## The HHS OIG Workplan





Patrick Cogley, Regional Inspector General for Audit Services HCCA Kansas City Regional Compliance Conference September 21, 2018

## Disclaimer

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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

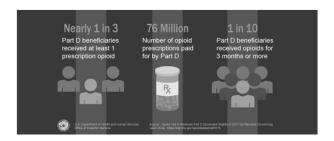
#### **HHS Top Management Challenges**

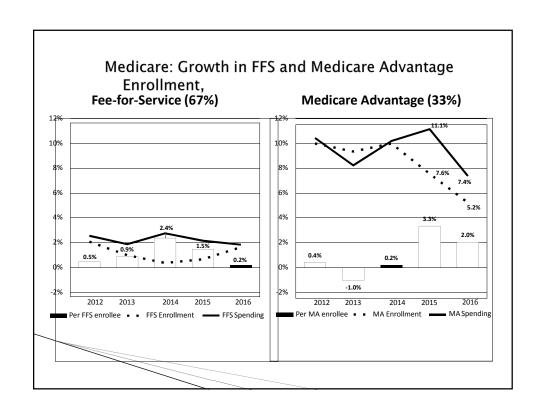
- Effectively Administering Medicaid to Improve Managed Care, Address High Improper Payments, and Strengthen Program Integrity
- Improve Financial and Administrative Management
- Curbing the Abuse and Misuse of Drugs in Medicare Part D and Medicaid
- Overseeing the Health Insurance Marketplaces
- Ensuring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

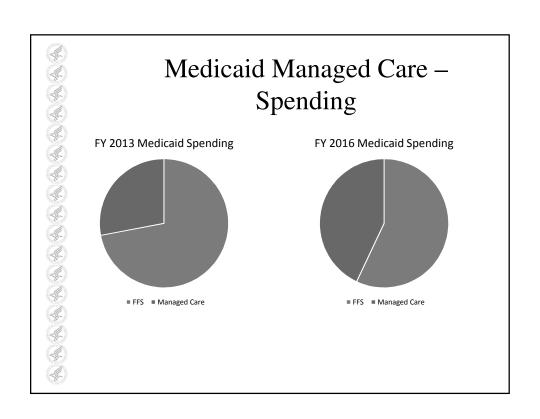
# Issues Facing Increased OIG Oversight

- Opioids
- Medicare Advantage and Medicaid Managed Care

# Opioids







### 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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