

OIG Investigations!

*How Technology Can Help Your
Team Survive the Inevitable Audit*



RISE



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Webinar Participant Tips

All participant lines are muted. To protect your privacy, you will only see your name and the presenters' names in the participant box.

- To submit a question to the presenters any time during the event
- In the Event window, in the Panels drop-down list, select Q & A
- Type your question in the Q & A box
- Click “Send”

Today's Presenters



Kimberly Rykaczewski RN, CPC, CRC
Senior Clinical Content Specialist – Nursing
Wolters Kluwer, Health Language



Melissa James CPC, CPMA, CRC
Content Management Consultant – Risk Adjustment SME
Wolters Kluwer, Health Language

Today's Agenda

- **Who exactly is the OIG, why are they auditing health plans, and why you should be paying attention**
- **Latest findings of avoidable coding errors and their financial impacts**
- **How to strategically prepare your RA team to handle any regulatory audit**
- **What tools and technology are available to help you avoid errors and penalties**

Who is the Office of the Inspector General (OIG)?



The OIG's mission is to provide objective oversight to promote the economy, efficiency, effectiveness, and integrity of HHS programs, as well as the health and welfare of the people they serve

GOALS & OBJECTIVES:

- 1 Fight fraud, waste, and abuse
- 2 Promote quality, safety, and value
- 3 Advance excellence and innovation

Why is the OIG auditing MAOs?

The HHS-OIG Strategic Plan for Oversight of Managed Care for Medicare and Medicaid has three goals:

1. Promote access to care for people enrolled in managed care
2. Provide comprehensive financial oversight
3. Provide data accuracy and encourage data-driven decisions

149M

People enrolled in
Medicare and Medicaid

\$650B

Spent on Managed Care
programs in 2022

Audited Diagnosis Categories

U.S. Department of Health and Human Services
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Active Work Plan Items

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Active Work Plan Items reflect OIG audits, evaluations, and inspections that are underway or planned. Search the Work Plan using any words or numbers or download the Active Work Plan Items into a spreadsheet. [Download the Work Plan](#)

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Search:

Announced or Revised	Agency	Title	Component	Report Number(s)
Completed (partial)	Centers for Medicare & Medicaid Services	Medicare Advantage Risk-Adjustment Data - Targeted Review of Documentation Supporting Specific Diagnosis Codes	Office of Audit Services	W-00-20-35079; W-00-19-35079; W-00-17-35079; W-00-21-35079; A-07-20-01197 ; A-07-20-01202 ; various reviews
Completed (partial)	Centers for Medicare & Medicaid Services	Risk Adjustment Data - Sufficiency of Documentation Supporting Diagnoses	Office of Audit Services	A-07-16-01165 ; W-00-16-35078; various reviews; A-07-17-01169 ; A-03-18-00002 ; A-05-18-00020 ; A-04-18-03085 ; W-00-18-35078; A-09-18-03007

HIGH-RISK GROUPINGS

1. Acute Stroke
2. Acute Heart Attack
3. Acute Stroke/Acute Heart Attack Combination
4. Embolism
5. Vascular Claudication
6. Major Depressive Disorder
7. Potentially Mis-Keyed Diagnosis Codes
8. Lung Cancer
9. Breast Cancer
10. Prostate Cancer
11. Colon Cancer

How did the audited MAO's do?

F-

70% of diagnosis codes were not supported in the medical records

Figure: Errors in High-Risk Groups as of November 2023

High-Risk Group	Total	Errors	Error %
Acute stroke	945	908	96%
Acute heart attack	791	751	95%
Embolism	754	593	79%
Lung cancer	391	345	88%
Breast cancer	390	373	96%
Colon cancer	390	368	94%
Prostate cancer	360	322	89%
Potentially mis-keyed diagnosis codes	522	421	81%
Totals	4,543	4,081	90%

Recent OIG Findings

Results published in 2023 involving 11 health plans

\$5.2M

AT ENROLLEE LEVEL

vs.

