

OIG Audits and ABA: What Practitioners Need to Know

1. What is OIG?

- OIG stands for Office of Inspector General. The OIG is an independent office within a government agency that is responsible for auditing, investigating, and overseeing the agency's programs and operations. They are primarily tasked with detecting and preventing fraud, waste, and abuse of funds.
- At the federal level, the U.S. Department of Health and Human Services (HHS) OIG's [mission](#) is to "provide objective oversight to promote the economy, efficiency, effectiveness, and integrity of HHS programs, as well as the health and welfare of the people they serve."
- Also at the federal level, the U.S. Department of Justice (DOJ) OIG's mission is "to detect and deter waste, fraud, abuse, and misconduct in the Department of Justice, and to promote economy and efficiency in the Department's operations."

2. What did the OIG audits report?

- Their reports indicate that improper and potentially improper payments have been made for ABA services.

3. What impact have these reports had?

- Improper billing threatens the credibility and sustainability of ABA as a reimbursable health service.
- States have been required to refund tens of millions in federal funds.
- States are auditing claims already audited by the Federal Government and recouping funds from providers.
- As an outcome of federal audits, some states are doing their own audits (so far, Nebraska, Massachusetts, and North Carolina have completed their own audits).
- Providers should expect increased audits as the OIG expands their investigations. Providers should prepare for:

1. State agencies to tighten ABA documentation, supervision, and billing standards.
 2. Medicaid payers to introduce stricter pre-authorization and credentialing checks.
 - a. The above changes could lead to delays in treatment onset and impacts to service continuity.
- Organizations could face recoupment demands, credentialing delays, and reputational damage. When organizations lose money, individual providers may lose access to benefits (e.g., bonuses, raises) and job expectations may be adjusted (e.g., increased billable expectations).

4. **What can I do as a behavior analyst to mitigate risk or prepare for an audit?**

Remember that you are billing under your [NPI number](#), which means that you are responsible for the services you provide. Make sure you understand how your organization's procedures match the funder's requirements. This includes (but is not limited to):

- Ensuring your session notes match the requirements for the billed CPT code and payer-specific requirements.
- Utilizing the caregiver training codes requested at authorization.
- Ensuring staff working with your clients have the proper background checks.
- Clearly specifying **how** the provided treatment aligns with the CPT code requirements in all billing notes.
- Accurately documenting session start and end times.
- Legibly signing all billing notes.
- Providing the required supervision ratios.
- Staying informed of state and federal Medicaid updates.
- Maintaining sole access to your professional accounts (e.g., CAQH, NPI)

5. **How is APBA helping practitioners navigate these difficult times?**

- APBA is part of the [ABA Coding Coalition](#), whose mission is to promote and advance the science-based practice of ABA by advocating for public policies and informing, supporting, and protecting practitioners and consumers. Their website has resources and FAQs designed to help practitioners.
- APBA's Public Policy Committee makes recommendations to the Board about statements of support, and necessary guidelines, resources, initiatives, and activities that APBA should prioritize to support practitioners.
- APBA hosts an event called **Funders Forum** where Funders from various agencies answer questions related to the interactions between practitioners and funders (e.g., authorizations, denials).
- APBA has developed an Audit Preparedness resource-free for all practitioners!

