

Overview of Ongoing and Completed OIG Studies Related to Substance Use Disorder—As of July 2022

I. Prescribing Focused Work

a. Medicare

- i. Opioid Use in Medicare Part D in 2021: Annual Review ([OEI-02-22-00390](#)), *Ongoing Evaluation*
- ii. Medicare Beneficiaries Receiving Buprenorphine for the Treatment of Opioid Use Disorder ([OEI-02-22-00160](#)), *Ongoing Evaluation*
- iii. Medicare Part D Payments for Transmucosal Immediate-Release Fentanyl Drugs ([W-00-20-35846](#))
Ongoing Audit
- iv. Data Brief: Opioid Use in Medicare Part D During the Onset of the COVID-19 Pandemic. February 2021 ([OEI-02-20-00400](#))
- v. Concerns Persist About Opioid Overdoses and Medicare Beneficiaries' Access to Treatment and Overdose-Reversal Drugs. August 2021 ([OEI-02-20-00401](#))
- vi. Data Brief: Medicare Part D Beneficiaries at Serious Risk of Opioid Misuse or Overdose: A Closer Look. May 2020 ([OEI-02-19-00130](#))
- vii. Toolkit for Calculating Opioid Levels and Identifying Patients At Risk of Misuse or Overdose: R and SQL Programming Code. May 2020 ([OEI-02-17-00561](#))
- viii. Data Brief: Opioid Use in Medicare Part D Continued to Decline in 2019, but Vigilance Is Needed as COVID-19 Raises New Concerns. August 2020 ([OEI-02-20-00320](#))
- ix. Data Brief: Opioid Use in Medicare Part D in Missouri. September 2019 ([OEI-02-19-00391](#))
- x. Data Brief: Opioid Use Decreased in Medicare Part D, While Medication-Assisted Treatment Increased. July 2019 ([OEI-02-19-00390](#))
- xi. Data Brief: Concerns About Opioid Use in Medicare Part D in the Appalachian Region. April 2019 ([OEI-02-18-00224](#))
- xii. Data Brief: Opioid Use in Medicare Part D Remains Concerning. June 2018 ([OEI-02-18-00220](#))
- xiii. Toolkit: Using Data Analysis To Calculate Opioid Levels and Identify Patients At Risk of Misuse or Overdose. June 2018 ([OEI-02-17-00560](#))
- xiv. Data Brief: Opioid Use in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing. July 2017 ([OEI-02-17-00250](#))
- xv. Data Brief: High Part D Spending on Opioids and Substantial Growth in Compounded Drugs Raise Concerns. June 2016 ([OEI-02-16-00290](#))
- xvi. Data Brief: Questionable Billing and Geographic Hotspots Point to Potential Fraud and Abuse in Medicare Part D. June 2015 ([OEI-02-15-00190](#))
- xvii. Retail Pharmacies With Questionable Part D Billing. May 2012 ([OEI-02-09-00600](#))

b. Medicaid

- i. Use of Medications for Opioid Use Disorder (MOUD) in Medicaid ([OEI-BL-22-00260](#)) *Ongoing Evaluation*
- ii. Opioids in Medicaid: Concerns About Opioid Use Among Beneficiaries in Six Appalachian States. December 2020 ([OEI-05-19-00410](#))
- iii. National Review of Opioid Prescribing in Medicaid Is Not Yet Possible. August 2019 ([OEI-05-18-00480](#))
- iv. Data Brief: Opioids in Ohio Medicaid: Review of Extreme Use and Prescribing. July 2018 ([OEI-05-18-00010](#))

c. Other HHS Programs

- i. FDA's Risk Evaluation and Mitigation Strategies: Uncertain Effectiveness in Addressing the Opioid Crisis. September 2020 ([OEI-01-17-00510](#))

- ii. Few Patients Received High Amounts of Opioids from IHS-run Pharmacies. December 2020 ([OEI-05-18-00470](#))
- iii. Prescription Opioid Drug Abuse and Misuse Prevention—Prescription Drug Monitoring Programs ([W-00-18-59428](#)) *Completed Audit Series*
 - 1. Washington State Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program. April 2019 ([A-09-18-01001](#))
 - 2. The University of Kentucky Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program. May 2019 ([A-04-18-02012](#))
 - 3. New York Achieved Program Goals for Enhancing Its Prescription Drug Monitoring Program. August 2019 ([A-02-18-02001](#))
 - 4. California Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program. December 2019 ([A-09-18-01006](#))
 - 5. Ohio Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program. December 2020 ([A-05-18-00004](#))
- iv. IHS Needs to Improve Oversight of Its Hospitals’ Opioid Prescribing and Dispensing Practices and Consider Centralizing Its Information Technology Functions. July 2019 ([A-18-17-11400](#))
- v. States’ Use of the Child Welfare Information Systems To Monitor Medication Prescribed to Children in Foster Care ([W-00-18-59434](#)) *Ongoing Audit*
 - 1. Ohio Did Not Ensure the Accuracy and Completeness of Psychotropic and Opioid Medication Information Recorded in Its Child Welfare Information System for Children in Foster Care. July 2020 ([A-05-18-00007](#))
- vi. HHS Information System Security Controls to Track Prescription Drug Disbursements. November 2017 ([A-18-16-30540](#))