\$210M

AT PLAN LEVEL
[EXTRAPOLATED]



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Future Audits: 2023 Work Plan

U.S. Department of Health and Human Services
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Announced or Revised	Agency	Title	Component	Report Number(s)
November 2023	Centers for Medicare and Medicaid Services	Medicare Part C Audits of Documentation Supporting Specific Diagnosis Codes	Office of Audit Services	WA-24-0004 (W-00-24-35906)
November 2023	Centers for Medicare and Medicaid Services	Audits of Medicare Part C Health Risk Assessment Diagnosis Codes	Office of Audit Services	WA-24-0003 (W-00-24-35905)
September 2023	Centers for Medicare and Medicaid Services	Audits of Medicare Part C Unlinked Chart Review Diagnosis Codes	Office of Audit Services	WA-23-0037 (W-00-23-35903)
Revised	Centers for Medicare and Medicaid Services	Medicare Part C High-Risk Diagnosis Codes Tool Kit	Office of Audit Services	WA-23-0025 (W-00-23-35899)
July 2023	Centers for Medicare and Medicaid Services	CMS May Make Increased Payments to MA Organizations for Diagnoses That Were Reported on Physicians' Claims But Were Not Confirmed on a Concurrent Inpatient Stay	Office of Audit Services	WA-23-0032 (W-00-23-35900)
June 2023	Centers for Medicare and Medicaid Services	Nationwide Audits of Medicare Part C High-Risk Diagnosis Codes	Office of Audit Services	WA-23-0019 (W-00-23-35896)

U.S. Department of Health and Human Services
Office of Inspector General



This toolkit is meant to be a practical, hands-on device that will help MA organizations improve the accuracy of their submitted diagnoses that are at a high risk for being miscoded.



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Survey Question #1

Are you aware that there is an OIG toolkit and are you using it?

- A. No, I had no idea this existed
- B. Yes, and we are implementing it internally
- C. Yes, but not sure how to use it
- D. Yes, we've handed this over to a vendor

OIG Auditing Logic

Key Takeaways from Auditing Logic

- No associated inpatient claim for acute conditions such as stroke, heart attack
- No associated treatment such as surgery, radiation, chemotherapy for the cancer diagnosis
- No associated medication for embolism and depression

3700

**Potential *Mis-keyed*
Diagnosis Pairs**

Examples of a *MiS-Keyed* Diagnosis

Diagnosis Code	Description	CMS-HCC Model Category V22	CMS-HCC Model Category V24	CMS-HCC Model Category V28
I270	Primary pulmonary hypertension	85	85	226
I720	Aneurysm of carotid artery	108	108	

Diagnosis Code	Description	CMS-HCC Model Category V22	CMS-HCC Model Category V24	CMS-HCC Model Category V28
G40301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus	79	79	201
G43001	Migraine without aura, not intractable, with status migrainosus			

Tips and tricks for surviving an OIG audit

1

BE ORGANIZED, GET PREPARED, RETRIEVE THE BEST CHARTS



Tips and tricks for surviving an OIG audit

2

KNOW YOUR CODING
GUIDELINES



AHA
Coding Clinic®

Tips and tricks for surviving an OIG audit

3

FOLLOW OIG RULES FOR SUBMISSION AND SUBMIT YOUR BEST CHARTS

According to FY 2022 Improper Payment Measure Payment Error Rate results,

CMS identified over \$1.2 Billion dollars in underpayments

More than 40 percent of patients' chronic conditions are never reported by their providers

