REPORT HIGHLIGHTS

November 2026 | A-05-23-00004

Mayo Clinic Rochester Generally Complied With Medicare Requirements

Why OIG Did This Audit

- For calendar year 2021, Medicare paid hospitals $182 billion, which represents 46 percent of all fee-for-service payments; accordingly, it is important that hospital payments comply with requirements.

- This audit is part of a series of audits examining hospitals with a high volume of claims previously identified as high-risk for noncompliance.

- We selected Mayo Clinic Rochester (the Hospital) because it submitted a substantial number of inpatient and outpatient claims that we had identified as high risk for erroneous billing.

What OIG Found

- Of the 100 inpatient and outpatient claims that we reviewed totaling $6,226,249, the Hospital complied with Medicare billing requirements for 92 claims. However, the Hospital did not fully comply with Medicare billing requirements for the remaining 8 claims, resulting in overpayments of $34,013 from January 1, 2020, through December 31, 2021 (audit period).

- We estimated that, of $115.6 million Medicare paid the Hospital during the audit period, the Hospital received overpayments of $150 thousand for selected types of inpatient and outpatient services that did not comply with Medicare requirements.

- These errors occurred primarily because the Hospital did not always follow its written policies and procedures to prevent the incorrect billing of Medicare claims within the selected risk areas that contained errors.

What OIG Recommends

We made three recommendations, including that the Hospital refund to the Federal government $150 thousand in estimated overpayments. The full recommendations are in the audit report.

The Hospital disagreed with most of our findings and the related recommended refund amounts and did not indicate concurrence or nonconcurrence with our recommendations.