Joint Annual Interagency Coordination Report



Office of the Attorney General Medicaid Fraud Control Unit Civil Medicaid Fraud Division



Office of Inspector General Texas Health and Human Services

State Fiscal Year 2022

September 1, 2021 - August 31, 2022

Introduction

This joint interagency report between the Health and Human Services Commission (HHSC) Office of Inspector General (OIG) and the Office of the Attorney General (OAG) is pursuant to Texas Government Code §531.103(c). The report summarizes statistical data and other information involving the collective efforts of the OIG and OAG to identify and deter fraud, waste, and abuse in the state Medicaid program for the period of September 1, 2021, through August 31, 2022.

The OIG, OAG Medicaid Fraud Control Unit (MFCU) and OAG Civil Medicaid Fraud Division (CMF) recognize the critical importance of collaboration and regular communication in the ongoing coordinated effort to identify and deter fraud, waste, and abuse in the Medicaid program. The OIG, MFCU, and CMF have worked closely to strengthen collaboration efforts and information sharing during the reporting period through:

- Conducted meetings between the MFCU Director and the OIG Inspector General and key staff.
- Engaged in regular meetings with MFCU, OIG Investigations and Reviews Division (OIG I&R), and OIG Chief Counsel staff to focus resources and efforts on (a) specific cases under investigation to maximize recoveries and minimize provider abrasion and duplicative efforts, and (b) unusual provider billing trends and other concerning provider activities.
- Dedicated attorney, analyst, and investigator resources to support and coordinate efforts
 of MFCU and CMF involving violations of the Texas Medicaid Fraud Prevention Act and the
 Federal False Claims Act and to participate in multistate investigations and settlement
 negotiations.

Highlights of Coordination Activities

The OIG and OAG are committed to collaboration and coordination in all aspects of the joint efforts to identify and deter fraud, waste, and abuse in the Medicaid Program. These efforts range from the alignment of cross-agency processes to opportunities for management and staff at OIG, MFCU and CMF to participate in joint training opportunities. A summary of the collaboration and coordination activities during the current report period include:

 Continued cross-agency processes to recoup provider overpayments when no criminal charges are filed and to de-conflict overlapping administrative and criminal investigations. Developed and used "request & response" shared spreadsheet

maintained by dedicated OIG and MFCU staff to track evidence requests and process de-confliction requests.

- Ensured timely responses by OIG I&R supervisors and MFCU Field Office supervisors to include the scheduling of informal telephone and virtual conferences to discuss pros and cons of parallel investigations when subject matter overlapped.
- Continued working collaboratively under the current Memorandum of Understanding (MOU) between OIG, MFCU, and CMF. The MOU is updated every five years as a federal requirement for MFCUs and Medicaid single state agencies; it governs interagency cooperation and exchanges of information.
- Continued working with OIG points of contact to facilitate access to and review of documentary evidence in possession of OIG I&R or the Litigation Division by criminal prosecutors from MFCU.
- Continued sharing the MFCU closed case report with OIG to assist in the identification of the correct provider when restitution checks are received from court agencies that only reference a single defendant name.
- MFCU coordinated and accepted assistance from OIG when data requests from Managed Care Organizations (MCOs) were not received within the agreed time frame.
- Participated in joint meetings with the MCO Special Investigative Units (SIUs) and the Texas
 Fraud Prevention Partnership (TFPP). The focus of these collaborative efforts is to
 coordinate among the OIG, MFCU, and the Medicaid health and dental managed care
 organizations in conducting investigations to deter fraud, waste, and abuse. The TFPP SIU
 meetings take place three times a year.
- MFCU submitted a program proposal to include the delivery method and location in pharmacy claims data.
- MFCU and CMF coordinated and collaborated on multistate civil matters which included attorneys and auditors from both divisions serving on national investigation and settlement teams.
- MFCU and CMF engaged in de-confliction communications.
- When appropriate, MFCU made referrals to CMF.

Key Metrics

The activities in the latest annual reporting period reflect progress and success in identifying and deterring fraud, waste, and abuse in the Medicaid Program. The following activities reflect the efforts in fiscal year 2022.

HHS Office of Inspector General (OIG)

Action	FY 2022
Provider Enrollment Inventory (applications	20,714
and informal desk reviews) Processed	
Individual Screenings Processed	62,535
Investigation Cases Opened	1,881
Investigation Cases Completed	2,112
Referrals to MFCU	724
Referrals to Other Entities	965
Hospital Claim Reviews Completed	27,234
Nursing Facility Onsite Reviews	388
Settlement Agreements Executed	147
Credible Allegation of Fraud Provider	0
Payment Holds Imposed	
Medicaid Providers Excluded	174
Audits Completed	36
Total Amount Recovered	\$490,750,025

Note: Figures include Medicaid and non-Medicaid amounts.

OAG Medicaid Fraud Control Unit (MFCU)

Action	FY 2022
Referrals Received	2,073
Cases Pending	1,532
Cases Opened	497
Charges Obtained	75
Medicaid Overpayments Identified	\$24,370,151.55
Convictions	49
Fines and Restitution*	\$325,991,641.42*

^{*}Medicaid = \$25,647,326.34; non-Medicaid = \$300,344,315.08

OAG Civil Medicaid Fraud (CMF) Division

Action	Total FY 2022
Cases Opened	73
Cases Closed	163*
Cases Pending	387
Total Amount Recovered	\$ 79,536,460.66

^{*} Since returning to the office in September of 2021, CMF has undertaken to physically close files that would have otherwise been closed during the pandemic.

During fiscal year 2022, CMF settled and recovered funds in several matters with recoveries of \$2 million or higher. These include:

- 1. A State civil action against Centene Corporation, yielding a total Texas recovery of \$165,612,105.22, including state, federal, and relator portions.
- 2. A State civil action against Wockhardt USA LLC, Morton Grove Pharmaceuticals, Inc., and Wockhardt Limited, yielding a total Texas recovery of \$36,000,000.00, including state, federal, and relator portions.
- 3. A Federal/State civil action against Mallinckrodt plc and Mallinckrodt ARD LLC, yielding a total Texas recovery of \$13,744,217.82, including state, federal, and relator portions.
- 4. A State investigation against Dr. Reddy's Laboratories, Inc., yielding a total Texas recovery of \$12,900,000.00, including state, federal, and relator portions.
- 5. A State investigation against Boca Pharmacal, LLC, Generics International (US) Inc., Generics Bidco I, LLC and Endo International, PLC., yielding a total Texas recovery of \$5,500,000.00, including state and federal portions.
- 6. A Federal/State civil action against Bristol-Myers Squibb Company, yielding a total Texas recovery of \$4,414,062.42, including state, federal, and relator portions.

7. A Federal/State civil action against Astellas Pharma U.S., Inc. yielding a total Texas recovery of \$3,298,542.43, including state, federal, and relator portions.

CMF continues to pursue significant cases against the following defendants:

- 1. Dental Provider Richard Malouf for misrepresentations to Texas Medicaid. The trial court entered a \$16 million final judgment in favor of the State in this matter. The Eighth Court of Appeals recently affirmed the trial court's grant of the State's motion for partial summary judgment.
- 2. Lab testing company Laboratory Corporation of America for misrepresentations to Texas Medicaid related to kickbacks and Texas Medicaid best price rules.

CMF also continues to investigate multiple other matters that are under seal and cannot be described in detail at this time.