Tips and tricks for surviving an OIG audit

4

REVIEW AUDIT RESULTS
AND BE PREPARED TO
APPEAL DENIALS



Survey Question #2

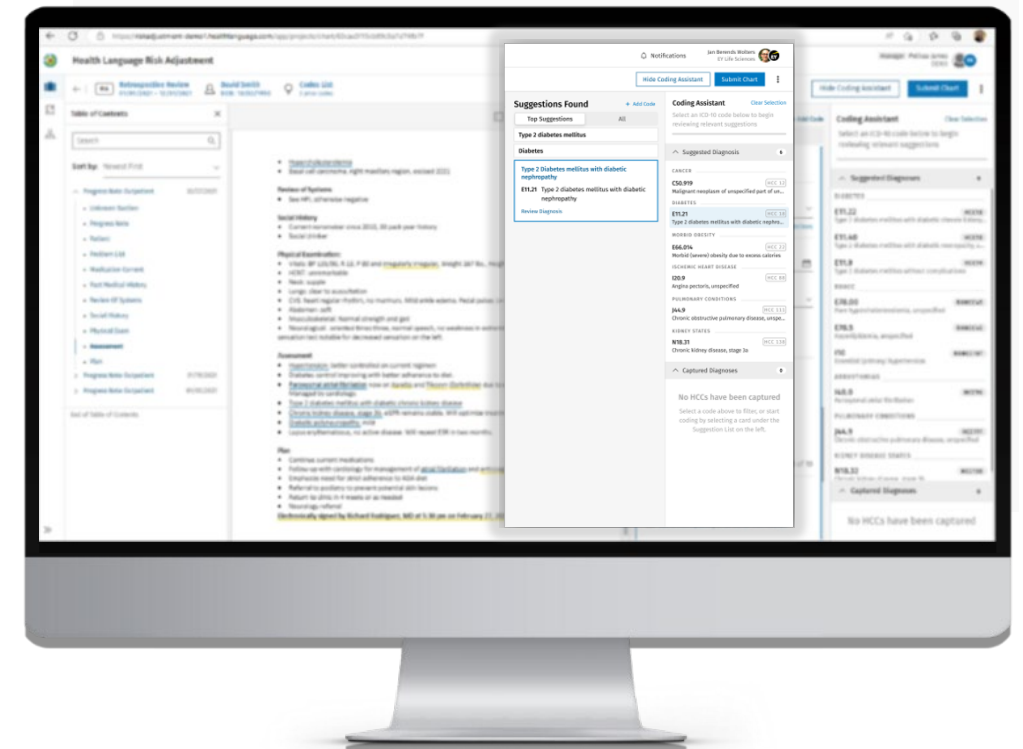
In the event your organization is audited by the OIG, what technology/tools do you plan to use?

- A. Outsourcing to a vendor
- B. Internally developed tool
- C. Spreadsheets
- D. Unsure

Latest technology to help support your team moving forward

Introducing the Health Language Coder Workbench

- Foundational understanding of standard and semantically enriched clinical terminologies
- Advanced AI, clinically trained Natural Language Processing (cNLP) technology
- Risk adjustment coding intelligence ensures HCCs coded are in alignment with the official guidelines for compliant coding and reporting
- Intelligent, intuitive user interface for maximum coder efficiency



Are you tired of traditional NLP's returning “*too much noise*” ?

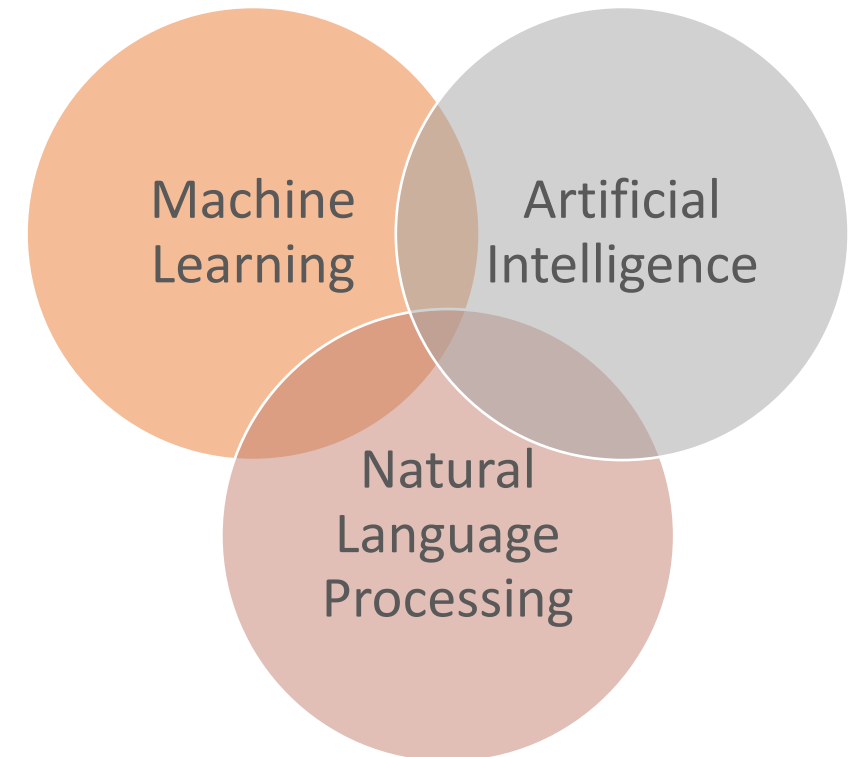
THE RIGHT TECHNOLOGY MUST RECOGNIZE THE IMPORTANCE OF UNDERSTANDING CONTEXT

Negation: recognize the difference between “*diabetes*” and “*no diabetes*”

