The OIG Work Plan

Montana Hospital Association
Compliance Conference

October 28, 2021

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7. The Impact of the Work Plan on Compliance Programs
8. Questions and Group Discussion

Speaker Introduction

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Susan has spent nearly three decades working in a variety of managerial and clinical capacities including compliance management, clinical department leadership, provider practice administration, internal audit, quality outcomes, and healthcare advocacy.

A former corporate compliance officer and clinical department director, she has a demonstrated record of success in program development and expansion as well as the ability to form mutually beneficial relationships.

Susan is a hands-on manager and decisive team leader with highly developed negotiation skills and experience cultivating strategic healthcare business partnerships, recruiting and directing teams, developing performance improvement measures, and creating effective training programs.

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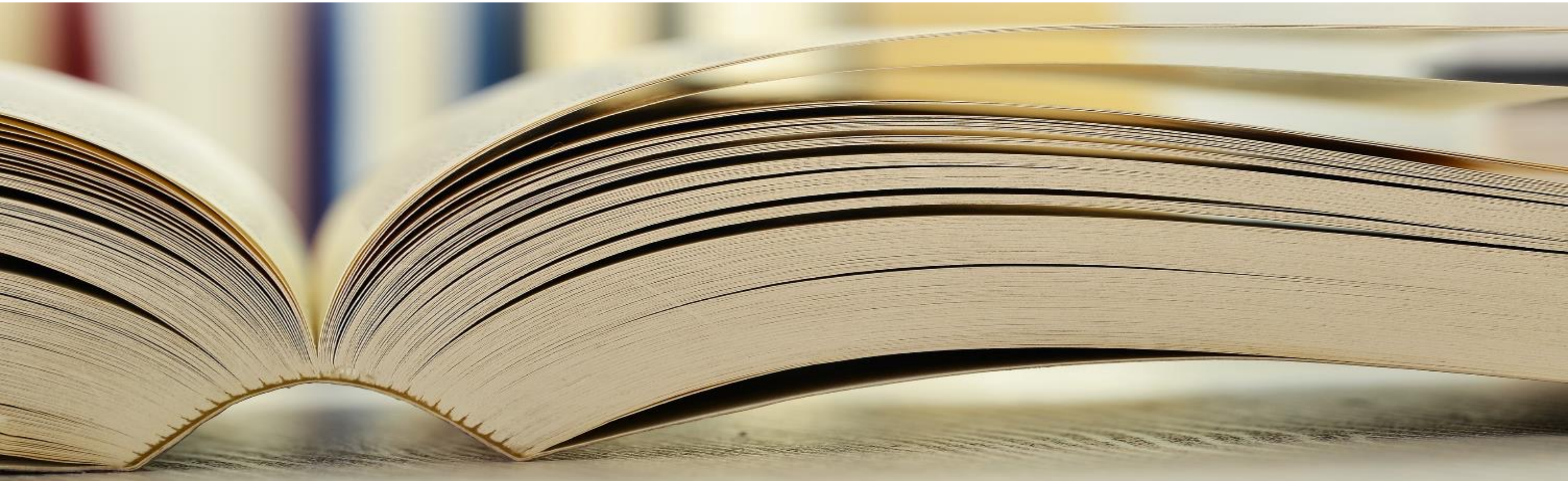
The OIG Work Plan Defined

OIG Work Plan Defined

- The HHS-OIG operates by providing independent and objective oversight that promotes economy, efficiency, and effectiveness in the programs and operations of HHS (not just CMS).
- The mission is to protect the integrity of HHS programs and the health and welfare of the people served by those programs through a nationwide network of audits, investigations, and evaluations, as well as outreach, compliance, and educational activities.



OIG Work Plan Updates

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- Prior to June 2017, the workplan was reviewed and updated once or twice a year – October and July.
- The workplan is now reviewed and updated monthly.
- Recently completed reports can be found on OIG's What's New page.

