



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**

# Who What How Where Why of OIG's Work in Managed Care

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1



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## Overview

- **Who** is OIG?
- **What** are our goals and priorities?
- **Why** do we care about managed care?
- **How** do we identify issues and risks?
- **Where** are we finding risks?



2

# Who we are:



3

# What we do:



**Audit**



**Evaluate**



**Investigate**



**Counsel**

4



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# PRIORITIES

- 1.
- 2.
- 3.

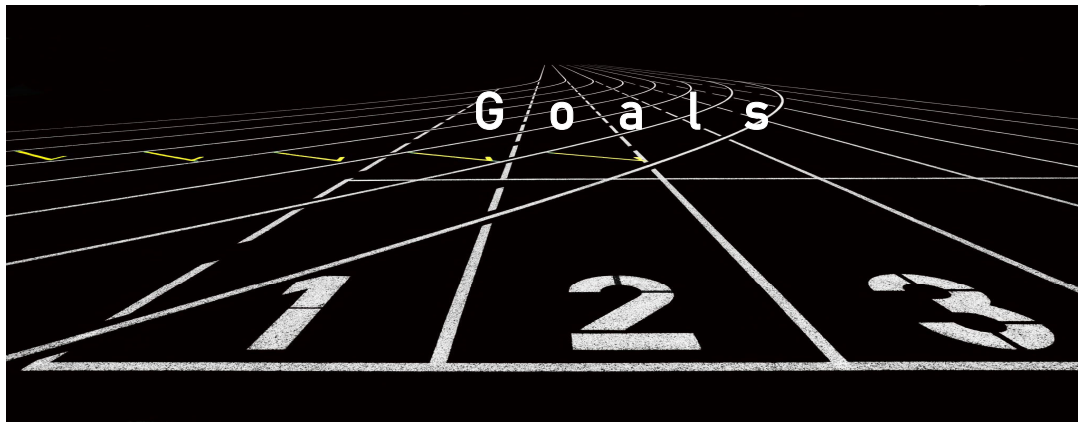


5



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# Why does OIG care?



6

# How do we identify issues and risks?



7



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## How we are evaluating risks:

- Methods depend on objectives.
- Examples
  - Evaluate and investigate complaints
  - (Part C) Identify high risk diagnoses and choose a sample of them from an MAO to see whether they are supported by medical records
  - (Part C) Analyze encounter data for diagnoses identified only on records associated with retrospective chart reviews (rather than on service records)
  - (Medicaid) Call Medicaid MCOs' participating providers to schedule an appointment to help determine whether plan enrollees can access care



8



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# COVID-19 and Telehealth

- HHS made it easier to provide telehealth services during the COVID-19 Public Health Emergency
  - Medicaid – Toolkits
  - Medicare – Regulations
  - Other flexibilities



9



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# **Where we are evaluating risks:**

- **Telehealth**
  - **Telehealth During the COVID-19 Pandemic – Medicare (2)**
  - **Telehealth During COVID-19 Emergency – Medicaid**
  - **Telehealth for Behavioral Health Services - Medicaid**



10



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## Where we are finding risks:

- **Telehealth**
  - **Cost Sharing Waivers for Telehealth Services During the COVID-19 Outbreak**
  - **Telehealth Services That Did Not Meet Medicare Requirements (OIG Audit)**
  - **Kickbacks, medically unnecessary services/items (investigations and enforcement actions)**



11



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## Where we are evaluating and finding risks:

- **Ineligible providers**
  - **Report: Unenrolled Providers Serve Medicaid Beneficiaries**
  - **Report: Terminated Providers Serve Medicaid Beneficiaries**
  - **Expedited Provider Enrollment During COVID-19 Emergency (Medicaid)**
  - **Ineligible Providers in Medicare Part C and Part D**



12



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## **Where we are evaluating risks:**

- **Improper service authorizations**
  - Medicaid MCO Denials
  - Overturned Denials in Medicaid Managed Care
  - Inappropriate Denial of Services and Payment in Medicare Advantage



13



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## **Where are finding risks:**

- **Improper service authorizations,  
inadequate services**
  - MCOs did not provide adequate service planning and care management for benes in NJ's MLTSS program
  - Fraud investigations and settlements



14



## More on Telehealth

- Benefits
  - Using telehealth for telepsychiatry
  - Using telehealth for assessments
  - Benefits for enrollees located in remote locations
  - Can be used to train and supervise providers
- Limitations
  - Enrollee receptiveness
  - Limited broadband connectivity



15



## Where we found other risks:

- Provider network issues
- MA Risk Adjustment payments
- Data quality and security problems
- Payments for ineligible providers' services
- Inappropriate denial of services



16





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## State Statutes, Rules and Manuals

- States and Managed Care Organizations (MCOs)
- State Medicaid program drug rebate requirements



17



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## OIG Report: *Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care*



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18



## Key Findings

- Behavioral health providers are unevenly distributed across the State
- A significant number of New Mexico's licensed behavioral health providers do not provide services to Medicaid managed care enrollees
- Behavioral health organizations reported several challenges



19



## Takeaways

- Combat challenges with the availability of behavioral health services by implementing promising initiatives:
  - Increase the availability of services
  - Better coordinate enrollee care
  - Expand the use of technology to deliver services



20



# OIG Report: *Essence Healthcare, Inc. – Targeted RADV*



21



## Key Findings

- Some of the diagnoses codes that Essence submitted for use in CMS's risk adjustment program did not comply with Federal requirements
  - Diagnoses codes submitted to CMS either were not supported in the medical records or
  - Diagnoses codes could not be supported because Essence could not locate the medical records



22



# OIG Report: *MA Payments from Chart Reviews*



23



## Key Findings

- MAOs almost always used chart reviews as a tool to add, rather than to delete, diagnosis
- Diagnoses that MAOs reported only on chart reviews (and not on any service records) resulted in an estimated \$6.7 billion in risk adjusted payments for 2017
- Almost half of MAOs reviewed and had payments from unlinked chart reviews where there was not a single record of a service being provided to the beneficiary in all of 2016



24



# OIG Report: *MA Payments Solely from Health Risk Assessments*



25



## Key Findings

- Diagnoses that MAOs reported only on HRAs-and on no other service records-resulted in an estimated \$2.6 billion in risk-adjusted payments for 2017.
  - in-home HRAs generated 80 percent of these estimated payments
- Most in home HRAs were conducted by companies that partner with or are hired by MAOs to conduct these assessments-and therefore are not likely conducted by the beneficiary's own primary care provider.



26



# OIG Report: *MAO Encounter Data Lack Essential Information*



27



## Key Findings

- Almost all MAOs have data systems that are able to receive and store these NPIs when providers submit them to MAOs on claims or encounter records
- MAOs reported that providers are already submitting the ordering provider NPIs on claims or encounter records for DMEPOS, laboratory services, and imaging services
- MAOs require NPIs to be submitted for their other lines of business (such as commercial and private health insurance, Medicaid, and the Children's Health Insurance Program)
- MAOs believe that NPIs for ordering providers are critical for combating fraud



28



## What next?

- Recommendations
- Enforcement actions
- More investigations, audits, evaluations



29



## Your role?

- ✓ Assess risks
- ✓ Act accordingly
- ✓ Communicate



30

# Stay Connected



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