HHS-OIG COMPLIANCE PRIORITIES
FOR 2019 AND BEYOND
Philadelphia Regional Healthcare Compliance Conference
May 31, 2019

Christi Grimm, Chief of Staff

Today’s Agenda

I. OIG Overview
II. Priority Areas of Focus
III. Use of Data to Detect Compliance and Quality of Care Issues
IV. Law Enforcement Trends
• Responsible for ensuring the integrity of the over 300 HHS programs.
• Oversee the $1.2 trillion HHS budget.
• $750M oversight per employee.
• FY17 HCFAC ROI = $4:$1

OIG Components
Identifying Risk Areas and Planning Work

- Data Analytics
- Program Vulnerabilities
- Hotline, Qui Tams, Tips
- Self-Disclosures
- Unimplemented OIG Recommendations
- Discussions with CMS and Other HHS Agencies
- Requests from Congress and HHS Management

OIG Prioritization

Priorities

1.
2.
3.
Outcome Focused Priorities

1. Preventing and Treating Opioid Misuse
2. Promoting Patient Safety and Accuracy of Payments in Home- and Community-Based Settings
3. Ensuring Value and Integrity in Managed Care
4. Overseeing Technology and Using Technology for Oversight
5. Protecting Children in the Department’s Care

Preventing and Treating Opioid Misuse

Opioid Use in Medicare Part D in 2017
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 Number of opioid prescriptions paid for by Part D
- 1 in 10 Part D beneficiaries received opioids for 3 months or more

Source: U.S. Department of Health and Human Services
Office of Inspector General

Note: U.S. Government website
https://www.hhs.gov/opioid/priority/background.html
Preventing and Treating Opioid Misuse

Ongoing Work

**Prescribing Focus**
1. Characteristics of Part D Beneficiaries at Serious Risk of Misuse or Abuse
2. T-MSIS Data Assessment: Implications for a National Analysis of Opioid Prescribing in Medicaid
3. FDA Oversight of Risk Evaluation and Mitigation Strategies To Address Prescription Opioid Abuse
4. Review of Opioid Use in the Indian Health Service
5. Prescription Opioid Drug Abuse and Misuse Prevention—Prescription Drug Monitoring Programs
6. Impact of IHS’s Delivery of IT/Information Security Services and Opioid Prescribing Practices

**Prescribing and Treatment Focus**
1. Review of States’ Oversight of Opioid Prescribing and Monitoring of Opioid Use

**Treatment Focus**
1. Utilization and Pricing Trends for Naloxone in Medicaid
2. Review of Medicaid Claims for Opioid Treatment Program Services
3. Availability of Behavioral Health Services in Medicaid Managed Care
4. Access to Medication-Assisted Treatment at Health Centers
6. Data Brief: Early Results from State Targeted Response to the Opioid Crisis Grants
7. SAMHSA’s Oversight of Accreditation Bodies for Opioid Treatment Programs
8. HRSA’s Oversight of Funds for Access Increases in Mental Health and Substance Abuse Services (AMIS)
9. Review of AMIS Funding for Health Centers
Program Integrity and Compliance Risks in Home Health, Group Homes, & Hospice

- Program Integrity Challenges
- Patient Safety
- High Improper Payments
- Fraud

Home Health

Recent Work
1. HHS OIG Risk Alert: Reliance on Unverified Patient Lists Creates a Vulnerability in Home Health Surveys

Ongoing Work
1. Duplicate Payments for Home Health Services Covered Under Medicare and Medicaid
2. Hospitals' Compliance with Medicare's Transfer Policy With the Resumption of Home Health Services and the Use of Condition Codes
3. Review of Home Health Claims for Services With 5 to 10 Skilled Visits
4. Home Health Compliance with Medicare Requirements
5. High-Risk, Error-Prone HHA Providers Using HHA Historical Data
Group Homes

Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight

January 2018

Medicare Hospice

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
Medicare Hospice

Recent Work
• OIG Portfolio (July 2018)

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)

Ensuring Value and Integrity in Medicare Managed Care

Risks
• Access to Specialties and Services
• Integrity of Data
• Delivery of Services/Quality of Care
  – Stinting on Care
  – Improper Denials of Care/Payment
• Improper Capitation Payments
  – Per-Beneficiary Rate
  – Deceased
  – No Longer in the Plan
Ensuring Value and Integrity in Medicare Managed Care