OIG Work Plan Focus

- While many items on the Work Plan audits result in fines or payment recoupment, not all audits are focused on fraud and abuse.
- Many items review claims and program data to gain an understanding of beneficiaries' activities and use of services.
  - It allows Federal healthcare programs to determine use of certain drugs, tests, or procedures
  - Form opinions on provider practices leading to guidelines and advisory statements
  - Can lead to positive changes in patient care or provider reimbursement

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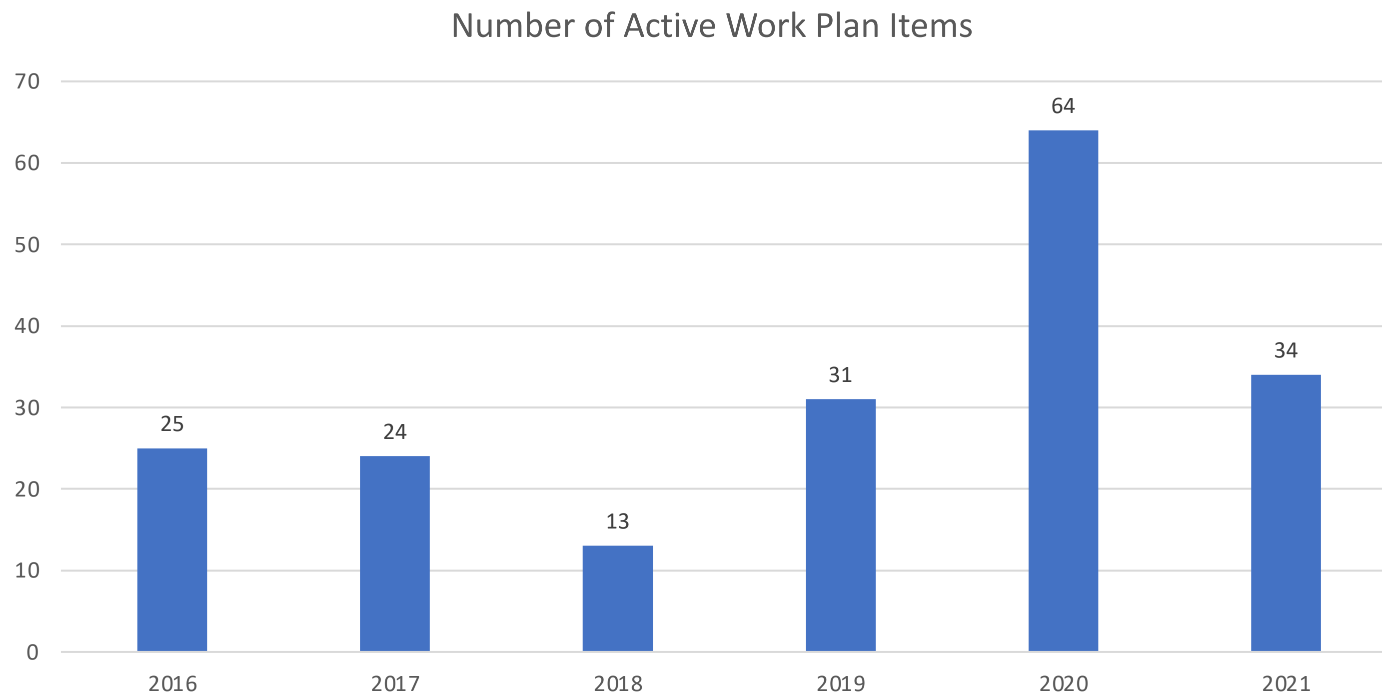
Active Work Plan Items

Active Work Plan Items

- 191 active items on the work plan with the Centers for Medicare and Medicaid Services (CMS) as of September 2021 update.
- 34 items have been added in 2021.
- 121 items are expected to be reported on in 2021.
- There are 48 work plan items that are partially completed and 8 fully completed items on the work plan.

Active OIG Work Plan Items

Active Work Plan items by year



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Additions to the Work Plan

2021 Work Plan Additions

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- **Background Checks for Nursing Home Employees**
  - Federal law provides long-term care patients with protection from abuse, neglect, and theft by preventing prospective employees with disqualifying offenses from being employed by these care providers and facilities.
  - Prior OIG work has shown that not all States complied with the National Background Check Program for Long-Term Care Providers.
  - The OIG will determine whether Medicaid beneficiaries in nursing homes were adequately safeguarded from caregivers with a criminal history of abuse, neglect, exploitation, mistreatment of residents, or misappropriation of resident property, according to Federal requirements.