Temporality: recognize the difference between “*history of breast cancer*” and “*breast cancer*”

Experiencer: recognize the difference between “*patients' mother*” and “*patient*”

Certainty: recognize the difference between “*likely atrial fibrillation*” and “*atrial fibrillation*”



Imagine having a doctor or nurse sitting next to the coder...

SURFACED DIAGNOSES & CLINICAL INDICATORS

Assessment

- Pulmonary embolism. D-Dimer positive. Anticoagulated therapy initiated last week.
- Type 2 diabetes mellitus. Continue metformin
- Essential hypertension. Stable on Lisinopril
- Polyneuropathy, mild

Plan

- Continue current medications
- Follow-up with cardiology for management of pulmonary embolism and anticoagulation.
- Emphasize need for strict adherence to ADA diet
- Referral to podiatry to prevent potential skin lesions
- Return to clinic in 4 weeks or as needed
- Neurology referral

Electronically signed by Richard Rodriguez, MD at 5:30 pm on February 27, 2022

PRE-POPULATED DIAGNOSIS CARD

Pulmonary embolism

Section *

Assessment ⊗ ∨

ICD Code *

I26.99 Other pulmonary embolism without acute cor pulmonale ∨

Refine 📖 Guidelines

Note Type

Progress Note Outpatient ∨

Encounter Date *

02/27/2022 📅

Provider Type

Physician ∨

Provider

Richard Rodriguez, MD 📝 Signature

Supporting Documentation

Recommended ∨

MedicationStatement: D-Dimer

Procedure: Anticoagulated therapy

CHART TABLE OF CONTENTS

Table of Contents ✕

Search by Date or Name 🔍

Sort by: Newest First ∨

> Progress Note Outpatient 02/27/2022

^ Progress Note Outpatient 01/19/2022

- Unknown Section
- History Of Present Illness
- Problem List
- Medication Current
- Past Medical History
- Review Of Systems
- Social History
- Physical Exam
- Assessment Plan

> Progress Note Outpatient 01/03/2022

> Laboratory Report 01/02/2022

> Diagnostic Imaging Report Technician Facing 01/02/2022

As good as coders are, *they aren't analysts*

Audit support in a risk management solution

- Must capture and report information in a meaningful way *i.e.* - what was found, on what page, in what section, etc.
- Help coder analyze data to identify best dates of service for highest validation rates
- Strategic recommendation of best dates of service



Strategically recommend the best encounters to submit for the highest possible validation rate

The screenshot displays a software interface for HCC (Hierarchical Condition Category) management. On the left, a sidebar titled 'HCC Status' lists various HCCs under 'CMS Audited HCCs' and 'HCC Adds'. The main area shows a table of encounter data with a highlighted section.

Qualifies for Submission	Score	POC Reviewed Status	Chart ID	DOS Start (Admit)	DOS End (Discharge)	Provider Name	Provider Type	dx	HCC Code Captured	Validation Status	HCC Hierarchy Comparison
Yes	20	Yes	0123456789...	02/14/2021	02/14/2021	Elliot Reid, M.D.	Physician	G30.9	HCC52	Validated	Add
Yes	15	Yes	2110456896...	05/15/2021	05/15/2021	Elliot Reid, M.D.	Physician	E11.65	HCC18	Validated	Higher
Yes	10	No	0213456789...	01/21/2021	01/21/2021	Elliot Reid, M.D.	Physician	E11.9	HCC19	Validated	Match

HCC Status

CMS Audited HCCs

- HCC12** Breast, Prostate, and ...
- C61 Malignant ne...
- HCC19** Diabetes without com...
- E11.65 Type 2 diabet...
- E11.9 Type 2 diabet...
- HCC79** Seizure Disorders and...
- G40.919 Epilepsy, un...
- HCC85** Congestive Heart Failu...
- I50.9 Heart failure...
- I50.30 Unspecified ...
- HCC111** Chronic Obstructive P...
- J44.9 Chronic obstr...

