

Part B Insider (Multispecialty) Coding Alert

Compliance: OIG Aims to Lower Medicare Pay for Procedures Performed in Hospital Outpatient Departments

Plus: EHR security issues remain a problem.

The OIG makes scores of recommendations every year, advising Part B practices and payers to tighten up documentation, correct diagnosis errors, or implement other programs. On April 12, the agency released its latest Compendium of Unimplemented Recommendations, which shares the top actions that the OIG believes HHS should have taken to save money and improve quality—but in many cases, these suggestions fell on deaf ears.

Case in point: During a previous review, OIG found that Medicare could save \$15 billion between 2012 and 2017 by reducing outpatient department payment rates for ASC-approved procedures to the same levels that ASCs collect for these services, in cases when patients have low-risk and no-risk clinical needs. That's because the ASC payment rates are lower than hospital outpatient department's rates.

Not only that, but Medicare beneficiaries themselves would save billions via cost-sharing reductions if the OIG's recommendation were implemented.

CMS responded to the recommendation, telling the OIG that such changes would require legislative adjustments, and money for those changes does not appear to be in the current White House budget. However, the OIG probably won't give up on the issue entirely. "We continue to recommend changes to Hospital Outpatient Prospective Payment Systems and will monitor CMS's progress in implementing our recommendations," the OIG said in last week's report.

EHR Issues Persist

Another issue targeted in the Compendium involves fraud vulnerabilities in electronic health records (EHRs). "We found that only about one-quarter of hospitals had policies regarding the use of the copy-paste feature in EHR technology, which, if used improperly, could pose a fraud vulnerability," the OIG said in the report.

Although CMS agreed with the notion that this should be addressed, the agency's response was to launch pre-payment audits and pre-payment edit checks. The OIG, however, thinks that this isn't enough. "These efforts do not address our recommendation to work with the ONC on strengthening its collaborative efforts," the OIG said. "OIG believes that all divisions of the Department have a shared responsibility for the integrity of departmental programs, regardless of whether they have health care fraud enforcement authority."

Resource: To read the complete Compendium, visit <http://oig.hhs.gov/reports-and-publications/compendium/>.