

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**OPEN PAYMENTS DATA:
REVIEW OF ACCURACY,
PRECISION, AND
CONSISTENCY IN REPORTING**



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OFFICE OF INSPECTOR GENERAL



Why OIG Did This Review

The Open Payments program promotes transparency by making available to the public the financial relationships that physicians and teaching hospitals have with applicable manufacturers and group purchasing organizations. Although these financial relationships may provide important opportunities to increase medical research and enhance medical knowledge, they also can raise concerns because of their potential to influence the decision-making of health care providers.

The transparency of the Open Payments program reveals the nature and extent of these relationships and has the potential to discourage the development of inappropriate financial relationships. However, the program can benefit the public only if the data reported are complete and accurate.

How OIG Did This Review

To determine the extent to which data reported were missing elements, or were inaccurate or inconsistent, we downloaded data for 2015 from the Open Payments website in June 2016. To determine the role of the Centers for Medicare & Medicaid Services (CMS) in validating Open Payments data received from manufacturers and group purchasing organizations, we reviewed policies and procedures and other information that CMS provided regarding its oversight.

Open Payments Data: Review of Accuracy, Precision, and Consistency in Reporting

What OIG Found

Of 11.9 million records published on the Open Payments website for 2015, less than 1 percent were missing required data elements. Although the Open Payments data elements reported to CMS were complete overall, we did identify records that contained inaccurate, imprecise, or inconsistent information. These include records containing drug and device names that do not match the definitions of these data elements; national drug codes (NDCs) that were not found in multiple Food and Drug Administration databases or other drug information resources; and payment dates from a different reporting year.

CMS did note that it has conducted outreach to address data concerns with manufacturers and group purchasing organizations. CMS also reported that it is still compiling a list of noncompliant manufacturers and group purchasing organizations for further investigation.

What OIG Recommends

We recommend that CMS take a number of practical steps to improve the accuracy, precision, and consistency of the data to better help consumers use the information: (1) ensure that records contain all required data; (2) strengthen validation rules and revise data-element definitions so that actual drug and device names must be reported; (3) revise the definition of the device-name data element so that the information reported is required to be more specific; and (4) ensure that manufacturers and group purchasing organizations report valid NDCs for drugs. CMS concurred with all four of our recommendations.

Key Takeaway

- Although almost all the 2015 data reported in the Open Payments program met requirements, there were several areas where CMS could improve data accuracy, precision, and consistency to better help consumers use the information.

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OBJECTIVES

1. To assess whether data published on the Open Payments website were missing data elements, were inaccurate, or were inconsistent.
2. To evaluate the extent to which the Centers for Medicare & Medicaid Services (CMS) provides oversight to ensure that data submitted by manufacturers and group purchasing organizations (GPOs) is in compliance with requirements for reporting Open Payments data.

BACKGROUND

Open Payments Program

Physicians and teaching hospitals sometimes have financial relationships with manufacturers and GPOs. These financial relationships can take the form of consulting fees; research payments; ownership or investment interests; or other forms of compensation. Although these relationships can provide important opportunities to expand medical research and enhance medical knowledge, they also can raise concerns because of their potential to influence the decision-making of health care providers.

The Open Payments program promotes transparency by publishing data on financial relationships that physicians and teaching hospitals have with applicable manufacturers and GPOs (hereafter referred to as “manufacturers” and “GPOs”).¹ Transparency reveals the nature and extent of these relationships and has the potential to discourage the development of inappropriate financial relationships.

To increase the transparency of relationships that providers have with manufacturers and GPOs, the Open Payments program requires manufacturers that produce at least one covered product to report all payments² and other transfers of value (hereafter referred to collectively as payments) that they make to all covered recipients, i.e., physicians and

¹ GPOs are entities that leverage the purchasing power of a group of businesses, e.g., hospitals, to obtain discounts from manufacturers and vendors.

