2017 OIG Workplan

Protecting Your Revenue Cycle

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DISCLAIMER

This presentation is for educational purposes only. The views presented today are those of the speaker. Information presented in this session should not be construed as legal advice.

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Office of the Inspector General

- Mission is to **protect the integrity** of Department of Health & Human Services (HHS) programs as well as the health and welfare of program beneficiaries by **detecting and preventing fraud, waste, and abuse**;

- **Identify opportunities** to improve program economy, efficiency, and effectiveness;

- **Hold accountable** those who do not meet program requirements or who violate Federal health care laws;

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OIG

- Largest IG office in the Federal government

- Approximately 1600+ employees in more than 70 offices nationwide

- OIG is charged with overseeing nearly **$1 Trillion** dollars in HHS spending which represents approximately a **quarter** of every federal dollar spent.

- Significant portion of resources goes toward the oversight of Medicare and Medicaid.
Did You Know?

- In the first half of FY2016, OIG reported the following:
  - $2.77B expected recoveries
  - 428 criminal actions against individuals or entities that engaged in crimes against HHS programs
  - 383 civil actions which include CMP settlements, False Claims, and unjust enrichment lawsuits

- OIG reported $20.6B in estimated savings for FY 2015 resulting from actions linked to their report recommendations.

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for every

spent...
Who doesn’t love that kind of return on investment?!
Hyperbaric Oxygen Therapy Services
Provider Reimbursement in Compliance with Federal Regulations

OIG Focus

- Were the conditions for reimbursement met?
- Per the NCD…
  - A beneficiary must meet 1 of 15 covered conditions.
- What conditions were being treated?
- Does the documentation support the treatments?
- Did the beneficiary receive more treatments than were medically necessary?
Incorrect Medical Assistance Days Claimed by Hospitals

Who is reporting the Medicaid days?

OIG will focus on the MACs to determine if they properly settled Medicare cost reports.
From FY2014 to FY2015, the number of claims with outlier payments increased by 28%!

**OIG Focus**

- OIG will review records and claims to determine if Inpatient Psychiatric Facilities complied with the Medicare documentation, coverage, and coding requirements for stays that resulted in outlier payments.
Case Review of Inpatient Rehabilitation Hospital Patients Not Suited for Intensive Therapy

- OIG will assess a sample of rehab hospital admissions to determine whether the patients participated in and benefited from intensive therapy.
Intensity-Modulated Radiation Therapy

OIG Focus

- Are you familiar with the LCD?
- Is the diagnosis a covered diagnosis?
- What frequency are you performing the treatments?
- Be aware of the limitations when an inpatient is transported to a freestanding facility for therapy.
Outpatient Outlier Payments For Short-Stay Claims

Are your high charges, unrelated to costs, leading to excessive inpatient outlier payments?

OIG will determine the extent of potential Medicare savings if hospital outpatient stays were ineligible for an outlier payment.

Comparison of Provider-Based and Freestanding Clinics

VS.
Are you meeting the requirements that a facility must meet to be treated as provider-based?

42 CFR § 413.65(d)

Reconciliations of Outlier Payments

OIG will look to see if reconciliations were done in a timely manner and did the MACs appropriately refer all hospitals that met the criteria for outlier reconciliations to CMS.
OIG Focus

– OIG will review claims from the year prior to implementation and the year following the effective date of the 2MN rule.

– CMS implemented the 2MN rule on October 1, 2013.
Medicare Costs Associated With Defective Medical Devices

Payment Credits for Replaced Medical Devices That Were Implanted

Medicare Payments for Overlapping Part A Inpatient Claims and Part B Outpatient Claims
OIG Focus

– Overlapping claims can happen when a beneficiary is an inpatient of one hospital and is sent to another hospital for certain outpatient services.

– OIG will review Medicare payments to determine if payments were made according to Federal requirements.

Selected Inpatient and Outpatient Billing Requirements
OIG Focus

- OIG will review provider data to determine whether hospitals received duplicate or excessive DGME payments.

- IME adjustments are calculated using the hospital’s ratio of resident full-time equivalents to available beds.

