



Office of Inspector General
An Overview of OIG Work on Managed Care

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OIG Work on Managed Care

1. Overview of OIG
2. Upcoming work on managed care
3. Recently completed work on managed care

OIG Mission

- To protect program integrity and the well-being of program beneficiaries by
 - detecting and preventing waste, fraud, and abuse
 - identifying opportunities to improve program economy, efficiency, and effectiveness
 - providing industry guidance
 - holding accountable those who do not meet program requirements or who violate Federal laws

Who We Are

- **Independent and objective fact finders**
- **Partners with HHS agencies and divisions to help programs perform:**
 - **Efficiently**
 - **At less cost**
 - **With reduced risk of fraud, waste, and abuse**

What We Do

- **Provide timely, useful, and reliable information and advice through:**
 - **Audits**
 - **Program evaluations**
 - **Criminal and civil investigations**

Organizational Structure



*IG appointed by President with Senate confirmation.

Office of Audit Services

- **Independently conducts and oversees comprehensive audits of HHS programs, operations, grantees, and contractors**
- **Serves as the focal point for the Department's financial audit activity**

Office of Investigations

- **Conducts investigations of fraud and misconduct to safeguard the Department's programs and protect the beneficiaries of those programs**

Office of Evaluation and Inspections

- **Conducts short-term management and program evaluations on issues of concern to the Department, Congress, and the public**
- **Provides findings and recommendations on the efficiency, vulnerability, and effectiveness of departmental programs**

Office of Counsel

- **Provides general legal services to OIG, including advice and representation on HHS programs**
- **Represents the OIG in the global settlement of cases arising under the Civil False Claims Act**
- **Develops compliance program guidance and monitors corporate integrity agreements**

OIG's Five-Principle Strategy to Combat Health Care Fraud, Waste, and Abuse

- Enrollment
- Payment
- Compliance
- Oversight
- Response

OIG FY 2010 Work Plan on Managed Care

- Administrative costs in MA bid submissions
- Investment income earned by MA plans
- Disenrollment
- Encounter Data
- Risk Adjustment Validation

OIG FY 2010 Work Plan on Managed Care (continued)

- MA Plan oversight of contractors
- Marketing of MA Plans by Sales Agents
- Medicaid Managed Care Fraud and Abuse Safeguards
- Medicaid Managed Care Marketing Practices

Recent Completed Work on Managed Care

- Beneficiary Appeals in the MA Program (October 2009)
- Medicaid Managed Care Encounter Data (May 2009)
- MA Marketing Materials (August 2006)

OIG Internet Home Page

<http://oig.hhs.gov>