² Manufacturers and GPOs are not required to report payments of less than \$10. However, they must report these payments when the total annual value of payments provided to a covered recipient by a single manufacturer or GPO is more than \$100. These thresholds are adjusted annually for inflation.

teaching hospitals.³ A covered product is any drug, device, biological, or medical supply that is eligible for payment by Medicare, Medicaid, or the Children’s Health Insurance Program, and requires a prescription or approval by the Food and Drug Administration (FDA).⁴

Manufacturers, as well as GPOs that purchase or negotiate the purchase of covered products, also are required to report ownership and investment interests (hereafter referred to as ownership interests) held by physicians or their immediate family members. (Manufacturers and GPOs do not report ownership interests held by teaching hospitals.) GPOs are required to report payments made to physicians who hold ownership interests in the GPO at any point in the reporting year. CMS makes this information publicly available on the website <https://openpaymentsdata.cms.gov/>.

Reporting entities, i.e., manufacturers and GPOs, must register with the Open Payments system to submit data and must recertify annually. CMS published the first payment data in September 2014 covering the reporting period between August and December 2013. CMS publishes the previous year’s data every June and an update on all years’ data early in the following year.

³ Covered recipients are (1) physicians who are not employees of the manufacturer reporting the payment and (2) teaching hospitals that receive payment for Medicare direct graduate medical education, inpatient hospital prospective payment system indirect medical education, or psychiatric hospital indirect medical education. For the purposes of the Open Payments program, a “physician” is any of the following types of professionals: Doctor of Medicine, Doctor of Osteopathy, Doctor of Dentistry, Doctor of Dental Surgery, Doctor of Podiatry, Doctor of Optometry, and Doctor of Chiropractic Medicine. Residents in these fields are excluded from the definition of physicians for the purpose of this program.

⁴ A covered product is any drug, device, biological, or medical supply that is eligible for payment by Medicare, Medicaid, or the Children’s Health Insurance Program either individually or as a part of a bundled payment. In addition, the covered drug or biological must require a prescription to be dispensed and the covered device requires premarket approval by, or premarket notification to, FDA.

Open Payments Data

Data Submission. There are three types of records in the Open Payments system: general payments, research payments, and ownership interests. Key data elements collected within the Open Payments system include information about the following:

- the covered recipient;
- the reporting entity;
- the covered drug or biological related to the payment (hereafter referred to as “drug”);
- the device, or medical supply related to the payment (hereafter referred to as “device” and includes items such as blood glucose meters or replacement joints);
- the form of the payment;
- the total dollar amount of the payment;
- the total dollar amount of ownership or investment interests; and
- the date of payment.



Types of Records in the Open Payments System

General payments: Records of all payments that were not made in connection with research

Research payments: Records of all payments made in connection with research

Ownership interests: Records of the ownership interests that physicians or their immediate family members held in a manufacturer or GPO

Manufacturers and GPOs also must report payments assigned to a third party by a covered recipient. Examples of third parties include individuals or entities such as contract research organizations, nonteaching hospitals, or charities.

CMS Oversight of Open Payments Program

CMS’s Center for Program Integrity manages the Open Payments program. According to CMS, the Open Payments program does not identify which financial relationships are beneficial or which may cause conflicts of interest.⁵

Data Validation and Matching. According to the *Open Payments User Guide*, CMS must validate data submitted to the Open Payments system before accepting them. CMS evaluates the data according to its validation rules. Validation helps ensure that all required fields are populated and the information in each field meets specific formatting requirements. For

⁵ CMS, *Open Payments Data in Context*. Accessed at <https://www.cms.gov/OpenPayments/About/Open-Payments-Data-in-Context.html> on March 27, 2018.

example, the date of payment should be reported and should be in a YYYYMMDD format.

After successful validation, CMS compares the identification information for physicians and teaching hospitals—e.g., the physician name and the teaching hospital address in each record—to the same identification information within existing CMS resources.⁶ After completing this data check, CMS notifies manufacturers and GPOs regarding the success or failure of their respective submissions and whether any validation or matching errors exist. Manufacturers and GPOs must correct and resubmit or delete records flagged for validation or matching errors.

