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OIG Enforcement Initiatives

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Fraud & Abuse Control Account

- Established by HIPAA
- HHS FY 1997 discretionary funding for health care fraud - \$104 million, increasing annually 15% until FY 2003
- FBI FY 1997 \$47 million, increasing to \$114 million by FY 2003

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Fraud & Abuse Control Program

- DOJ and HHS Partnership directed by HHS
OIG
- Reported Recoveries
 - \$1 billion in FY 1997
 - \$1.2 billion in FY 2000

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OIG 2001 Semi-Annual Report

- OIG saved taxpayers over \$18 billion in fiscal year 2001
- Report claims the OIG collected over \$1.05 billion in investigative receivables and excluded 3,756 individuals and entities from participation in federal healthcare programs

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New Initiatives

- **OIG Work Plan for FY 2002**
 - Centers for Medicare and Medicaid Services (CMS) projects are dominated by compliance issues
 - Approximately one half of the initiatives are carried over from FY 2001

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Significant Project Areas

- Corporate Integrity Agreements (CIAs)
- Hospitals
- Physicians

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Corporate Integrity Agreements

- Modifications
 - Statistically valid random samples only where initial claims review identifies an unacceptably high error rate
 - Increased reliance on providers' internal audit capabilities
 - Flexibility (e.g. training requirements)

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Hospitals

- Medicare Payment Error Prevention
- Review of Hospital practices of granting initial or renewed privileges to physicians (screening for sanctions and qualifications)

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Physicians

- Properly Billing and Coding
 - Resident's Services
 - Physician Evaluation and Management Codes
 - Incident-To Services

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Summary

- OIG Fraud and Abuse Control Account and Fraud and Abuse Control Program are key to antifraud efforts
- FY 2002 work plan focuses on identifying program vulnerabilities