- OIG will review provider data to determine whether hospital’s IME payments were made appropriately and were the payments calculated properly.
Outpatient Dental Claims

- What dental services have you billed for?
- Dental services are generally excluded from Medicare coverage.
- OIG will make recommendations to CMS for any appropriate changes to the program.

Nationwide Review of Cardiac Catheterizations and Endomyocardial Biopsies

- A hospital may bill and receive payment for both procedures (RHC & biopsy) by including a modifier 59 on the claim to indicate that the RHC is “separate & distinct” (different session or patient encounter).
Payments for Patients with Kwashiorkor

- Form of severe protein malnutrition;
- Affects children living in tropical and subtropical parts of the world during periods of famine or insufficient food supply;
- OIG will review claims/records to determine if diagnosis is supported by documentation.

Review of Hospital Wage Data Used to Calculate Medicare Payments

OIG will review hospital controls over the reporting of wage data used to calculate wage indexes for Medicare payments.
OIG will determine the extent to which CMS-validated hospital inpatient quality reporting data are accurate and complete. This study will also describe the actions that CMS has taken as a result of its validation.

- OIG will estimate the national incidence of adverse and temporary harm events.
- OIG will also identify factors contributing to these events & determine the extent to which events were preventable.

- OIG will describe hospitals' efforts to prepare for the possibility of public health emergencies.
- OIG will determine hospitals' use of HHS resources & identify lessons & challenges hospitals face.
Nursing Homes

- Nursing Home Complaint Investigation Data Brief
- Skilled Nursing Facilities—Unreported Incidents of Potential Abuse and Neglect
- Skilled Nursing Facility Adverse Event Screening Tool
- National Background Checks for Long-Term-Care Employees—Mandatory Review
- Potentially Avoidable Hospitalizations of Medicare-and Medicaid-Eligible Nursing Facility Residents

Nursing Homes

- Skilled Nursing Facility Reimbursement
  - Medicare payment for SNF services varies based on the ADL score and the therapy minutes (as reported on the Minimum Data Set.)
  - OIG will review documentation to determine if payment was appropriate.
- Skilled Nursing Facility Prospective Payment System Requirements
  - OIG will review compliance with the payment system requirement related to a 3-day qualifying inpatient stay.
HOSPICE

- Medicare Hospice Benefit Vulnerabilities and Recommendations for Improvement: A Portfolio
- Review of Hospices’ Compliance with Medicare Requirements
- Hospice Home Care—Frequency of Nurse On-Site Visits to Assess Quality of Care and Services
- Know the Medicare conditions of and limitations on payment for hospice services.
- Review your documentation.
- Know the Medicare requirements for nursing.

Home Health Services

- Comparing HHA Survey Documents to Medicare Claims Data
  - OIG will determine whether HHAs are accurately providing patient data to State agencies.
- Home Health Compliance with Medicare Requirements
  - 2014 CERT was over 50%
  - OIG will review records and claims to determine if claims were paid in accordance with Federal requirements.
Medical Equipment & Supplies

- Part B Services During Non-Part A Nursing Home Stays: Durable Medical Equipment
- Medicare Market Share of Mail-Order Diabetic Testing Strips: April 1 through June 30, 2016 Mandatory Review
- Positive Airway Pressure Device Supplies—Supplier Compliance with Documentation Requirements for Frequency and Medical Necessity
- Orthotic Braces—Reasonableness of Medicare Payments Compared to Amounts Paid by Other Payers
- Osteogenesis Stimulators—Lump-Sum Purchase Versus Rental
- Power Mobility Devices—Lump-Sum Purchase Versus Rental
- Competitive Bidding For Medical Equipment Items and Services

DME (cont.)

- Orthotic Braces—Supplier compliance with Payment Requirements
- Nebulizer Machines and Related Drugs—Supplier Compliance with Payment Requirements
- Access to Durable Medical Equipment in Competitive Bidding Areas

- Know the payment requirements!
- Document accurately and appropriately!
- Know the billing guidelines!
### Other Providers and Suppliers

- Monitoring Medicare Payments for Clinical Diagnostic Laboratory Tests—Mandatory Review
- **Medicare Payments for Transitional Care Management**
- **Medicare Payments for Chronic Care Management**
- Data Brief on Financial Interests Reported Under the Open Payments Program
- Power Mobility Devices Equipment—Portfolio Report on Medicare Part B Payments
- Ambulance Services—Supplier Compliance with Payment Requirements

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### Other Providers and Suppliers (cont.)

