



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

*"Touching Lives Every Day"*

## ***COMPLIANCE ALERT 11-22***

### ***OIG Announces Work Plan for Fiscal Year 2012***

The Office of Inspector General, Department of Health & Human Services, (OIG), announced their annual Work Plan for Fiscal Year 2012. This *Compliance Alert* lists activities particularly relevant to HHSC that the OIG plans to initiate or continue in FY 2011. "New" activities are ***bold-faced italicized***. For a full list, the source document is listed at the end.

#### Medicare Part A and B: Hospitals

- Hospital Reporting for Adverse Events
- Hospital Admissions with Conditions Coded Present on Admission transferred out
- ***Accuracy of Present-on-Admission Indicators submitted on Medicare Claims***
- ***Medicare Inpatient and Outpatient Payments to Acute Care Hospitals***
- Hospital Inpatient Outlier Payments: Trends and Hospital Characteristics
- Hospital Claims with High or Excessive Payments
- Hospital Same-Day Readmissions
- ***Acute-Care Hospital Inpatient Transfers to Inpatient Hospice Care***
- Medicare Payments for Beneficiaries with Other Insurance Coverage
- Hospital Payments for Non-physician Outpatient Services
- ***Medicare Outpatient Dental Claims***
- Observation Services During Outpatient Visits
- *Inpatient Rehabilitation Facilities*
- ***Critical Access Hospitals: General Criteria for Qualification as a CAH***

#### Nursing Facilities

- Medicare Requirements for Quality of Care in Skilled Nursing Facilities
- ***Safety and Quality of Post-Acute Care for Medicare Beneficiaries***
- ***Nursing Home Compliance Plans***
- Medicare Part A Payments to Skilled Nursing Facilities
- Hospitalizations and Re-hospitalizations of Nursing Home Residents
- ***Questionable Billing Patterns During Non-Part A Nursing Home Stays***

#### Other Providers and Suppliers

- ***Ambulances: Questionable Billing for Ambulance Services***
- ***Physicians and Other Suppliers: High Cumulative Part B Payments***
- ***Physicians: Incident-to Services***
- Physicians: Place of Service Errors

- Ambulatory Surgical Centers: Payment System
- ***Ambulatory Surgical Centers and Hospital Outpatient Departments: Safety and Quality of Surgery and Procedures***
- Evaluation and Management Services: Trends in Coding of Claims
- Evaluation and Management Services Provided During Global Surgery Periods
- ***Evaluation and management Services: Use of Modifiers During the Global Surgery Period***
- ***Partial Hospitalization Programs in Community Mental Health Centers: Questionable Billing Characteristics and Contractor Oversight***
- Sleep Disorder Clinics: Medicare Payments for Sleep Testing
- Diagnostic Radiology: Excessive Payments
- ***End Stage Renal Disease: Medicare's Oversight of Dialysis Facilities***
- ***End State Renal Disease: Bundled Prospective Payment System for Renal Dialysis Services***
- Medicare Payments for Part B Claims with G Modifiers
- Payments for Services Ordered or Referred by Excluded Providers

#### Medical Equipment and Supplies

- Frequency of Replacement of Supplies for Durable Medical Equipment
- Medicare Pricing for Parenteral Nutrition

#### Part B Payments for Prescription Drugs

- ***Physician-Administered Drugs and Biologicals***
- ***Medicare Payments for the Drug Herceptin***
- ***Medicare Outpatient Payments for Drugs***

#### Medicare Part A and Part B Contractor Operations

- ***Contractor Error Rate Reduction Plans***
- ***CMS Disclosure of Personally Identifiable Information***
- Quality Improvement Organization's Hospital Quality Improvement Projects
- First Level of Medicare Appeals Process
- Medicare Secondary Payer Recovery Contractor: Early Implementation
- Medicare Administrative Contractors (MAC): Quality Assurance Surveillance Plan Performance Evaluation
- Identification and Recoupment of Improper Payments by Recovery Audit Contractors (RAC)
- Providers and Suppliers with Currently Not Collectible Debt (Deemed not-collectible by CMS)
- Variation in Coverage of Services and Medicare Expenditures Due to Local Coverage Determination
- Performance of the National Supplier Clearinghouse
- Provider Education and Training: Medicare-Affiliated Contractors' Progressive Correction Action

#### Medicare Part D (Prescription Drug Program)

- ***Refills of Schedule II Drugs***
- ***Medicare Part D Expenditures for Revatio***
- ***Questionable Part D Billing for HIV Drugs***

#### Other Medicaid Services

- Potentially Excessive Medicaid Payments for Inpatient and Outpatient Services
- Payments for Physical, Occupational, and Speech Therapy Services
- Mediate Medical Equipment
- Payments for Transportation Services
- ***State-Operated Facilities: Reasonableness of Payment Rates***
- ***Payments for Health-Care-Acquired Conditions***
- ***Supplemental Payments to Public Providers***
- Claims with Inactive or Invalid Physician Identifier Numbers
- Federally Excluded Providers and Suppliers
- Overpayments: Medicaid Credit Balances

Further information on this Work Plan will be disseminated as it becomes available. HHSC facilities should review the list and let the Chief Compliance and Privacy Officer and/or their Regional Compliance Officer know if they have questions or want more specific information.

\*Other projects such as those pertaining to home health, the CHIP programs, or programs most probably not of interest to HHSC are not listed in this *Compliance Alert*. For a full listing, please refer to the source document listed below.

Source: <http://oig.hhs.gov/reports-and-publications/archives/workplan/2012/Work-Plan-2012.pdf>