Recent Work

• MA Appeal Outcomes Raise Concerns About Service Denials

• Medicare Advantage Encounter Data Show Promise for Program Oversight, but Improvements are Needed

Ongoing Work

1. Inappropriate Denial of Services and Payment in Medicare Advantage
2. Financial Impact of Health Risk Assessments and Chart Reviews on Risk Scores in Medicare Advantage
3. Review of CMS Systems Used to Pay Medicare Advantage Organizations
4. Risk Adjustment Data - Sufficiency of Documentation Supporting Diagnoses
Oversight of Technology & Technology Oversight

1. The Emerging Ecosystem
2. Cybersecurity Threats
3. Information Blocking

The Emerging Ecosystem

1. Patients and Families at the Center
2. Payers, Clinicians, Providers Striving to Provide High-Quality, Cost-Effective Care
3. New Technology Uses are Everywhere
4. Data and Its Importance
Oversight of Technology & Technology Oversight

Cybersecurity Threats

Risks
1. Securing HHS’s Data, Systems, and Beneficiaries from Cybersecurity Threats
2. Advancing Cybersecurity within the Healthcare Ecosystem

Recent Work
1. Summary Report for Penetration Testing of Eight HHS Operating Division Networks
2. Summary of Security Vulnerabilities Identified at Two Arizona MCOs and Inconsistent Treatment of Medicaid Data Security at the State Agency and MCOs

Ongoing Work
1. Identification of HHS Cybersecurity Vulnerabilities
2. HHS Incident Response Capability
3. Impact of the Indian Health Service’s Delivery of Information Technology/Information Security Services and Opioid Prescribing Practices

Information Blocking

1. Be Aware
2. Be Prepared
3. Don’t be Scared
Protecting Children in the Department’s Care

Protecting the Integrity of HHS Grants and Contracts with a Focus on Keeping Kids Safe

- 25 Percent of OIG’s Work Focuses on Public Health and Human Services
- **Priority:** Protecting the Integrity of HHS Grants and Contracts with a Focus on Keeping Kids Safe
- **Coming Soon:** Grants Self-Disclosure Guidance

---

Law Enforcement Trends

1. Care in Home- and Community-Based Settings
2. Fraudulent Telemarketing of DME
3. Opioids – Pill Mills, Drug Diversion, Urine Tests
Law Enforcement Trends

Home- and Community-Based Settings

1. Home Health and Personal Care Services

2. Hospice

Law Enforcement Trends

Fraudulent Telemarketing of DME

Operation Brace Yourself
On April 9, 2019, OIG announced the takedown of a nearly $1 billion dollar national fraud scheme involving orthotic braces.
Opioids – Pill Mills, Drug Diversion, Urine Tests

- OIG has issued **650** exclusion notices to healthcare providers related to healthcare fraud, patient abuse or neglect, or illegal activity tied to opioids since our last takedown in July 2018.
- Pill Mills
- Sober Homes/Urine Screens

Appalachian Region Opioid Takedown

**Opioid Strike Force Takedown**

April 17, 2019

60 Defendants charged affecting more than 24,000 patients in 5 States.

- **60** Defendants Charged
- **53** Medical Professionals Charged
- Over **24K** Opioid Patients Affected
- Over **350K** Opioid Prescriptions
- Over **32M** Opioid Pills Prescribed
OIG partnered with the Opioid Rapid Response Team (ORRT) to address disruptions in patient care after takedown.

CDC ORRTs Provide:
- Clinicians with Resources
- Expand Access to Medication-Assisted Treatment
- Build Response Capacity

Law Enforcement Trends

Other Common Schemes
- Billing for Unnecessary Services or Service Not Provided
- Billing for More Expensive Services than Needed or Provided
- Unbundling Services
- Paying Kickbacks to Recruiters, Providers, and Patients
- Medical Identity Theft
What Can You Do?

1. Ask more questions, e.g. do the diagnoses and treatments make sense?
2. Look at patient surveys for anomalies.
3. If you see codes that don’t make sense, audit first, then come forward.
4. When something’s not right, work with OIG to self-report.

OIG Resources

- Compliance Resources:
  - oig.hhs.gov/compliance
  - Board of Directors Compliance Guidance
  - Compliance Resource Guide

- Reports and Publications:
  - oig.hhs.gov/reports-and-publications
  - Work Plan
  - Top Management and Performance Challenges