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
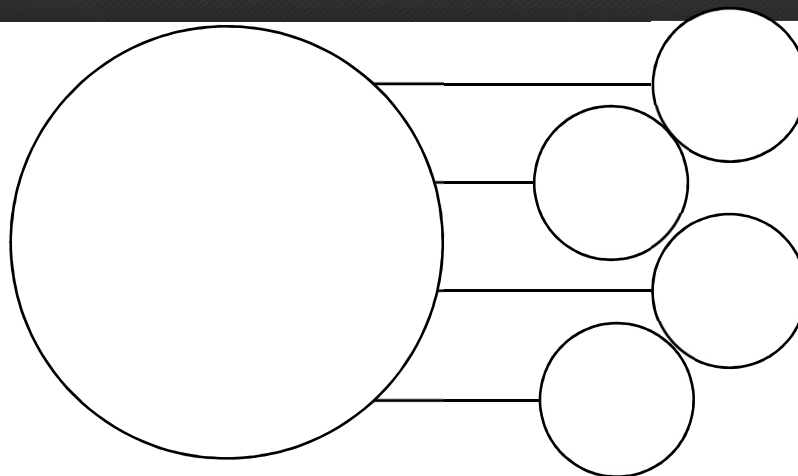of Care Issues

IV. Law Enforcement Trends

Oversight By The Numbers

- 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

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

R$_X$

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

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

U.S. Department of Health & Human Services
Office of Inspector General

Toolkit:

**Using Data Analysis To Calculate
Opioid Levels and Identify
Patients At Risk of Misuse or
Overdose**

June 2018
OEI-02-17-00560

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
5. Data Brief: Access to Buprenorphine-Waivered Providers for the Treatment of Opioid Use Disorder
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 (AIMS)
9. Review of AIMS Funding for Health Centers

Promoting Patient Safety and Accuracy of Payments in Home- and Community- Based Settings

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

Joint Report — HHS / OIG / ACL / OFFICE FOR CIVIL RIGHTS

U.S. Department of Health and Human Services
Office of Inspector General,
Administration for Community Living, and
Office for Civil Rights

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

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

Vulnerabilities in the Medicare Hospice Program Affect Quality Care and Program Integrity: An OIG Portfolio

OEI-02-16-00570
July 2018
oig.hhs.gov

Joanne M. Chiedi
Principal Deputy
Inspector General

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

Ensuring Value and Integrity in Medicare Managed Care

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

Oversight of Technology & Technology Oversight

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

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Oversight of Technology & Technology Oversight

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

- <u>Priority</u>: Protecting the Integrity of HHS Grants and Contracts with a Focus on Keeping Kids Safe

- <u>Coming Soon</u>: Grants Self-Disclosure Guidance

Law Enforcement Trends

1. Care in Home- and Community-Based Settings

2. Fraudulent Telemarking 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 Telemarking 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.

Law Enforcement Trends

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

Law Enforcement Trends

Appalachian Region Opioid Takedown

Opioid Strike Force Takedown
April 17, 2019

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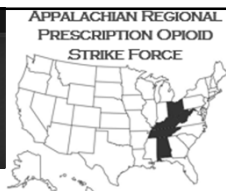

60 Defendants Charged

53 Medical Professionals Charged

Over **24K** Opioid Patients Affected

Over **350K** Opioid Prescriptions

Over **32M** Opioid Pills Prescribed

1st Takedown with Patient Support

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