, and claims with dates of service October 1, 2009, through December 31, 2009 must be submitted by December 31, 2010.

The language of Section 6404 of the PPACA allows the Secretary to specify exceptions to the 1 year filing. However, no exceptions are currently made.