

Lessons Learned: A More Detailed Explanation on How To Help Identify Unreported Instances of Abuse or Neglect

OIG issued a series of reports that detailed problems with the quality of care and the identification, reporting, and investigation of incidents of potential abuse or neglect of Medicare and Medicaid beneficiaries. Because we have consistently found that many incidents of potential abuse or neglect are not reported, oversight and enforcement authorities are not always able to pursue legal, administrative, and other appropriate remedies to protect the health, safety, and rights of program beneficiaries. Therefore, OIG has developed an approach that uses the medical diagnosis codes included in Medicare and Medicaid claims data to target medical records for review and found it to be an effective approach to help address unreported abuse and neglect.

OIG created this guide because we are committed to supporting our public and private sector partners in their efforts to curtail this ongoing problem. Those partners can use this guide to develop their own unique processes for analyzing claims data to help identify (1) unreported instances of abuse or neglect, (2) beneficiaries or patients who may require immediate intervention to ensure their safety, (3) providers exhibiting patterns of abuse or neglect, or (4) instances in which providers did not comply with mandatory-reporting requirements.

1. Identify Risk Areas

- a. We identified risk areas based on our organization's mission statement, the HHS's Strategic Plan, congressional interest, media reports, and other public inquiries.
 - i. This ensured our audit objectives were aligned with our organizational goals, such as "safeguard the public against preventable injuries and violence or their results."
- b. We refined these risk areas, such as elder abuse and abuse of individuals with developmental disabilities, by identifying subgroups or elements that were covered by the organization's mandate or goals.
 - i. For example, we refined elder abuse to "potential abuse or neglect of Medicare beneficiaries."

2. Determine Reporting Requirements for Risk Areas

- a. We further refined our risk areas by determining the reporting requirements for the risk areas through an in-depth analysis of all related Federal and State legal requirements.



- i. For example, we refined the Federal legal requirements regarding the “potential abuse or neglect of Medicare beneficiaries” to the Federal legal requirements for the reporting of potential abuse or neglect of Medicare beneficiaries residing in skilled nursing facilities (SNFs) who had a hospital emergency room (ER) Medicare claim.
 - b. This allowed us to focus on the reporting requirements for Medicare beneficiaries residing in SNFs who were victims of potential abuse or neglect.
 - i. For example, SNFs and nursing facilities must ensure that all alleged violations involving mistreatment, neglect, or abuse (including injuries of unknown sources and misappropriation of resident property) are reported in accordance with State law through established procedures.
- 3. Determine Diagnosis Codes or Procedure Codes That Correspond to Risk Areas
 - a. We used our audit objectives to develop specific tasks needed to meet our objective.
 - i. For example, we reviewed Medicare claims to determine what data these claims contained that could be used to determine the prevalence of incidents of potential abuse or neglect of Medicare beneficiaries residing in SNFs who had a hospital ER Medicare claim”
 - 1. In this case, every Medicare claim contained a medical diagnosis code assigned by the treating medical provider that described the injury or disease treated.
 - ii. We then used all medical diagnosis codes to identify those diagnosis codes that we determined would identify specific conditions we were looking for.
 - 1. In this case, we reviewed data related to the causes of death of vulnerable populations to determine the corresponding medical diagnosis codes related to these deaths.
 - a. This analysis led us to medical diagnosis codes that were indicative of potential abuse or neglect because those codes corresponded to the causes of death of vulnerable populations.
 - b. For example, physical abuse is reportable; therefore, medical diagnosis code “Z0471, Encounter for examination and observation following alleged adult physical abuse” was included in our data analytic techniques.
 - iii. We have not yet identified and compiled a complete set of codes that can be used in all cases to identify potential abuse or neglect. The diagnosis



codes used can vary based on the population and objective. For example, in three of our recent reports:

1. The [CMS Could Use Medicare Data To Identify Instances of Potential Abuse or Neglect](#) (A-01-17-00513) report focused on 17 diagnosis codes that explicitly indicate physical abuse, sexual abuse, rape, neglect or abandonment, or other maltreatment.
2. The [Incidents of Potential Abuse and Neglect at Skilled Nursing Facilities Were Not Always Reported and Investigated](#) (A-01-16-00509) report focused on 580 diagnosis indicating head injuries, bodily injuries, and safety and medical issues.
3. The [Alaska Did Not Fully Comply With Federal and State Requirements for Critical Incidents Involving Medicaid Beneficiaries With Developmental Disabilities](#) (A-09-17-02006) report focused on 618 diagnosis codes indicating head injuries, bodily injuries, sexual trauma, and neglect.

4. Determine Data Available for Use During Analysis

- a. We selected data sets that contained information that was aligned with our objectives and allowed us to meet those objectives.
 - i. For example, we used the Medicare National Claims History File for audits related to Medicare and either the CMS Transformed Medicaid Statistical Information System or State Medicaid Management Information System for audits related to Medicaid.
- b. To perform this analysis, it was important that the data contain information that would allow us to identify the beneficiary, the medical diagnosis code, and the provider.

5. Identify Claims Using Analytic Techniques Data That Contains Identifying Markers, Such as Specific Diagnosis Codes

- a. We used data analytic techniques, such as data matching, to identify claims that contained the identifying markers we were looking for.
 - i. For example, we matched all Medicare beneficiaries receiving services at SNFs to all Medicare hospital ER claims submitted during their SNF stays to identify those Medicare beneficiaries who received a hospital ER service while at a SNF.
 1. This analysis used the “From” and “Through” dates of service for the SNF Medicare claims to identify any hospital ER Medicare claims that were provided to those Medicare beneficiaries within their SNF stay.



identify these unreported incidents and potentially prevent future similar unreported incidents from occurring.



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