Data Attestation. After records pass data element validation and data matching, manufacturers and GPOs must attest to the data. Manufacturers and GPOs must attest to the timeliness, accuracy, and completeness of all submitted data including any resubmissions of corrected data.

Manufacturers and GPOs may make what are known as “reasonable assumptions” when compiling and reporting payment data to the Open Payments system, and they can add these reasonable assumptions to their attestations. The reasonable assumptions explain the analytical and methodological choices that manufacturers and GPOs used when reporting payments or ownership interests. For example, the reasonable assumptions may explain why a manufacturer chose to exclude certain payments from its reporting. CMS does not publish these assumptions on the Open Payments website.

According to CMS, it may audit manufacturers and GPOs for compliance to ensure the submission of timely, accurate, and complete data. CMS also has the authority to impose civil monetary penalties on manufacturers and GPOs that fail to report or knowingly fail to report information regarding payments and ownership interests in a timely, accurate, or complete manner.⁷

METHODOLOGY

Data Collection

We collected data (general payments records, research payments records, and ownership interests records) for 2015 from the Open Payments website in June 2016, soon after the 2015 data were published. We also collected CMS’s policies and procedures related to Open Payments data

⁶ CMS uses information from sources such as hospital cost reports; the National Plan and Provider Enumeration System; and the Provider Enrollment, Chain, and Ownership System.

⁷ 42 CFR § 403.912.

validation. We requested information from CMS on how it validated the 2015 data that it received from manufacturers and GPOs; whether CMS performs any validation after data are accepted into the Open Payments system; and about the data problems that CMS identified through the validation process. We also obtained the reasonable assumptions provided by manufacturers and GPOs when reporting 2015 payments or ownership interests to CMS.

Data Analysis

Data Completeness and Accuracy. We performed summary analyses on the published general payments, research payments, and ownership interests records to determine the number of records that (1) were missing data from required fields and/or (2) contained inaccurate or inconsistent information. With regard to the second category, we determined the number of records that contained:

- Product names that did not appear to be drugs or devices.
 - To find such product names, we manually reviewed the names of drugs and devices submitted by manufacturers and GPOs.
- Payment dates that were outside 2015.
- National Drug Codes (NDCs)⁸ that we did not find in three FDA databases or First Databank's National Drug Data File (a national drug compendium). For the NDCs that we did not find in these sources, we conducted Internet searches for them using NDCs and the associated drug names.⁹
 - The three FDA databases we used were the NDC Directory, the NDC Structured Product Labeling Data Elements File, and the Unfinished Drugs Database File.

CMS Oversight. We reviewed the information that CMS gave us in response to our request. We analyzed CMS's policies and procedures as well as its responses to our questionnaire to determine whether and how CMS audits or performs other activities to ensure that manufacturers and GPOs submit data that are in compliance with Open Payments reporting requirements. We also determined whether CMS has taken any action against manufacturers or GPOs that submitted data that did not meet the reporting requirements under the Open Payments program. Finally, we

⁸ An NDC is a numeric code that provides information about the drug's manufacturer, product, and package size. Manufacturers and GPOs may provide the NDC of the drug reported within the payment record.

⁹ We conducted the analysis of NDCs using all three components of the numeric code, i.e., the portions representing the manufacturer, product, and package size.

reviewed the reasonable assumptions that manufacturers and GPOs provided to CMS.

Limitations

We reviewed 2015 Open Payments data published by CMS as of June 2016. This first release of 2015 Open Payments data contained 11.9 million records associated with \$7.5 billion in payments and ownership interests. As of the June 2018 update of the 2015 data, there were 12.4 million records associated with \$8.4 billion in payments and ownership interests. These updated data were not included in our review.

This review analyzed only financial relationships published on the Open Payments website. We did not determine whether there were manufacturers and GPOs that failed to submit all required financial relationships for all covered recipients.

