

# PUBLICATION

## OIG November 2017 Work Plan Update

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The **OIG added four items to its Work Plan with the November 2017 update, as listed on the chart below. Interestingly, three of the four new items relate to Medicaid. Hot topics include prescriptions for extreme amounts of opioids and Medicaid's use of telemedicine. Hospitals will want to know that the **OIG is looking into hospital inpatient billing for severe malnutrition. Below are brief descriptions of the four new items.****

Following a trend from the previous two Work Plan updates and consistent with the government's growing focus on the opioid crisis, the **OIG will be examining prescriptions for extreme amounts of opioids to Medicaid beneficiaries. The **OIG observes that Medicaid beneficiaries, particularly those on disability, are more susceptible to opioid abuse because they are more likely to have conditions that require pain relief. The **OIG intends to look at the issue from both the beneficiary side and the prescriber side. The overall goal of the study is to generate "baseline data about beneficiaries receiving extreme amounts of opioids and prescribers with questionable patterns for opioids in Medicaid."******

The **OIG also intends to examine whether **Medicaid payments for services delivered via telecommunication systems** were "allowable in accord with Medicaid requirements." The **OIG cites concern about a significant increase (and a belief that the trend will continue) in claims for telemedicine, telehealth, and telemonitoring services that beneficiaries receive through interactive transmissions that include video, audio, and data.****

Medicaid Managed Care Organizations (MCOs) are coming under the **OIG's microscope as part of an examination of how MCOs use Medicaid funds to provide care to Medicaid MCO enrollees. State Medicaid programs' capitation payments to MCOs account for more than 40 percent of federal Medicaid expenditures, and use of Medicaid MCO programs is on the rise. The **OIG intends to ensure that such capitation rates are appropriately set to adequately provide for beneficiary services.****

Finally, in the Medicare sphere, the **OIG will examine how hospitals are billing for severe malnutrition. The **OIG observes that malnutrition is common among elderly patients, especially those who are severely ill. It can result from treatment of another condition, inadequate treatment or neglect, or the general deterioration of a patient's health. Hospitals are permitted to bill for treatment of malnutrition based on the severity of the condition – mild, moderate or severe. Severe malnutrition can be coded as a major complication or comorbidity (MCC) and result in higher Medicare reimbursement. The **OIG intends to review the accuracy of hospital inpatient claims to Medicare for its treatment.******

Announced	Agency	Title	Component	Report Number(s)
November 2017	Centers for Medicare & Medicaid	Opioids in Medicaid: Concerns about Extreme Use and Questionable Prescribing in	Office of Evaluation and Inspections	OEI-05-18-00010

	Services	Selected States		
<b>November 2017</b>	Centers for Medicare & Medicaid Services	Medicaid Services Delivered Using Telecommunications Systems	Office of Audit Services	W-00-18-31527; A-06-18-00000
<b>November 2017</b>	Centers for Medicare & Medicaid Services	Medicaid Claims on Which Hospitals Billed for Severe Malnutrition	Office of Audit Services	W-00-17-35804
<b>November 2017</b>	Centers for Medicare & Medicaid Services	Use of Funds by Medicaid Managed Care Organizations	Office of Audit Services	W-00-18-31526

Please contact the authors or any other member of the Baker Ober Health Law Group with any questions on OIG Work Plan updates.