II. Treatment Focused Work

a. Medicare

- i. Opportunities Exist for CMS and Its Medicare Contractors To Strengthen Program Safeguards To Prevent and Detect Improper Payments for Drug Testing Services. June 2021 ([A-09-20-03017](#))
- ii. Audit of Medicare Part B Drug Testing Services ([A-09-21-03006](#)), *Ongoing Audit*
- iii. Many Medicare Beneficiaries Are Not Receiving Medication to Treat Their Opioid Use Disorder. December 2021 ([OEI-02-20-00390](#))
- iv. Audit of Medicare Part B Opioid-Use-Disorder Treatment Services Provided by Opioid Treatment Programs ([W-00-21-35876](#))

b. Medicaid

- i. CMS Should Pursue Strategies To Increase the Number of At-Risk Beneficiaries Acquiring Naloxone Through Medicaid. September 2020 ([OEI-BL-18-00360](#))
- ii. Review of Medicaid Claims for Opioid Treatment Program Services ([W-00-17-31523](#)) *Partially Completed Audit Series*
 - 1. New York Claimed Tens of Millions of Dollars for Opioid Treatment Program Services That Did Not Comply With Medicaid Requirements Intended To Ensure the Quality of Care Provided to Beneficiaries. February 2020 ([A-02-17-01021](#))
 - 2. California Claimed at Least \$2 Million in Unallowable Medicaid Reimbursement for a Selected Provider’s Opioid Treatment Program Services. January 2021 ([A-09-20-02001](#))
 - 3. More Than 90 Percent of the New Hampshire Managed Care Organization and Fee-for-Service Claims for Opioid Treatment Program Services Did Not Comply With Medicaid Requirements. June 2022 ([A-01-20-00006](#))

4. Oklahoma's Oversight of Medicaid Outpatient Services for Opioid Use Disorder Was Generally Effective. August 2021 ([A-06-20-08000](#))
 5. About Seventy-Nine Percent of Opioid Treatment Program Services Provided to Medicaid Beneficiaries in Colorado Did Not Meet Federal and State Requirements. September 2021 ([A-07-20-04118](#))
 6. California Improperly Claimed at Least \$23 Million of \$260 Million in Total Medicaid Reimbursement for Opioid Treatment Program Services. April 2022 ([A-09-20-02009](#))
- iii. Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care. September 2019 ([OEI-02-17-00490](#))

c. Other HHS Programs

- i. SAMHSA is Missing Opportunities to Better Monitor Access to Medication-Assisted Treatment Through the Buprenorphine Waiver Program. June 2021 ([OEI-BL-20-00260](#))
- ii. Geographic Disparities Affect Access to Buprenorphine Services for Opioid Use Disorder. January 2020 ([OEI-12-17-00240](#))
- iii. States' Use of Grant Funding for a Targeted Response to the Opioid Crisis. March 2020 ([OEI-BL-18-00460](#))
- iv. Opioid Treatment Programs Reported Challenges Encountered During the COVID-19 Pandemic and Actions Taken to Address Them. November 2020 ([A-09-20-01001](#))
- v. SAMHSA's Oversight of Accreditation Bodies for Opioid Treatment Programs ([W-00-18-59035](#))
Completed Audit Series
 1. SAMHSA's Oversight of Accreditation Bodies for Opioid Treatment Programs Did Not Comply With Some Federal Requirements. March 2020 ([A-09-18-01007](#))
 2. SAMHSA's Oversight Generally Ensured That the Commission on Accreditation of Rehabilitation Facilities Verified That Opioid Treatment Programs Met Federal Opioid Treatment Standards. October 2021 ([A-09-20-01002](#))
- vi. HRSA's Monitoring Did Not Always Ensure Health Centers' Compliance with Federal Requirements for HRSA's Access Increases in Mental Health and Substance Abuse Services Supplemental Grant Funding. July 2020 ([A-02-18-02010](#))
- vii. Projects for Assistance in Transition from Homelessness Program ([W-00-19-50100](#)) *Partially Completed Audit Series*
 1. New York Provided Projects for Assistance in Transition From Homelessness Grant Services to Ineligible Individuals and Did Not Contribute Any Required Non-Federal Funds. December 2020 ([A-02-19-02006](#))
 2. Texas Did Not Ensure Documentation Supported That Individuals Met Eligibility Requirements and That Its Annual Report Was Accurate Under Its Projects for Assistance in Transition From Homelessness Program. February 2022 ([A-02-21-02001](#))
- viii. In Selected States, 67 of 100 Health Centers Did Not Use Their HRSA Access Increases in Mental Health and Substance Abuse Services Grant Funding in Accordance With Federal Requirements. November 2020 ([A-02-19-02001](#))
- ix. Post-Award State or Tribal Audits of Substance Abuse and Mental Health Services Administration's Opioid Response Grants. ([W-00-20-59441](#)) *Partially Completed Audit Series*
 1. Choctaw Nation of Oklahoma Made Progress Toward Meeting Program Goals During the First Year of Its Tribal Opioid Response Grant. January 2021 ([A-07-20-04121](#))

