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OIG Chief Counsel to CCOs: 'We Are All Involved in Identifying Risks'

By Nina Youngstrom

Fundamentally, the work of compliance officers and the HHS Office of Inspector General is not that different, a top OIG official said.

“We are all involved in identifying and mitigating risks. We all have to provide unpleasant truths to decision makers sometimes,” Gregory Demske, chief counsel to the Inspector General, said Nov. 6 at the Healthcare Enforcement Compliance Conference sponsored by the Health Care Compliance Association in Washington, D.C. Compliance officers and OIG are both invested in complying “with the law and hopefully pushing toward a better health care system.”

OIG isn’t publishing reports and recovering money just for the sake of doing it, Demske contended. “We are trying to push for a better health care system,” he said. “We have an inefficient health care system. We want to get better care and cost less.” OIG is just “one input in a complex system, as all of you are.”

In its watchdog role, OIG identifies vulnerabilities in federal health care programs through hotline calls, whistleblower cases, tips and data analytics. “We still get a lot of information from providers and members of the public,” he said. “We sometimes get a call, letter or email from someone who is trying to comply with Anti-Kickback Statute guidance but is up against someone who is violating the law. We are always interested in that.”

Demske also described a number of OIG’s targets. They include opioids, managed Medicare and Medicaid, home and community-based programs (e.g., home health and hospice), and skilled nursing facilities (SNFs).

There’s urgency around opioids. Almost one in three Medicare Part D beneficiaries received at least one prescription for an opioid last year, and Part D paid for 76 million prescriptions. OIG has identified 300 providers with “questionable opioid prescribing patterns for the 71,000 beneficiaries at serious risk” of opioid misuse or overdose, he said. The providers are not necessarily engaging in fraud, but OIG is investigating some of them and may audit some. And 587 providers have been excluded from federal health care programs for misconduct related to opioids since 2017.

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