- Inpatient Rehabilitation Facility Payment System Requirements
- Histocompatibility Laboratories—Supplier Compliance with Payment Requirements
- Review of Financial Interests Reported Under the Open Payments Program
- Ambulatory Surgical Centers—Quality Oversight
- Payments for Medicare Services, Supplies, and DMEPOS Referred or Ordered by Physicians—Compliance
Other Providers and Suppliers (cont.)

- Anesthesia Services—Non-covered Services
  - OIG will review anesthesia services to determine whether the beneficiary had a related Medicare service.

- Anesthesia Services—Payments for Personally Performed Services
  - Was the service personally performed or medically directed?
  - Appropriate & accurate use of modifiers “AA” & “QK”

- Physician Home Visits—Reasonableness of Services
- Prolonged Services—Reasonableness of Services
- Chiropractic Services—Part B Payments for Non-covered Services

- Chiropractic Services—Portfolio Report on Medicare Part B Payments
- Selected Independent Clinical Laboratory Billing Requirements
- Physical Therapists High Use of Outpatient Physical Therapy Services
Other Providers and Suppliers (cont.)

– Portable X-ray Equipment—Supplier Compliance with Transportation and Setup Fee Requirements
  – OIG will focus on payments & documentation.
  – Qualifications of the techs

– Sleep Disorder Clinics—High Use of Sleep-Testing Procedures
  – Repeated tests may not be necessary
  – OIG will assess payment appropriateness.

Prescription Drugs

– Drug Waste of Single-Use Vial Drugs
  – Appropriate use of JW

– Potential Savings from Inflation-Based Rebates in Medicare Part B

– Comparison of Average Sales Prices to Average Manufacturer Prices—Mandatory Review

– Payments for Immunosuppressive Drug Claims with “KX” Modifiers
  – Are Medicare documentation requirements met?
Further Reviews

– Part A and B Contractors
  – Administrative Costs Claimed by Medicare Contractors
  – Contractor Pension Cost Requirements
  – Contractor Post-retirement Benefits and Supplemental Employee Retirement Plan Costs
  – Medicare Contractor Information Systems Security Programs: Annual Report to Congress Mandatory Review

Focus

Further Reviews

– Collection of Status of ZPIC and PSC—Identified Medicare Overpayments

OIG will determine the total amounts of overpayments that ZPICs and PSCs identified and referred to claims processors in 2014 and the amount of these overpayments that claims processors collected. OIG will review tracking procedures for collecting overpayments.
Further Reviews

- Other Part A and B Program Management Issues
  - Accountable Care Organizations: Beneficiary Assignment and Shared Savings Payments
  - Accountable Care Organizations: Savings, Quality, and Promising Practices
- Use of Electronic Health Records to support Care Coordination through ACOs

Billing and Payments

- Medicare Payments for Service Dates After Individuals’ Dates of Death
- Management Review: CMS’s Implementation of the Quality Payment Program (MACRA)
- Medicare Payments for Incarcerated Beneficiaries
Other Items of Interest

- Questionable Billing for Compounded Topical Drugs in Part D
  - Spending for compounded drugs grew by more than 3,400% between 2006 and 2015, reaching $224M!

What if things go awry?

OIG’s Legal Activities

FCA  CIA  CMP  Exclusion
What *should* you do or what *can* you do?

- Always do what is right! (Sometimes it’s hard to know what the right thing is….)
- Speak up!
- Follow policy & procedure!
- Be a role model! Give 100+%!
- Do you have a legal obligation?
- Report to the appropriate individuals.

YOU are part of a team!
“I’m helping put a man on the moon…”

Questions?
REFERENCES

www.cms.gov

www.oig.hhs.gov

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