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# OIG NEWS

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## **HHS Inspector General's Office Launches New Enforcement Section on its Web Site**

HHS Inspector General Janet Rehnquist announced today that the OIG Web site will now feature more information about its enforcement efforts to protect the department's programs and beneficiaries from fraud, waste and abuse. The Fraud Prevention and Detection section of the OIG Web site (<http://oig.hhs.gov/fraud/enforcementactions.html>) includes summaries of recent cases that have been resolved as well as background information on the general categories of enforcement actions this fraud-fighting agency undertakes.

"One of my primary goals since assuming my position as Inspector General was to improve communications with the public and health care providers. Now, with just a few clicks on a computer keyboard, anyone can locate a wealth of information on our major health care fraud cases – including settlements, civil money penalties and fines, and criminal actions – all in one place," Rehnquist said.

The launch of the Fraud Prevention and Detection section on the OIG Web site is the latest effort by Rehnquist to provide more information and educational materials to the health care provider community and members of the public. In February 2002, the OIG unveiled a revamped Web site, with an easier-to-navigate layout and much more information and documents, including OIG reports, industry guidance documents and the OIG's exclusions database, as well as more background material on the OIG itself.

This most recent addition to the Web site will provide summaries and descriptions of the OIG's recent cases, including criminal prosecutions and convictions and settlements reached with individuals to resolve potential civil monetary penalty (CMP) actions for a wide variety of alleged conduct (false claims, kickbacks, physician self-referral, and patient dumping).

Examples of the cases summarized on the OIG Web site include:

- On January 8, 2003, Cardiology Consultants, P.A., and its member physicians, all of Delaware, agreed to pay \$611,250 to resolve their liability under the CMP provisions applicable to kickbacks and physician self-referrals. This cardiology group paid hourly fees to physicians who were not members of the group to monitor cardiac stress tests at the cardiology group's testing facilities. The OIG alleged that the payments to these contracting physicians were in excess of fair market value and were not commercially reasonable. In addition to the settlement payment, the group agreed to lower its

monitoring fees and entered into a three-year integrity agreement.

- On December 31, 2001, Molina Medical Centers, a California Medicaid managed care plan, agreed to pay \$600,000 to resolve its liability under the OIG's CMP provision applicable to any Medicaid managed care organization that misrepresents or falsifies information to an individual. The OIG alleged that the managed care plan sent misleading letters to its Medicaid enrollees in an effort to persuade the enrollees to continue to choose it as their Medicaid managed care plan. The OIG alleged that the letters appeared to be written and signed by the enrollees' primary care physicians even though they were actually written and signed by employees of the managed care plan.

The aggregate results of such enforcement efforts are impressive: In FY 2002 alone, the OIG opened 1,654 new civil and criminal cases, bringing to more than 2,700 the number of active OIG investigations. Additionally, the agency excluded 3,448 individuals and entities from participation in Medicare, Medicaid and other federally sponsored health care programs, and its enforcement efforts resulted in 517 criminal convictions and 236 successful civil actions. With regard to child support enforcement, the OIG's crackdown on child support defaulters resulted in 152 convictions and court-ordered criminal restitution of over \$7 million during the fiscal year.

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