HCC Adds

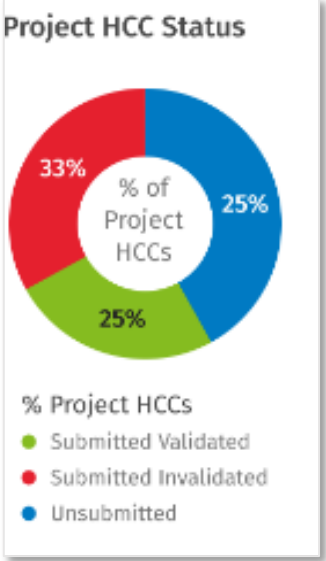
- HCC52** Dementia without com...

Visibility into audit progression and submissions

Patient Last Name	Patient First Name	DOB	Total HCCs Being Audited	Total HCCs Left to Submit	Submitted Validated HCCs	Submitted Invalidated HCCs	Total Charts Left to Be Coded	Date of Last Chart Updates	Total Charts Unreviewed by POC
Fischer	Priscilla	06/17/1955	1	0	1	0	3	01/04/2024	10
Lee	Pat	12/12/1944	5	4	0	1	5	12/20/2023	5
Langley	Ashe	02/24/1936	7	7	0	0	3	12/20/2023	3
Miller	Rex	05/31/1944	10	2	8	0	1	01/03/2024	1
Abel	David	01/21/1948	6	6	0	0	3	01/05/2024	3
Tucci	Olivia	12/29/1945	8	8	0	0	3	12/20/2023	3
Franc	Pierre	07/02/1951	7	7	0	0	3	12/20/2023	3
Slowinski	Grace	12/18/1950	9	9	0	0	3	12/20/2023	3
Duffy	MaryAnn	11/08/1928	11	11	0	0	10	12/20/2023	10
Taylor	Jameson	03/06/1938	8	8	0	0	11	01/04/2024	11
Hawkinson	Joseph	12/20/1943	6	6	0	0	4	12/20/2023	4
Sanchez	Beatrice	10/22/1945	10	10	0	0	9	12/20/2023	9
Mohammed	Shaufiq	06/07/1944	8	8	0	0	3	12/20/2023	3
Brenner	Skip	07/05/1952	7	7	0	0	2	12/19/2023	2
Lipman	Paul	09/16/1949	6	6	0	0	6	12/18/2023	6
Perdic	Beatrice	04/12/1941	12	12	0	0	5	12/17/2023	5

Project Status Totals

- 35 Total Patients
- 252 Total HCC Count for All Patients
- 3 Patients with Any Submitted HCCs
- 1 Patients with All Submitted HCCs
- 32 Patients without Submitted HCCs
- 10 HCCs Validated and Submitted
- 1 HCCs Invalidated and Submitted
- 1 Total Submitted Adds
- 1 Total Submitted Higher



A complete ensemble for a successful OIG audit



**Skilled, coding and
audit resources**



**Fit for purpose clinically
intelligent technology,
designed to support
audit workflows**



**Analysis and
reporting capabilities**



**Strategic
recommendation
of best charts**

Q&A

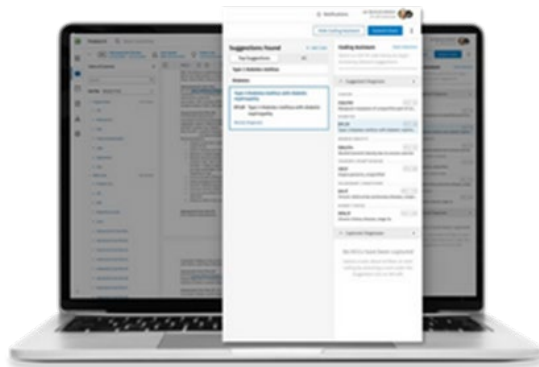
Please reach out, we'd love to connect with you!



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Visit our website and reach out today to learn more about the Health Language Coder Workbench!

www.wolterskluwer.com/en/solutions/health-language/risk-adjustment

VISIT US!

RISE NATIONAL
March 17-19
Nashville, TN



Thank You



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