



## ***COMPLIANCE ALERT 10-10***

### ***OIG 2010 Work Plan: Hot Compliance Areas for Other (non-Hospital Specific) Areas***

*Compliance Alert 10-8* included top areas for the OIG's 2010 Work Plan for Hospitals. This monograph includes highlights of other focus areas listed in the Work Plan that are also of interest to HHSC facilities. Overall, the OIG will continue its focus on:

- ❖ Use of and claims submitted for Excluded Providers
- ❖ Quality Measures
- ❖ Encouraging providers to self-disclose improper conduct
- ❖ Compliance with Corporate Integrity Agreements (CIA)
- ❖ Work to prosecute appropriate false claim cases

#### **Skilled Nursing Facilities: New Issues**

- Review the impact of CMS and States enforcement measures on improving the quality of care beneficiaries received in poorly performing nursing homes and the performance of these nursing homes.
- Review CMS's oversight to Minimum Data Set (MDS) data submitted by nursing homes certified to participate in Medicare or Medicaid.

#### **Skilled Nursing Facilities: Continuing Issues**

- Review payments for psychotherapy services provided to nursing home residents
- Assess how SNF facilities are addressing the quality measures of: 1) developed plans of care based on assessments of beneficiaries; 2) provided services to beneficiaries in accordance with their plans of care; and 3) planned for beneficiaries' discharges. The SNF's use of the standardized Resident Assessment Instrument (RAI) will be reviewed.
- Investigate of the accuracy of Medicare reimbursement to determine the accuracy of Resource Utilization Groups (RUG) coding.
- Review emergency plans and emergency preparedness deficiencies of nursing homes.

- Determine the extent that nursing facilities have employed individuals with criminal convictions.
- Examine the extent to which nursing home residents over 65 received selected antipsychotic drugs in the absence of conditions approved by the FDA.

### **Other Part A and Part B Providers Payments: New Issues**

- Look at payments for Part B imaging services.
- Review appropriateness of Medicare payments for sleep studies.
- Review the appropriateness of providers' use of modifier GY on claims for services that are not covered by Medicare.
- Examine extent that providers comply with assignment rules and determine whether beneficiaries are inappropriately billed in excess of amounts allowed.
- Examine Medicare incentive payments made in 2010 to eligible health care professionals for the 2009 electric prescribing (e-prescribing) activities.

### **Other Part A and Part B Providers Payments: Continuing Issues**

- Review physician coding of place of service on Medicare Part B claims for services performed in ambulatory surgical centers (ASC) and hospital outpatient departments.
- Review appropriateness of methodology for setting ASC rates.
- Investigate practices related to the number of evaluation and management (E&M) services by physicians and reimbursed as part of the global surgery fee
- Look at outpatient physical therapy services provided by independent therapists.
- Examine the extent that Medicare physicians reassign their benefits to other entities to ensure that certain program integrity safeguards exist between the physicians and the entities or when payments are being made to the physicians' employers.
- Examine Medicare payments for services ordered or referred by excluded providers
- Determine extent of payments for transforaminal epidural injections.
- Investigate Medicare claims with dates of service after beneficiaries' dates of death to assess CMS's controls to preclude or identify and recover improper fee-for-service payments.

The OIG 2010 Work Plan lists reviews of continuing focus in many associated areas (prescription drug benefits, DME, Medicaid, etc.) that are carried over from previous Work Plans. The significant new efforts announced in these ancillary areas from the 2010 Work Plan are listed below.

### **Other New Topics of Interest**

- Review Medicare's fee schedule for parenteral nutrition.
- Examine Medicare Part B immunosuppressive drug claims to determine whether they were billed according to their FYA-approved labels.
- Look at payments for drugs and biologicals used on an off-label basis in anticancer chemotherapeutic regimens.
- Review beneficiaries' use and understanding of Medicare Summary Notices (MSN).
- Investigate the timeliness of Medicare contractors in making determinations on requests for reconsideration at the first level of Medicare appeals.
- Examine DME claims to determine supplier influence on physician prescribing.
- Look at contracted pharmaceutical manufacturer rebates collected by Part D sponsors and pharmacy benefit managers (PBM).
- Apply the Medicaid percentage rebate amount to Medicare Part D covered brand-name drugs to determine the amount that could be saved if the Part D program required drug manufacturers to pay a similar standard percentage rebate compared to the other measures.
- Review drug costs on specific Part D covered drugs to determine whether contracted prices between pharmacies and Part D sponsors were accurately reflected.
- Examine CMS audits of Part D sponsor financial records.
- Look at claims to determine if pharmacies have altered prescriptions to avoid Federal Upper Limit (FUL) drugs and also evaluate selected drug manufactures to determine the methodologies applied to calculate their average manufacturer price used in Medicaid payments.
- Review appropriateness of Medicaid pharmacy prescription drug claims for selected Medicaid state agencies and for claims for pediatric prescriptions not approved for children by the FDA.
- Look at drug-pricing and rebate data reported by drug manufacturers for authorized generic drugs.
- Review Medicaid payments for HIV/AIDS drugs to determine the amount Medicaid could save by using centralized purchasing and dispensing programs.
- Investigate how much could be saved if prescriptions were provided to beneficiaries as a "carve out" program.
- Look for payments to excluded providers in Medicaid program.
- Review appropriateness of payments for Medicaid physical and occupational therapy services.

Any further information regarding these new OIG efforts or continuing ones from previous Work Plans may be requested from HHSC's Chief Compliance and Privacy Officer [dlane@hhsc.org](mailto:dlane@hhsc.org) or 808-240-2734,

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