The HHS OIG Workplan

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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, Fee-for-Service (67%) and Medicare Advantage (33%)
### Medicaid Managed Care – Spending

- **FY 2013 Medicaid Spending**
- **FY 2016 Medicaid Spending**

### How Data is Driving OIG Audits

- **Use Outside Sources of Data**
  - Investigations, Prior Audits, Hotline, Self Disclosures, Results of Other Reviewers, PEPER 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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