2021 Work Plan Additions

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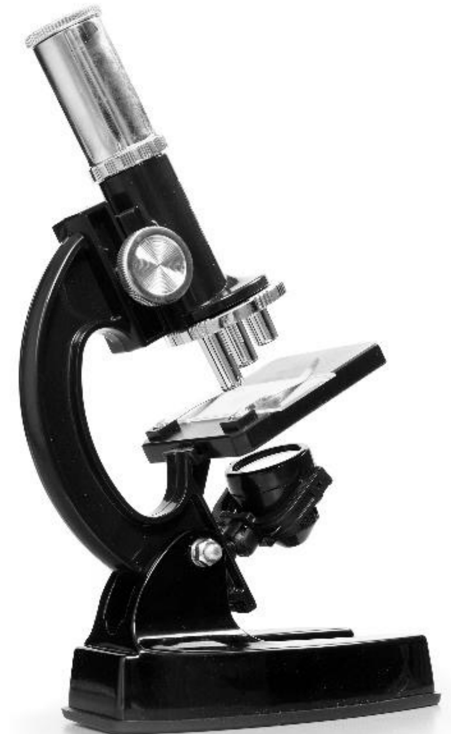
- **Audit of Medicare Part B Opioid-Use-Disorder Treatment Services Provided by Opioid Treatment Programs**
  - Medication-assisted treatment is used to treat substance use disorders, including opioid use disorders (OUDs); sustain recovery; and prevent overdoses. Treatment for OUDs is provided in several settings, including freestanding opioid treatment programs (OTPs).
  - In this audit, the OIG will focus on claims for OUD treatment services provided by nonresidential OTPs, which are identified with the place-of-service code 58.
  - The OIG will review OUD treatment services for Medicare beneficiaries in nonresidential OTPs to determine whether the services were allowable in accordance with Medicare requirements.

2021 Work Plan Additions

- **Medicare Payments for Clinical Diagnostic Laboratory Tests in 2020**
  - Medicare Part B covers most laboratory tests and pays 100 percent of allowable charges. Beneficiaries do not have a copay.
  - On January 1, 2018, CMS began paying for laboratory tests under the new system mandated by PAMA. PAMA requires OIG to publicly release an annual analysis of the top 25 laboratory tests by expenditures.
  - In accordance with the Act, the OIG will publicly release an analysis of the top 25 laboratory tests by expenditures for 2020.



2021 Work Plan Additions

- **Skilled Nursing Facility Reimbursement**
  - A skilled nursing facility (SNF) is a nursing home that provides skilled nursing care and rehabilitation services such as physical, speech, and occupational therapy to beneficiaries who need assistance after hospitalization.
  - In October 2019, CMS implemented the Patient Driven Payment Model (PDPM), a new case-mix classification system for classifying SNF patients in a Medicare Part A covered stay into payments groups under the SNF Prospective Payment System.
  - The OIG will determine whether Medicare payments to SNFs under PDPM complied with Medicare requirements.

2021 Work Plan Additions

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- **Duplicate Medicare Professional Fee Billing by Both the Critical Access Hospital and the Health Care Practitioner to Medicare Part B**
  - Critical Access Hospitals (CAHs) can elect to be paid under the Optional Elective Payment Method.
  - If a physician or other practitioner reassigns his or her Medicare Part B billing rights and agrees to be included under a CAH's Optional Elective Payment Method, he or she must not bill the MAC for any outpatient professional services furnished at the CAH once the reassignment becomes effective.
  - Each practitioner must sign an attestation that clearly states that he or she will not bill Medicare Part B for any services furnished in the CAH outpatient department once the reassignment has been given to the CAH.
  - The OIG plans to determine whether both the CAH and physician billed were paid by the MAC for the same outpatient professional services.

