CMS/OIG Regulatory Compliance Highlights for 2018

Paul W. Kim, JD, MPH pkim@coleschotz.com 410-528-2979

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MPFS

- Patients Over Paperwork
- Nonexcepted Off-Campus Provider-Based
- Telehealth Services
- Appropriate Use Criteria for Advanced Diagnostic Imaging
- Medicare Diabetes Prevention Program Expanded Model
- Patient Relationship Codes
- Outpatient Therapy Caps

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HOPPS

- Patients Over Paperwork
- Supervision of Hospital Outpatient Therapeutic Services
- Inpatient Only List
- Laboratory DOS
- ASC Covered Procedures List

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HIPPS

- Uncompensated Care Payments
- Imputed Floor
- Critical Access Hospital 96-Hour Certification
- Hospital-Acquired Conditions Reduction Program
- Hospital Readmissions Reduction Program
- Termination Notices

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IRF

- 25% IRF PAI Payment Penalty
- 60% Rule Presumptive Methodology
- Technical Process Revisions

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SNF

- End-Stage Renal Disease Quality Incentive Program
- Survey Team Composition

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HHA

- Patients Over Paperwork
- Rural Add-On

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OIG Advisory Opinions

- OIG Advisory Opinion No. 17-09
- OIG Advisory Opinion No. 17-08
- OIG Advisory Opinion No. 17-07
- Rescission of OIG Advisory Opinion No. 06-04

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OIG Work Plan

- State Medicaid Fraud Control Units FY 2017 Annual Report
- Review of Statistical Methods Within the Medicare Fee-For-Service Administrative Appeal Process
- Potential Abuse and Neglect of Medicare Beneficiaries
- Questionable Billing for Off-the-Shelf Orthotic Devices
- Status Update on States' Efforts on Medicaid-Provider Enrollment
- Hospitals Billing for Severe Malnutrition on Medicare Claims

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Questions?

Thank you!

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Tole Scholy