

The HHS OIG Workplan



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Disclaimer

- ▶ The Information Contained In This Presentation Reflects The Views and Opinions of the Individual Presenter, Not Necessarily Those of OIG or HHS

Changes to Timing of Workplan Updates

- ▶ Used to be an annual update
- ▶ Changed to semi-annual
- ▶ Recently changed to monthly updates

How OIG Plans Our Work

- ▶ Mandatory Requirements
- ▶ Requests from Congress, HHS management, OMB
- ▶ Top management challenges facing HHS
- ▶ Work performed by others (GAO, CMS contractors)
- ▶ Management action to implement recommendations from previous reviews
- ▶ Potential for positive impact

HHS Top Management Challenges

- ▶ Ensuring Program Integrity in Medicare Parts A and B
- ▶ Health IT and Meaningful Use
- ▶ HHS Grants for Public Health and Human Services
- ▶ Quality of Care and Safety for Vulnerable Populations
- ▶ Delivery System Reform and Medicare Advantage

HHS Top Management Challenges

- ▶ Effectively Administering Medicaid to Improve Managed Care, Address High Improper Payments, and Strengthen Program Integrity
- ▶ Improve Financial and Administrative Management
- ▶ Curbing the Abuse and Misuse of Drugs in Medicare Part D and Medicaid
- ▶ Overseeing the Health Insurance Marketplaces
- ▶ Ensuring the Safety of Drugs and Medical Devices

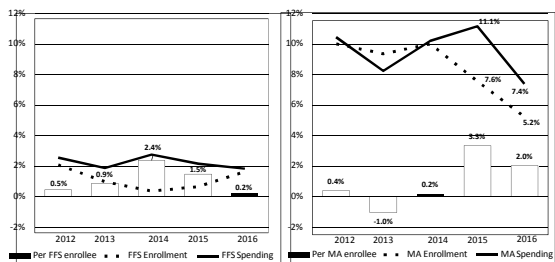
Issues Facing Increased OIG Oversight

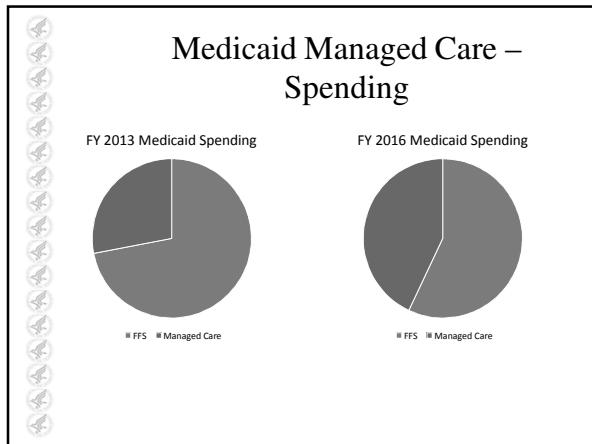
- Opioids
- Medicare Advantage and Medicaid Managed Care

Opioids




Medicare: Growth in FFS and Medicare Advantage Enrollment





How Data is Driving OIG Audits

- ▶ Use Outside Sources of Data
 - Investigations, Prior Audits, Hotline, Self Disclosures,
 - Results of Other Reviewers, PEPPER reports
- ▶ Identify Patterns of Aberrant Billing
 - Day of the Week
 - Highest Billing Code Always Used
 - Billing Changes From Year to Year
 - Services That Don't Make Sense



How Data is Driving OIG Reviews

- ▶ Developed in-house data matching applications to identify improper payments, program savings, or quality of care issues
- ▶ Matches have included
 - Inpatient to Outpatient – DRG Payment Window
 - Inpatient to Inpatient – Acute Care Transfers
 - Medicare Part B to Outpatient – Physician Place of Service
 - Inpatient to SNF – SNF 3 day stay
 - Emergency Room Visits to Critical Incident Reports

How Data is Driving OIG Reviews

- ▶ Trend Analysis
- ▶ Geospatial Analysis
- ▶ Sophisticated Data Mining Tools
 - Anomaly Detection
 - Clustering Analysis
 - Time Sequencing
 - Association Rules
 - Predictive Modeling
 - Artificial Intelligence is the goal

What Data Can Reveal

- ▶ Over-utilization of services in very short-time windows
- ▶ Patients simultaneously enrolled in multiple states
- ▶ Geographic dispersion of patients and providers
- ▶ Patients traveling large distances for controlled substances
- ▶ Billing for “unlikely” services
- ▶ Pre-established code pair violation
- ▶ Up-coding claims to bill at higher rates
- ▶ Potential Patient Harm

Safety For Vulnerable Populations

- ▶ Corrective Actions on Nursing Home Deficiencies
- ▶ Critical Incidents Involving Medicaid Beneficiaries with Developmental Disabilities
 - Community Based Providers Did Not Report Critical Incidents to State Agencies
 - Hospital-Based Mandatory Reporters Did Not Report Critical Incidents with Reasonable Suspicion of Abuse, Neglect, or Exploitation to the State Agency
- Potential Abuse or Neglect at Skilled Nursing Facilities



Medicare Advantage

- ▶ Ankylosing Spondylitis
- ▶ CMS Risk Adjustment Data Validation Process
- ▶ Fee-For-Service Beneficiaries
- ▶ Dashboard Audits

Combatting the Opioid Epidemic

- ▶ OIG Toolkit (Identify Patients at Risk for Overdose)
- ▶ CMS PLATO (Identify High Risk Pharmacies and Prescribers) "Pill Mills"
- ▶ Prescription Drug Monitoring Program/States Best Practices
- ▶ Drug Treatment Grants

Medicare Parts A and B

- ▶ Home Health Compliance Audits
- ▶ Inpatient Rehabilitation Facility Stays
- ▶ Hospital Compliance Audits (Winding Down)
- ▶ Hospital Wage Data
- ▶ Transitional Care Management
- ▶ Chronic Care Management

Thank You & Questions

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