Standards

This study was conducted in accordance with the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

FINDINGS

Almost all Open Payments records contained the required data

Of 11.9 million records published on the Open Payments website, less than 1 percent were missing required data elements. As shown in Exhibit 1, only 11,463 records were missing one or more required data elements. The data element most commonly missing from records associated with physicians' financial interests was the physician specialty.¹⁰ The types of missing data would not appear to hinder consumers' ability to obtain information on the financial relationships that their health care providers might have with manufacturers and GPOs.

Exhibit 1: Number of Records That Had Missing Data

Data Element	Number of Records With Missing Values ¹
Physician Specialty	8,673
Third-Party Recipient Equals a Covered Recipient Indicator ²	2,423
Physician License State	170
Principal Investigator Specialty	107
Pre-Clinical Research Indicator	35
Recipient Province (outside United States) ³	29
Name of Covered Drug and/or Device	10
Name of Research Study	7
Country of Travel	7
City of Travel	7
State of Travel	4
Third-Party Recipient Name (if an entity)	1
Principal Investigator City	1
Total records missing at least one data element	11,463
Total records reported to Open Payments	11,901,001

Source: OIG analysis of records published on the Open Payments website for 2015.

¹ Some records had more than one missing value.

² This field indicates whether the third-party recipient who received a general payment on behalf of a covered recipient is, itself, a covered recipient.

³ Recipient province is no longer a required data element.

¹⁰ According to CMS, when the specialty reported with the physician record is not a recognized specialty under Open Payments but the reported provider has been verified as meeting the definition of a covered recipient, the specialty information is intentionally removed from public display.

A small percentage of Open Payment records contained inaccurate, imprecise, or inconsistent information

We identified inaccurate, imprecise, or inconsistent data in fields within Open Payments records that were not addressed by the validation process described either by CMS or its *Open Payments User Guide* in operation during 2015. This includes records that contained imprecise or inaccurate product names; NDCs that were not found in FDA’s NDC databases or other drug information resources; and payment dates outside of the reporting year.

For thousands of records, values within product-name data elements did not appear to be names of specific products

For at least 100,000 records, manufacturers and GPOs entered text for drug and device names that were not product names or were not specific enough to identify the products. There were 6,630 records in which manufacturers and GPOs indicated that a payment was related to a covered drug or device, but in the drug-name field or device-name field, they entered text such as “no product discussed” or “no product specified.” Additionally, some manufacturers and GPOs entered a single digit or a disease type within the drug-name field or device-name-field.

Therapeutic areas and product categories that some manufacturers and GPOs reported were overly broad and/or inconsistently reported. Unlike with covered drugs—for which CMS requires actual names—for covered devices, CMS allows manufacturers and GPOs to report a device’s therapeutic area or its product category, rather than the actual device name. Some manufacturers and GPOs were very specific when reporting device names. However, in hundreds of thousands of records, the therapeutic areas and product categories that some manufacturers and GPOs used were extremely broad. For example, approximately 6 percent of all device-related records on the Open Payments website included just the name of a body part, such as “elbow” or “shoulder,” rather than an actual device name. The three “devices” associated with the highest payments (\$153 million) were “hips,” “spine,” and “knees.” The use of broad categories rather than actual device names makes it difficult for consumers to determine whether any devices used or proposed to be used as part of their care were associated with payments received by their respective health care providers.

Nine percent of records contained NDCs that were not found in multiple FDA databases or other drug information resources

Approximately 1.1 million records, or 9 percent of all records, contained NDCs that were not found in multiple FDA databases or other drug information resources. These records were associated with \$302 million in payments. Of the 1,265 NDCs associated with payments published on the Open Payments website, 110 NDCs (9 percent) were not found in these databases or resources. Although the Open Payments system validates whether the NDC associated with a given payment is in the correct submission format, the system does not determine whether that NDC is valid. Requiring valid NDCs would enable researchers to perform more thorough analysis of Open Payments data.

