FAVORABLE

OIG WATCH

20-07

Remittance-sharing platform for Medicare-secondary patients

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What OIG Said

OIG said the structure could involve remuneration, but wouldn't trigger sanctions if the remittance amounts are capped, fixed, and not used to steer or reward referrals.

- ✓ A web-based platform facilitated cash remittances from providers to patients and their insurers (including Medicare as a secondary payor), and kept 33% as a fee.
- ✓ OIG confirmed this setup counts as "remuneration" under Anti-Kickback, triggering scrutiny, but said it would not impose sanctions based on how payments were structured and disclosed.
- ✓ OIG noted that the provider payments were only made after medical necessity was established, the amounts were capped at patient cost-sharing, and no remittance was issued unless all payors paid in full.
- ✓ Crucially, OIG accepted that the platform didn't prioritize providers who offered remittances, didn't steer patients, and didn't negotiate rates, reducing inducement risk.

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Diligence Checklist

What you need to be ready to show in diligence

- ✓ Show your platform's fees (e.g., the 33% cut) are tied to services rendered, not to referral volume or collections.
- ✓ Prove that remittances are capped, clearly disclosed, and not used to incentivize patients beyond cost-sharing amounts.
- ✓ Keep documentation that all services are determined medically necessary before any financial arrangements.
- ✓ Demonstrate that no provider is prioritized, filtered, or sorted based on whether they pay, to avoid steerage optics.
- ✓ Confirm your model doesn't involve prepayment or patient financial commitment before clinical decision-making.

If your structure can't separate payment for work from payment for steerage, you'll raise red flags.

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Structure not diligence-ready?

Cabra Consulting helps healthcare organizations make sure compensation and transaction structures are independently valued, clearly scoped, and defensible in diligence.

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