

# Compliance Matters

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Compliance Hotline 1-800-597-3386



## REGULATORY

### CMS Ends Inpatient-Only List

With the [Outpatient Prospective Payment System \(OPPS\) final rule](#) released on December 2<sup>nd</sup> CMS will start eliminating the inpatient only list (procedures for which Medicare will only pay when performed in the hospital inpatient setting) beginning on January 1, 2021. Starting with [266 musculoskeletal services](#) and continuing in phases, all 1,740 services will be moved off the IPO list by 2024. The elimination of the list will make the services payable when furnished in the hospital outpatient setting when outpatient care is appropriate, as well as maintain the ability to pay for these services in the hospital inpatient setting when inpatient care is appropriate, as determined by the physician. Providers are still expected to bill in compliance with the 2-Midnight rule.

## MEDICARE

**Care Compare** CMS recently [retired the eight original compare tools](#) – like Nursing Home Compare, Hospital Compare, Physician Compare – replacing them with [Care Compare](#) on Medicare.gov. Care Compare offers a new design that makes it easier to find the same information that's on the original compare tools. It gives you, patients, and caregivers one user-friendly place to find cost, quality of care, service volume, and other CMS quality data to help make informed health care decisions.

Additionally, [CMS has announced](#) that it will not update the overall hospital quality star ratings in January. This is to allow time to review public comment and finalize proposed changes to the star ratings methodology.

## DID YOU KNOW?

### ABN Forms – New Changes

Because of the COVID public health emergency, the newest Advance Beneficiary Notice (ABN) revisions were pushed back to January 1, 2021. The ABN instructions were also updated to include additional guidelines for dual eligible beneficiaries and non-participating suppliers. The instructions can be found on the Compliance department's [CareLine page](#) or on [Medicare's website](#).

The RSFH Cerner team is working to update forms to comply with the instructions for dual eligible beneficiaries and departments that initiate ABNs will receive more information soon. As a reminder, only ABNs with an expiration date of 6/30/2023 will be considered valid after 1/1/2021.

## In the News...

**Government fraud alert for physicians: Watch out for speaker programs** The Office of Inspector General of the Department of Health & Human Services (OIG) issued a Special Fraud Alert highlighting the fraud and abuse risks posed by speaker programs sponsored by pharmaceutical and medical device companies. [\(More\)](#)

**Business Owner Orchestrated \$13 Million Fraud Upon North Carolina Medicaid Program** Latisha Harron admitted to conspiring to carry out a massive fraud upon the North Carolina Medicaid Program by billing the government for fictitious home health services. Harron admitted to then working with her husband to launder the proceeds of the fraud into, among other things, a private jet, luxury jewelry and clothing, and properties in Ahoskie and Rich Square, North Carolina. [\(More\)](#)