2021 Work Plan Completions

1. Meeting the Challenges Presented by COVID-19: Nursing Homes
2. Assessing Inpatient Hospital Billing for Medicare Beneficiaries
3. CMS Oversight of Hospital Management of Networked Medical Device Security Through the Medicare Conditions of Participation
4. Specialty Drug Coverage and Reimbursement in Medicaid

Active Work Plan Items to Watch

Watch List

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- **Accuracy of Place-of-Service Codes on Claims for Medicare Part B Physician Services When Beneficiaries Are Inpatients Under Part A**
  - Place-of-Service (POS) codes can have a significant impact on the amount of reimbursement Medicare will make to providers. Even if physician practices accurately assign the correct CPT or HCPCS code, if the wrong POS code is assigned, providers could be overpaid.
  - OIG has performed preliminary data analysis which indicates that during 2018 and 2019, Medicare may have paid a significant number of Part B physician service claim lines at the non-facility rate when the beneficiary was a Part A inpatient at either a hospital or SNF.
  - In this audit, the OIG plans to determine whether Medicare appropriately paid claims for Part B physician services based on the correct place-of-service code when a beneficiary was an inpatient at an SNF or hospital.

Watch List

- **CMS Oversight of the Two-Midnight Rule for Inpatient Admissions**
  - In November of 2020, the OIG announced it was resuming audits of inpatient (IP) claims with short lengths of stay and added the audits to its annual work plan for 2021. Prior OIG audits identified millions of dollars in overpayments for inpatient claims with short lengths of stay.
  - Under the Two-Midnight Rule, CMS generally considered it inappropriate to receive payment under the inpatient prospective payment system for stays not expected to span at least two midnights.
  - The OIG will audit hospital inpatient claims after the implementation of and revisions to the Two-Midnight Rule to determine whether inpatient claims with short lengths of stay were incorrectly billed as inpatient and should have been billed as outpatient or outpatient with observation.

Watch List

- **Swing-Bed Services at Nationwide Critical Access Hospitals**
  - In 2015, the Office of Inspector General reported that swing-bed usage at Critical Access Hospitals (CAHs) significantly increased and Medicare spending for services steadily increased almost four times the cost of similar services at alternative facilities.
  - The OIG estimated that Medicare could have saved $4.1 billion over the CY 2005 through CY 2010 period if payments for swing-bed services at CAHs had been made using Skilled Nursing Facility Prospective Payment System rates.
  - The OIG will review swing-bed data for CY 2015 through CY 2019 to determine whether: (1) any actions were taken to reduce swing-bed usage at CAHs; (2) Medicare payment amounts were updated for swing-bed services to CAHs; and (3) alternative care was available to Medicare beneficiaries at a potentially lower rate.

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COVID-19 Work Plan Items

COVID-19 Work Plan Items

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- **Medicare Telehealth Services During the COVID-19 Pandemic: Program Integrity Risks**
  - In response to the COVID-19 pandemic, CMS implemented a number of waivers and flexibilities that allowed Medicare beneficiaries to access a wider range of telehealth services without having to travel to a health care facility.
  - This review will be based on Medicare Parts B and C data and will identify program integrity risks associated with Medicare telehealth services during the pandemic.
  - The OIG will analyze providers' billing patterns for telehealth services. The OIG will also describe key characteristics of providers that may pose a program integrity risk to the Medicare program.

