



Integrating the OIG Work Plan into Your Compliance Program for 2022

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Presenter's Bio

Aurae Beidler, MHA, RHIA, CHC, CHPS – Independent Contractor

Aurae has worked in the health care industry since 2002, for health systems and outpatient clinics including behavioral and dental health, with an emphasis in compliance operations and program implementation, training, auditing and privacy of health records.

Focus: Aurae has experience with coding and billing issues, risk assessments, regulatory interpretations, internal investigations, responding to external audits and investigations, writing appeals for denied claims, policy and procedure creation, provider education and training, risk management and provider malpractice insurance and determining clinical billing risk by performing audits and investigations. She has overseen and assisted with the implementation of a privacy and security program for outpatient clinics and developed an institutional compliance program.



Learning Objectives



Understand the importance of the OIG Work Plan



Understand how it can be incorporated into an organization's auditing and monitoring functions



Review current issues and hot topics for 2022 and beyond



Let's Get Started

The Office of Inspector General - OIG is in an independent agency that exist in all U.S. Cabinets

OIG for the Department of Health and Human Services (OIG/HHS) strives to protect the integrity of the department's programs.



OIG Activities

OIG/HHS activities include:

- Investigate fraud, waste and abuse within federal healthcare programs;
- Education and resources;
- Reports and studies;
- Manage the Recover Act contractors;
- Discipline individuals and organization through exclusions;
- Negotiate Corporate Integrity Agreements.



Why should my organization care?

Auditing and Monitoring is a key element of an Effective Compliance Program



The Seven Elements

At a minimum, comprehensive compliance programs should include:

1. Written standards of conduct and written policies and procedures;
2. Designation of a chief compliance officer and compliance committee;
3. Compliance education and training;
4. Anonymous compliance hotline; open-door policy;
5. System of response and enforcement/ disciplinary action
- 6. Auditing and monitoring**
7. Investigation and remediation of identified problems/ sanctions



Auditing & Monitoring

Assist in identifying risk to business

Identify if controls put in place to remediate a risk are working and risk mitigated

Assist with preventing a real or potential risk from escalating

- Early detection

Shows “good faith”

Ultimately guides and changes behavior



Auditing and Monitoring



How

Audit, monitoring, probe, mock survey, risk assessment



Who

Internal, Department, External



What

Annual compliance audit work plan



When

Concurrent, retrospective, annual/ongoing



Where

Paper, EMR



Why

Proactive, Reactive, Potential issues, Trends, Industry standard



Auditing and Monitoring

Where to begin: Annual Compliance Audit plan

1. Conduct a risk assessment
2. Prioritize the risks identified
3. Identify resources that will be needed to implement the audit plan
4. Buy in
5. Documentation
6. Evaluation
7. Finalize plan



Auditing and Monitoring

Resources used to develop a Compliance Work Plan

OIG Work Plan (now updated monthly)

Advisory opinions

OIG Office of Investigation reports

OIG Office of Audit Services reports

Local Medical Review Policies

Local Coverage Decisions

Medicare Bulletins and CMS Updates

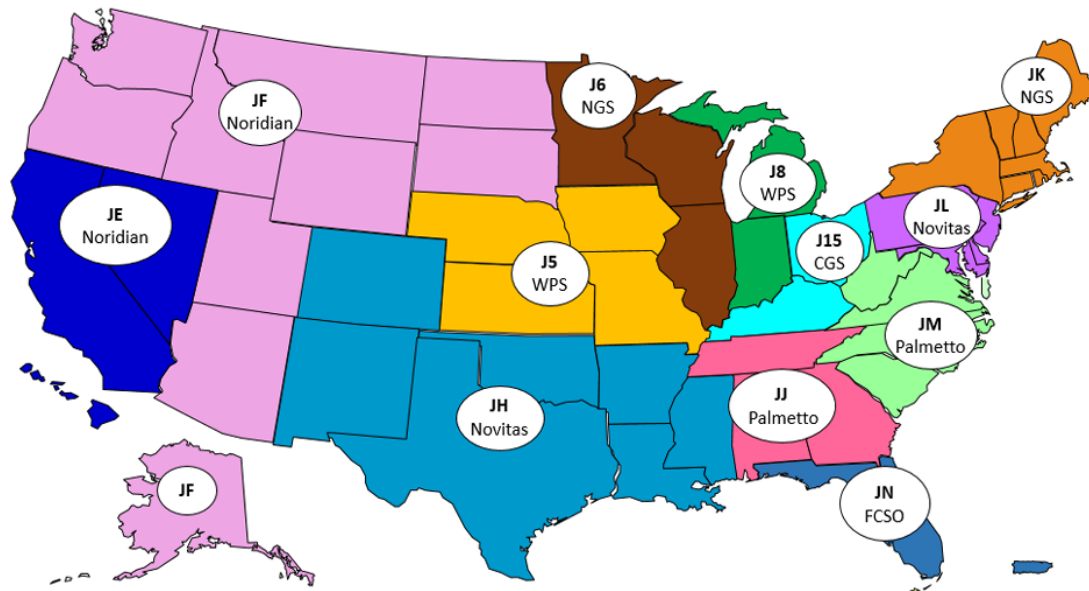
Peer Review Organizations

Contractor audit descriptions/ announcements

Medicare Administrative Contractors (MAC)



A/B MAC Jurisdictions
as of June 2021



Top Management & Performance Challenges Facing HHS



2020 Top Management & Performance Challenges Facing HHS



The 2020 Top Management and Performance Challenges Facing HHS is an annual publication of the Department of Health and Human Services (HHS or the Department) Office of Inspector General (OIG). In this edition, OIG has identified six top management and performance challenges (TMCs) the Department faces as it strives to fulfill its mission "to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services." These top six challenges reflect overarching issues that affect multiple HHS programs and responsibilities. These are not the only challenges that confront HHS, and OIG reports are a key resource that highlight specific opportunities to improve HHS programs and operations.