2. Louisiana Faced Compliance and Contracting Challenges in Implementing Opioid Response Grant Programs. April 2022 ([A-06-20-07003](#))
- x. SAMHSA Followed Grant Regulations and Program-Specific Requirements When Awarding State Targeted Response to the Opioid Crisis Grants. March 2019 ([A-03-17-03302](#))
- xi. New York Did Not Provide Adequate Stewardship of Substance Abuse Prevention and Treatment Block Grant Funds. March 2019 ([A-02-17-02009](#))
- xii. Audit of States' Administration of SAMHSA's Substance Abuse Prevention and Treatment Block Grant Funding. ([W-00-21-59462](#))
- xiii. Audits of SAMHSA's Certified Community Behavioral Health Clinic Expansion Grants. ([W-00-21-59463](#))

III. Work Focused on Both Treatment and Prescribing

a. Review of States' Oversight of Opioid Prescribing and Monitoring of Opioid Use

Completed Audit Series

- i. Update on Oversight of Opioid Prescribing and Monitoring of Opioid Use: States Have Taken Action to Address the Opioid Epidemic. October 2020 ([A-09-20-01000](#))
- ii. Factsheet Rollup Report: Oversight of Opioid Prescribing and Monitoring of Opioid Use: States Have Taken Action To Address the Opioid Epidemic. July 2019 ([A-09-18-01005](#))
- iii. Factsheet: Kentucky's Oversight of Opioid Prescribing and Monitoring of Opioid Use. March 2020 ([A-04-19-02022](#))
- iv. Factsheet: Alabama's Oversight of Opioid Prescribing and Monitoring of Opioid Use. November 2019 ([A-04-19-00125](#))
- v. Factsheet: Ohio's Oversight of Opioid Prescribing and Monitoring of Opioid Use. July 2020 ([A-05-19-00036](#))
- vi. Factsheet: Texas Oversight of Opioid Prescribing and Monitoring of Opioid Use. March 2019 ([A-06-18-04000](#))
- vii. Factsheet: West Virginia's Oversight of Opioid Prescribing and Monitoring of Opioid Use. March 2019 ([A-03-18-03302](#))
- viii. Factsheet: Tennessee's Oversight of Opioid Prescribing and Monitoring of Opioid Use. February 2019 ([A-04-18-00124](#))
- ix. Factsheet: Nevada's Oversight of Opioid Prescribing and Monitoring of Opioid Use. February 2019 ([A-09-18-01004](#))
- x. Factsheet: New Hampshire's Oversight of Opioid Prescribing and Monitoring of Opioid Use. February 2019 ([A-01-18-01501](#))
- xi. Factsheet: Utah's Oversight of Opioid Prescribing and Monitoring of Opioid Use. February 2019 ([A-07-18-05115](#))
- xii. Factsheet: Nebraska's Oversight of Opioid Prescribing and Monitoring of Opioid Use. January 2019 ([A-07-18-06080](#))
- xiii. Factsheet: Washington's Oversight of Opioid Prescribing and Monitoring of Opioid Use. December 2018 ([A-09-18-02001](#))

b. Services for American Indians and Alaska Natives Administered by a Federally Qualified Health Center *Completed Audit Series* ([W-00-17-59052](#))

- i. The Penobscot Indian Nation Did Not Meet All Federal and Tribal Health and Safety Requirements. November 2018 ([A-01-17-01502](#))
- ii. The Passamaquoddy Tribe's Pleasant Point Health Center Did Not Always Meet Federal and Tribal Health and Safety Requirements. July 2018 ([A-01-17-01500](#))

- iii. The Passamaquoddy Tribe's Pleasant Point Health Center Needs to Improve Its Medical-Referral Process. March 2019 ([A-01-17-01503](#))

For more detail on OIG's opioid work, visit:

<https://oig.hhs.gov/reports-and-publications/featured-topics/opioids/>