**Overview of MDS 2023 Updates Toolkit-**

**MDS 2023 Changes and the OIG Work Plan**

**Office of Inspector General (OIG) Work Plan**

**Introduction**

The U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) focuses efforts on fighting waste, fraud, and abuse, as well as to improve efficiency of Medicare, Medicaid, and other HHS programs. “The majority of the agency’s resources go towards the oversight of Medicare and Medicaid — programs that represent a significant part of the Federal budget and that affect this country's most vulnerable citizens.”1

The OIG also issues reports that include information obtained by their audits and evaluations that include:

* Information on how well the programs are working.
* Risk identification to beneficiaries and taxpayers
* Recommendations for improvements

The U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) indicates that they provide oversight that is independent and objective. “OIG carries out its mission to protect the integrity of HHS programs and the health and welfare of the people served by those programs through a nationwide network of audits, investigations, and evaluations, as well as outreach, compliance, and educational activities.”2

The OIG plans their work projects by assessing risks in HHS programs and operations in order to identify which areas need most attention. The OIG also works on projects that many times will lead to audits, reviews, and reports such as:

* Investigation of Fraud, Waste, and Abuse
* Compliance in the Health Care Industry
* “Excluding Bad Actors from Participation in Federal Health Care Programs.”2

**Oversight**

* The Department of Health and Human Services works with the Department of Justice (DOJ) and the Office of Inspector General (OIG) to identify and combat Medicare and Medicaid fraud. These agencies work with law enforcement to coordinate false claims act lawsuits.
* The DOJ and OIG use the Medicare Strike Force in high-fraud areas to identify and investigate fraud allegations. There is also an interagency task force, the Health Care Fraud Prevention Enforcement Action Team (HEAT) that also investigates potential healthcare fraud using data analysis to detect unusual billing patterns.
* The CMS Center for Program Integrity leads the identification of fraud, waste, and abuse for CMS services.
* It is the billing provider’s responsibility to submit accurate and thorough claims.

**OIG Work Plans and the MDS**

OIG Work Plans and/or Reports contain findings of its audits and evaluations, assessing data from a health care entity, such as nursing homes, assess how well nursing homes and CMS are working, identify risks to the people they serve and to taxpayers, and recommend necessary improvements.2 OIG actions are triggered by trends, uncovering significant issues during a review or if there is high risk to residents or the nursing home programs in general.

Data that is collected and utilized for the OIG Work Plans and Reports comes from a variety of sources, including the MDS. It is important to note that MDS data trends are monitored not only by State Survey Agencies, but also by OIG. While OIG monitors larger trends and MDS data outcomes, the data can be localized to the region, state and facility level.

As leaders, monitoring MDS data trends, quality measures, regulatory trends and financial outcomes is key to success. It is recommended to implement additional monitoring processes related to the MDS 2023 changes and coding outcomes.

It is essential for leadership to understand the work of the OIG, potential significant outcomes, and opportunities for education on compliance, quality, and safety.

**References and Resources**

1United States Department of Health and Human Services, Office of Inspector General. About OIG: <https://oig.hhs.gov/about-oig/>

2United States Department of Health and Human Services, Office of Inspector General. Work Plan: <https://oig.hhs.gov/reports-and-publications/workplan/index.asp>

Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

Centers for Medicare & Medicaid Services. Long-Term Care Facility Resident Assessment Instrument 3.0

User’s Manual. Version 1.18.11, October 2023: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>