

Report in Brief

Date: November 2022

Report No. A-09-21-03004

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

Clinical laboratory (lab) tests, when used appropriately, are important because they provide health care providers with information to prevent, detect, diagnose, treat, and manage disease (including managing chronic medical conditions). These conditions have health impacts and economic costs, and prevention can reduce costs. To help contain the spread of COVID-19, Federal, State, Tribal, and local government agencies implemented community mitigation activities, including some issuing orders or advisories to residents to stay at home. These and other factors may have contributed to Medicare beneficiaries receiving fewer clinical services, including lab tests. Our preliminary analysis of lab tests billed to and paid by Medicare Part B found decreases in the number of beneficiaries who received lab tests when compared with a similar period before the pandemic.

Our objective was to identify changes in the number of beneficiaries who received Medicare Part B lab tests during the first 10 months of the COVID-19 pandemic—specifically, the number of beneficiaries who received: (1) all lab tests and (2) lab tests associated with certain chronic medical conditions (i.e., diabetes, kidney disease, and heart disease) common among Medicare beneficiaries.

How OIG Did This Audit

Our audit covered Part B claims for lab tests provided from March through December 2019 (“pre-pandemic period”) and from March through December 2020 (“pandemic period”).

The Number of Beneficiaries Who Received Medicare Part B Clinical Laboratory Tests Decreased During the First 10 Months of the COVID-19 Pandemic

What OIG Found

During the pandemic period, the number of beneficiaries who received Medicare Part B lab tests decreased for: (1) all lab tests and (2) lab tests associated with certain chronic medical conditions (i.e., diabetes, kidney disease, and heart disease) common among Medicare beneficiaries. From March through December in 2016, 2017, and 2018 and for the pre-pandemic period (in 2019), the number of beneficiaries who received lab tests paid for by Medicare decreased by 1 percent or less in each year. However, for the pandemic period (in 2020), the number of beneficiaries who received lab tests decreased by about 9 percent compared with the pre-pandemic period.

Our comparison of the numbers of beneficiaries who received lab tests during the pandemic and pre-pandemic periods identified the following trends: (1) The number of beneficiaries who received lab tests had the highest percentage decreases during the first 3 months of the pandemic period when compared with the same months during the pre-pandemic period; (2) for almost 90 percent of lab tests for which the number of tests performed had decreased during the pandemic period, the number of beneficiaries who received those tests decreased by more than 10 percent; (3) for the gender and residential location (i.e., rural or urban) demographics, during the pandemic period the number of beneficiaries who received lab tests had similar percentage decreases for each category within the corresponding demographic (e.g., the female and male genders had similar percentage decreases); (4) for the race or ethnicity group demographic, during the pandemic period there was more variation in the percentage decreases in the number of beneficiaries who received lab tests for each category (e.g., the Hispanic or Latino category had a higher percentage decrease than the White category); and (5) the number of beneficiaries with diabetes, kidney disease, and heart disease who received common lab tests for those conditions decreased during the pandemic period. The results of our data analysis suggest that the COVID-19 pandemic contributed to these decreases. Lab tests are important for beneficiaries with chronic medical conditions, which are associated with hospitalizations, billions of dollars in Medicare costs, and deaths.

What OIG Recommends

The information in this report is provided for informational purposes only and therefore the report does not contain any recommendations. The Centers for Medicare & Medicaid Services elected not to provide comments on our draft report.