

## Insights to Coding and Data Quality

# Office of Inspector General (OIG) Semi-annual Report

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**P**ursuant to the Inspector General Act of 1978, the OIG summarizes its activities every six months in a Semi-annual Report that covers the previous 6-month period.

This article briefly outlines some of their findings, for the 6-month period that ended September 30, 2013.

The OIGs mission is to protect the Department of Health and Human Services (HHS) programs and the people they serve. To accomplish this mission, the OIG partners with many federal, state and local law enforcement entities as part of the Health Care Fraud Prevention and Action Team (HEAT).

Some areas that have been highlighted as having significant problems, abuse, and deficiencies include prescription drugs, physical therapy, early discharges to hospice, and the processing of G Modifiers.

**Prescription Drugs:** The OIG identified over 700 general-care physicians who prescribe very high amounts of prescriptions per Medicare beneficiary. The high prescribing may indicate the prescriptions are medically unnecessary. These physicians had a high percentage of Schedule II or III drugs, which have potential for being addictive or abusive. In one case, 90 percent of one physician's prescriptions were filled by two pharmacies with questionable billing. These prescriptions amounted to \$3.1 million.

**Physical Therapy:** The OIG found that some providers submitted claims for therapy services that were not provided or for services provided by non-qualified individuals. In May 2013, a takedown in eight cities resulted in charges against 89 individuals, including doctors, nurses, and other professionals in Medicare fraud schemes involving approximately \$233 million in false claims.

**Early Discharges to Hospice Care:** Currently there is no transfer payment policy for discharges to hospice care. The OIG conducted a review of 100 random claims, from calendar years 2009 and 2010 and concluded that Centers for Medicare and Medicaid services (CMS) would have saved about \$60 million dollars if there were a hospice care transfer policy similar to the acute-care transfer policy.

**G-Modifiers:** For Part B claims, G modifiers are used by providers and suppliers to indicate why certain services may not be covered by Medicare. The OIG found Medicare paid \$744 million in calendar year 2011 for part B claims with G modifiers that providers expected to be denied as not reasonable and necessary or as not being covered by Medicare.

In summary, for FY 2013, the OIG's Strike Force efforts resulted in the filing of charges against 274 individuals or entities, 251 criminal actions, and \$333 million in investigative collaboration.

The full semi-annual report can be viewed at <http://oig.hhs.gov/reports-and-publications/archives/semiannual/2013/SAR-F13-OS.pdf>

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