OIG UPDATE

23rd Annual HCCA Compliance Institute
Boston, Massachusetts
April 8, 2019

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Today’s Agenda

• OIG Goals

• Priority Areas
  – Opioids
  – Home and Community Settings
  – Medicaid Program Integrity

• Questions
OIG Goals

• Fight Fraud, Waste, and Abuse

• Promote Quality, Safety, and Value

• Secure the Future

• Advance Excellence and Innovation
Research shows that the risk of opioid dependence increases substantially for patients receiving opioids continually for 3 months.

- Nearly 1 in 3 Part D beneficiaries received at least 1 prescription opioid.
- 76 Million numbers of opioid prescriptions paid for by Part D.
- 1 in 10 Part D beneficiaries received opioids for 3 months or more.

Source: Opioid Use in Medicare Part D Remains Concerning
Learn more: https://oig.hhs.gov/opioidsdatabrief2018
Opioids

- Toolkit (June 2018)
- Employing data analytics to identify egregious providers for further investigation
- Ongoing work ensuring access to appropriate treatment for opioid use disorder
Opioid-Related Health Care Fraud

• Focus on Health Care Fraud Strike Force
  – Opioid Fraud and Abuse Detection Units
  – Appalachian Regional Prescription Opioid Strike Force
2018 Takedown
BY THE NUMBERS

601  Defendants Charged, Including:

165  Medical Professionals

$2   Billion in Losses

587  Exclusions Issued

58   Federal Districts

30   Medicaid Fraud Control Units

350  OIG Agents
Partnering with Public Health

• CDC’s Opioid Rapid Response Teams
  – Pain clinic closures
  – Spike in opioid-related overdoses
  – Other related responses possible

• State/Local Health Officials
  – Trusted Contacts
  – Build coalitions
Opioid Treatment Services

- States may provide Medicaid payments for Opioid Treatment Program (OTP) services
- Ongoing audits – assess State compliance with requirements when claiming Medicaid reimbursement for OTP services
- Reviewing payments and quality of care
Home and Community Settings

• Promote patient safety and accuracy of payments in home & community settings
  – Home Health
  – Group Homes
  – Hospice
Home Health

- Vulnerable – History of Fraud/Abuse
  - Medical Necessity
  - Kickbacks
  - Compliance audits

- OIG Multi-Disciplinary Approach

- OCIG Industry Outreach
Home Health

- OIG seeks to reduce fraud, waste, and abuse and enhance program integrity in home and community settings through outreach, education, audits, evaluations, investigations, and administrative enforcement that reduce Medicare spending to home health providers in geographic “hot spots”
Group Homes

- Series of State audits - Medicaid beneficiaries with developmental disabilities
- Significant reports for Maine, Massachusetts, Connecticut
- Joint Report to CMS
Group Homes

- State agencies did not comply with Federal Medicaid waiver and State requirements for reporting and monitoring critical incidents

- Joint Report - detailed suggestions, including States should take action where group homes repeatedly fail to report incidents
Vulnerabilities in Hospice Care

Over the past decade, hospice use has grown steadily. Medicare paid $16.7 billion for hospice care in 2016.

**SINCE 2006:**

- **81%** Increase in spending for hospice care
- **43%** Increase in the number of hospices
- **53%** Increase in the number of hospice beneficiaries

Source: Vulnerabilities in the Medicare Hospice Program Affect Quality Care and Program Integrity
LEARN MORE: https://oig.hhs.gov/hospiceportfolio2018
Medicare Hospice

- OIG Portfolio (July 2018)
- OIG and CMS leadership engaged on recommendations

Ongoing work on quality and safety
- Trends in hospice deficiencies and complaints (early Summer)
- Protecting hospice patients from harm (early Summer)
- Timeliness of complaint investigations (late Fall)
Medicaid Program Integrity

- Medicaid Fraud Control Units
- Medicaid Managed Care Program Integrity
- Medicaid Data
- Provider Enrollment
MFCU Priority Outcome

- Enhancing OIG oversight, with a risk-based, outcome focused approach
- Increasing use of data: training and approvals
- Expanding Reach: Puerto Rico and USVI added, working with North Dakota
- FY2018: 1,503 convictions, $859M in recoveries, 810 civil settlements/judgements
Interactive MFCU Map

Medicaid Fraud Control Units

Statistical Data for Fiscal Year 2018

Return to Medicaid Fraud Control Units

Alabama

Outcomes
- Investigations¹ - 59
- Indicted/Charged - 11
- Convictions - 18
- Civil Settlements/Judgments - 8
- Recoveries² - $7,827,694

Resources
- MFCU Expenditures - $1,315,157
- Staff on Board - 10
Medicaid Managed Care Program Integrity

- Concerns with ability of Managed Care Organizations (MCOs) to identify and address fraud and abuse in Medicaid
- Limitations in encounter data a major problem – OIG has ongoing work
- CMS and States have opportunities to improve program integrity efforts
Medicaid Data

• CMS and States do not have the data needed to effectively oversee Medicaid

• Concerns with the completeness and reliability of T-MSIS

• For instance, OIG has ongoing work to demonstrate whether T-MSIS has data necessary to identify and prevent beneficiary harm from opioid misuse
Provider Enrollment

- Provider Enrollment can prevent bad actors from entering Medicaid
- Sharing data across States and with Medicare could streamline enrollment and prevent enrollment errors
- Ongoing work on State implementation of enrollment safeguards for high risk providers
Why is HHS OIG a Good Investment?

Find Out

What's New

March 20, 2019
› Updated Corporate Integrity Agreement List

March 19, 2019
› Updated Stipulated Penalties and Exclusion for Material Breach

March 18, 2019
› FY 2020 Congressional Budget Justification

March 15, 2019
› Updated: Work Plan

Enforcement Actions

March 20, 2019; U.S. Attorney; Southern District of Texas
› RGV Man Sentenced for Medicare Fraud Scheme

March 20, 2019; U.S. Attorney; Western District of Pennsylvania
› Dubois-area Doctor Pleads Guilty to Health Care Fraud

March 19, 2019; U.S. Department of Justice
› Florida Pharmacist Sentenced to 10 Years in Prison for $100 Million Compounding Pharmacy Fraud Scheme Eight Others Previously

Most Shared This Week

1. Summary Report for Office of Inspector General Penetration Testing...
2. 2018 National Healthcare Fraud Takedown
3. OIG expects $2.91 billion in investigative recoveries for FY 2018...
4. Payments Made by National Government Services, Inc., to Hospitals...
5. Separated Children Placed in Office of Refugee Resettlement Care