


2012 OIG Work Plan

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OIG Work Plan

- **U.S. Department of Health & Human Services
Office of Inspector General**
 - Protect the integrity of HHS programs and operations
 - Protect the well-being of beneficiaries
 - Detect and prevent fraud, waste and abuse
 - Identify opportunities to improve program economy, efficiency, and effectiveness
 - Hold accountable those who do not meet program and legal requirements

OIG Work Plan

- **OIG Work Plan**

- New and ongoing reviews that the OIG plans to pursue during Fiscal Year 2012
- Past success (FY 2010)
 - Reported \$3.8 billion in investigative receivables
 - \$1.1 billion in audit receivables
 - Reported ratio of \$16 to \$1 expected return on investment measuring efficiency of OIG's oversight efforts
 - Quality and management improvement recommendations

Hospitals

- **“Present on Admission” Indicators**
 - Must report which diagnoses were present on admission
 - Payment impact for hospital-acquired conditions
 - Tracking facilities who transfer patients with certain conditions that are coded POA

Hospitals

- **Quality Measure Data**
 - Review of controls for ensuring accuracy and validity of quality measure data submitted to CMS
- **Adverse Event Reporting**
 - Review of the type of information captured and reported to external patient-safety oversight entities

Hospitals

- **Billing Practices**

- Review of payments and compliance with billing requirements
- Recovery of overpayments
- Identify providers that routinely submit improper claims
- Data mining and computer matching techniques for focused reviews
- Ranking of hospitals regarding their compliance risk

Hospitals

- **Outlier Payments**
 - Review of trends
 - Identify hospitals with high or increasing rates of outlier payments

- **High or Excessive Payments**
 - Payments exceed charges
 - Unit billing errors

Hospitals

- **Hospital Payments for Nonphysician Outpatient Services**
 - Payment window rules
 - Services furnished under arrangement
- **Medical Device Replacements**
 - How are the costs of replacement reported to Medicare
 - Rebates, credits

Hospitals

- **Inpatient Rehabilitation Facilities**
 - Appropriateness of admission
 - Level of therapy being furnished
- **Graduate Medical Education**
 - Review of resident counts; IRIS
- **Brachytherapy**
 - High utilization

Hospitals

- **Hospice Care**
 - Relationship between hospital and hospice
- **Same-Day Readmissions**
 - Review of CMS edit
- **Outpatient Dental Claims**
 - Generally not covered
- **Outpatient Observation Services**
 - Appropriateness of service
 - Impact on patient due to cost sharing

Physicians

- **Compliance with Assignment Rules**
 - Billing beneficiaries in excess of Medicare allowed amount
 - Beneficiary awareness of rights regarding billing violations and Medicare coverage guidelines

Physicians

- **Physician-owned Distributors (PODs) of Spinal Implants**
 - High use of spinal implants
 - Growing into other areas
 - Concern of conflicts of interest and patient safety

Physicians

- **High Cumulative Payments**
 - High cumulative payments may indicate incorrect billing or fraud and abuse
 - Data mining to identify issues / providers

Physicians

- **Place of Service Errors**
 - Physician must identify the place where services furnished
 - Payment is impacted by POS
 - Office
 - Hospital
 - ASC

Physicians

- **Evaluation and Management Services**
 - Coding Trends; “questionable billing” in 2009
 - Use of Modifier During Global Surgery Period
 - Potentially Inappropriate Payments
 - EHR documentation
 - Consistency of medical reviews

Physicians

- **“Incident to” Services**
 - Requirements for incident to billing
 - Plan of care
 - Oversight
 - Qualifications of individual furnishing the service
 - CMS monitoring concerns

Physicians

- **Impact of Opting Out of Medicare**
 - Claims submission from physicians who have opted out
 - Impact on beneficiaries of physicians opting out
- **Chiropractors**
 - Maintenance therapy is not considered medically necessary

Providers

- **Payments for Services Ordered or Referred by Excluded Providers**
- **Medical Claims Review at Selected Providers**
 - “error-prone” providers; CERT results
 - Review and extrapolate for payment recovery

Part B Payments for Prescription Drugs

- **Off-Label Use**
 - Anticancer chemotherapeutic regimens
 - review of patient improvement prior to off-label use of drug
 - Review of support for off-label use

Part B Payments for Prescription Drugs

- **Payment for Herceptin**
 - Application of Medicare drug wastage policy
- **Outpatient Payments for Certain Drugs (e.g. , chemotherapy)**
 - Review of proper billing and coding of units

Part B Payments for Prescription Drugs

- **Physician Administered Drugs**
 - Review of whether changes in the payment methodologies would save money
- **Immunosuppressive Drugs**
 - Billing according to FDA labeling

National Institutes of Health

- **Compliance with OMB requirements**
 - Extra compensation payments to faculty
 - Cost principles
- **Recharge Centers**
 - Reasonable and consistent charges
 - Reasonableness and necessity of expenses

National Institutes of Health

- **Informed Consent in Genetic Research**
 - Concerns related to privacy, confidentiality and unintended harms
 - Is the data protected in future research
- **Salaries from Multiple Universities**
- **Cost Sharing Claimed by Universities**

Legal Activities

- **Exclusions**
- **Civil Monetary Penalties**
- **False Claims Act and Corporate Integrity Agreements**
- **Review of entities who do not enter into Corporate Integrity Agreements**
- **Provider Compliance Training**
- **Task Force Teams and Collaboration**

Compliance Programs

- **Use the Work Plan to help focus on issues and conduct reviews**
- **Use the reviews to help demonstrate commitment to compliance**
- **Use the compliance activities to help mitigate and avoid liability and sanctions**

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