COVID-19 Work Plan Items

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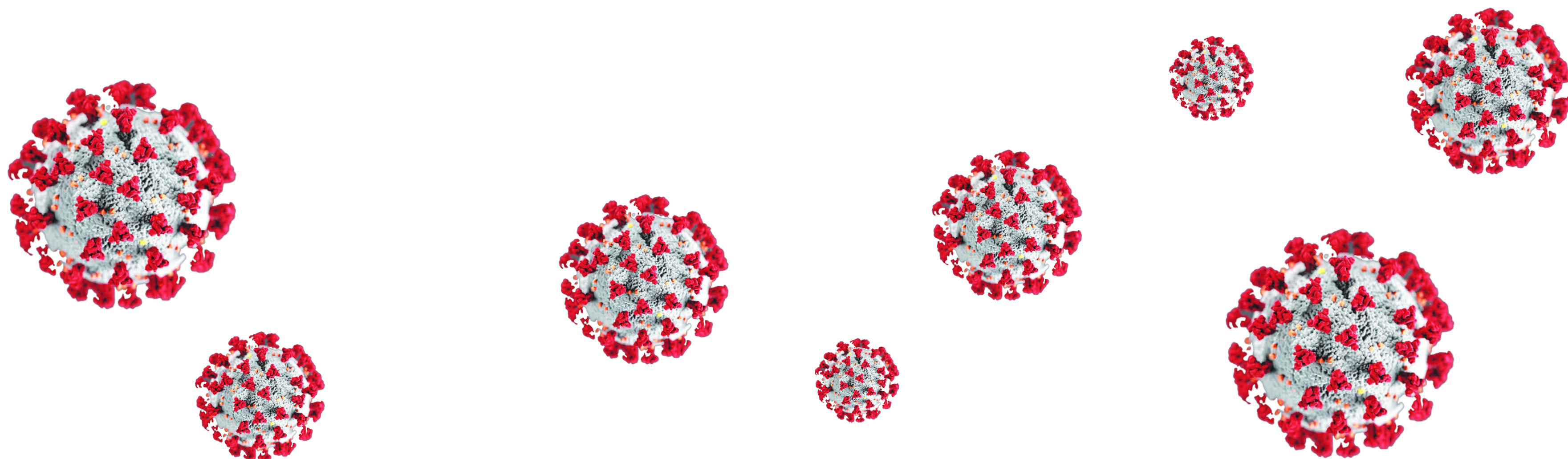
- **Audit of Medicare Payments for Inpatient Discharges Billed by Hospitals for Beneficiaries Diagnosed with COVID-19**
  - Section 3710 of the CARES Act directs the HHS Secretary to increase the weighting factor that would otherwise apply to the assigned DRG by 20 percent for an individual who is diagnosed with COVID-19 and discharged during the COVID-19 public health emergency period.
  - This OIG will audit whether payments made by Medicare for COVID-19 inpatient discharges billed by hospitals complied with federal requirements.



COVID-19 Work Plan Items

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- **Use of States' Immunization Information Systems To Monitor COVID-19 Vaccinations (CDC)**
  - Immunization Information Systems (IISs) play an integral role in monitoring vaccine uptake in the population and meeting vaccination goals.
  - CDC's work to collect and share data on COVID-19 vaccinations relies heavily on State and local IISs working with Federal systems, but the preexisting limitations of these systems pose challenges for CDC's goal of comprehensive immunization data being made available for clinical and public health uses.
  - This study will examine State and Federal experiences using these systems to collect, share, and monitor data on COVID-19 vaccinations, and identify lessons learned that can improve vaccination data and monitoring for future mass vaccination campaigns as well as routine vaccination programs.

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The Impact of the Work Plan on Compliance Programs

OIG Work Plan = Oversight Agency Crystal Ball

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- How do items get on the OIG Work Plan?
  - Mandatory requirements for OIG reviews, as set forth in laws, regulations, or other directives
  - Requests made or concerns raised by Congress, HHS management, or the Office of Management and Budget (OMB)
  - Top management and performance challenges facing HHS
  - Work performed by other oversight organizations
  - Management's actions to implement OIG recommendations from previous reviews
  - Potential for positive impact

Using the OIG Work Plan

- Every healthcare compliance program should make full use of the OIG Work Plan to map out their future activities and audits.
  - Check the OIG Work Plan Active Items regularly.
  - Subscribe to the HHS OIG Newsletter for the most recent updates to the Work Plan sent to your inbox.
  - Determine if the Recently Added Items are relevant to the organization and if so, include in the organizational Compliance Work Plan.
    - Analyze your billing volume, new services, current areas of concern.
  - Inform Executives and the Board of relevant OIG Work Plan items that will be included in the organizational Compliance Work Plan.

Putting It All Together . . .

- **The OIG Work Plan**
  - The purpose is to protect CMS, providers, and beneficiaries
  - Provides information for improvement of HHS programs
  - Amazing analytical data for issue evaluation
  - Identifies important issues impacting patient care and provider reimbursement

- **Recommendations**
  - Review regularly:
    - New items added monthly
    - Items added and deleted regularly
  - Discuss OIG Work Plan items and the associated risks with Leadership in your organization.
  - Integrate OIG Work Plan items into your organization's Compliance Work Plan.

Questions and Group Discussion

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Thank you!

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