- 1 [Safeguarding Public Health](#)
- 2 [Ensuring the Financial Integrity of HHS Programs](#)
- 3 [Delivering Value, Quality, and Improved Outcomes in Medicare and Medicaid](#)
- 4 [Protecting the Health and Safety of HHS Beneficiaries](#)
- 5 [Harnessing Data To Improve Health and Well-Being of Individuals](#)
- 6 [Improving Collaboration To Better Serve Our Nation](#)



OIG Work Plan



Archive goes back to 1997



Most interested in current work plan that is now web-based

In 2017, OIG moved towards a web-based format for the Work Plan in order to increase transparency around OIG's ongoing work planning efforts.



Monthly updates include newly initiated items, and items removed and completed.



OIG Work Plan Organization



Go

Go to: <https://oig.hhs.gov/reports-and-publications/workplan/active-item-table.asp>



Search

You can search for Work Plan Items or



Download

Download the Work Plan



Where to Begin

Identify sections of interest by program

- CMS
 - Medicare Part A, B, C, D
 - Medicaid
- FDA
- Substance Abuse/ Mental Health
- Public Health
- Indian Health Service
- Other



Categorize Each Activity



FYI only

- Can be used for educational purposes and may turn into an audit in the future



Monitor

Audit



- Probe audit/sample
- Full audit



OIG Work Plan Organization Exercise

Creating your work plan using
the OIG Active Work Plan
Items download



Current Issues and Hot Topics

2022 Workplan



Notable Work Plan Items for 2022

Telehealth Services

Review of the Medicare Two Midnight Rule

Pain Audits

Risk Adjustment Data

Accuracy of Place of Service Codes



Telehealth Services

In October 2020, CMS announced the plan to begin auditing Medicare Telehealth Services. The item was revised and expected to occur in 2022.

CMS has implemented a number of waivers and flexibilities that allowed Medicare beneficiaries to access telehealth services.

Medicare Part B and C data will be reviewed for program integrity risks associated with telehealth services during the pandemic.

OIG will analyze provider billing patterns.

Although there isn't a lot of detail, you should continue to watch for updates and review once the initial audit is published.



Telehealth Services

OIG will also be reviewing Medicaid Telehealth for oversight of state agencies and waivers that occurred during the PHE. This item was also revised from 2020 and expected in 2022.

OIG will also focus on selected States use of telehealth in behavioral health services. It will analyze how these States and managed care organizations (MCOs) use telehealth to provide behavioral healthcare. It will also review selected States' monitoring and oversight of MCOs' behavioral health services provided via telehealth.



Telehealth

Two phases for OIG audits of Medicare Part B telehealth services

- Phase one audits will focus on making an early assessment of whether services such as evaluation and management, opioid use disorder, end-stage renal disease, and psychotherapy (Work Plan number W-00-21-35801) meet Medicare requirements.
- Phase two audits will include additional audits of Medicare Part B telehealth services related to distant and originating site locations, virtual check-in services, electronic visits, remote patient monitoring, use of telehealth technology, and annual wellness visits to determine whether Medicare requirements are met.



Telehealth Services

What to review?





Pain Audits

OIG has revised its focus on several pain management audits including facet joint injections, facet joint denervation sessions, lumbar epidural injections and trigger point injections under Medicare Part B.

Providers should review their services and documentation to ensure compliance with federal requirements. In 2022, OIG will issue a report on provider compliance.



Pain Audits

What to review?



Two-Midnight Rule



OIG announced a revised plan to begin auditing short stay claims in 2022 related to the implementation of the Two-Midnight Rule in Fiscal Year 2014.



Under this rule, it is generally considered inappropriate to receive payment for stays not expected to span at least two midnights.



OIG will begin auditing short stay claims and recommending overpayment collections.



Other Notable Items for 2022

Risk Adjustment Data - Sufficiency of Documentation Supporting Diagnoses

- Documentation reviews to ensure diagnosis supports what that Medicare Advantage organizations submitted to CMS for use in CMS risk score calculations

Accuracy of Place-of-Service Codes on Claims for Medicare Part B Physician Services When Beneficiaries Are Inpatients Under Part A



OIG Audits from FY 2021

Medicare Could Have Saved up to \$20 Million Over 5 Years if CMS Oversight Had Been Adequate To Prevent Payments for Medically Unnecessary Cholesterol Blood Tests (A-09-19-03027), May 2021



Other Items to Consider with Your Work Plan

After reviewing the OIG items, you may consider some questions related to your 2022 compliance work plan including:

- Has the public health emergency (PHE) resulted in items to add to your plan?
- Due to the PHE, will you be narrowing the focus of you plan? Or expanding your plan?
- Were there items you deferred during 2021?



Key Takeaways



Utilize the OIG workplan as one resource to create your own audit work plan



Use OIG activities as educational items for board, leadership, etc.



Many items can be used as FYIs for future activity or upcoming changes to CMS rules



Thank You!