A small number of records were associated with payment dates outside the year 2015

Although the Open Payments system validates whether the payment date is in the correct submission format and whether the year reported is the same as the program year, we found that 565 records had a payment date that was either earlier or later than 2015. According to CMS, manufacturers and GPOs that submitted records with dates outside program year 2015 were notified by phone and a followup email and were asked to correct the records, resubmit them, and provide re-attestations. However, the corrected records were not reflected in the June 2016 publication of the data.

CMS monitors Open Payments data to detect anomalies and addresses specific issues as they arise

According to CMS, it conducts analyses of Open Payments data to identify manufacturers and GPOs that submitted data late, inaccurately reported dates, or deleted records from the system. CMS also reported conducting analysis to ensure the integrity of the Open Payments program by looking at general statistics, such as the number of registrations, recertifications, data submissions, and corrections. If CMS identifies any data inconsistencies or aberrant patterns, it conducts outreach to the manufacturers and GPOs or makes adjustments to the system.

CMS has not yet conducted any audits of manufacturers and GPOs. At the time of our review, CMS was in the process of developing audit strategies and audit plans in anticipation of conducting such audits. Therefore, we did not receive any strategies or plans to review. According to CMS, it is still compiling a list of noncompliant manufacturers and GPOs for further investigation.

CMS reported that it has established a protocol to address problems that manufacturers and GPOs have with validating recipient information

Some manufacturers and GPOs were unable to submit all of their records to the Open Payments system because certain records did not pass the system's matching process. This means that the recipient data that manufacturers and GPOs entered into the Open Payments system did not match CMS's data on recipients. The matching process for information on physicians and teaching hospitals ensures that submissions include only physicians and teaching hospitals that meet the definition of a covered recipient established by Federal regulation and are identified by data sources available to CMS.

To address this difficulty, CMS established a helpdesk protocol. This protocol instructs manufacturers and GPOs to contact the Open Payments system helpdesk when data that they believe to be correct cannot get through the matching process. It also instructs them to document—within the data field that contains reasonable assumptions—any cases in which they believe a recipient meets the definition of covered recipient. CMS also advises manufacturers and GPOs to encourage recipients to keep their information updated in CMS's systems to minimize the possibility that out-of-date recipient information could cause complications in matching.

CMS reviewed but did not follow up with manufacturers and GPOs that submitted reasonable assumptions

Out of the 1,456 manufacturers and GPOs that reported payments, 199 submitted reasonable assumptions.¹¹ CMS stated that it reviewed all the reasonable assumptions, but did not conduct any followup with these reporting entities about their reasonable assumptions. The reasonable assumptions submitted by these reporting entities included the following:

- The methodologies used to calculate the values of the payments.
 - For example, one manufacturer did not report the value associated with equipment and other materials provided during the course of its sponsored research.
- Explanations as to why certain payments were excluded from being reported.

¹¹ When reporting reasonable assumptions, an additional 111 manufacturers and GPOs outlined only difficulties in trying to submit payment records, including those that CMS flagged as having invalid recipient information and those that were associated with students. Another 11 manufacturers and GPOs stated that their assumptions were to be determined or that they would add assumptions at a later time.

- For example, one manufacturer stated that payments made to physicians who were not on CMS’s “approved list of physicians” were omitted.¹²
- Descriptions of how payments were attributed to products.
 - For example, some manufacturers reported the NDC related to the top-selling product in a product line or brand instead of the NDC that was associated with the payment.

¹² CMS makes available to reporting entities a Validated Physician List that includes identifying information for physicians. This list is meant to be used as a tool to help prepare Open Payments records. CMS states that it is not an exhaustive list of all physicians who should be included in Open Payments reporting.

CONCLUSION AND RECOMMENDATIONS

In 2014, manufacturers and GPOs began submitting information regarding payments or other transfers of value made to physicians and teaching hospitals to the Open Payments system. The Open Payments program promotes transparency by publishing data on financial relationships that physicians and teaching hospitals have with manufacturers or GPOs. Transparency protects patients by revealing the nature and extent of these relationships and has the potential to discourage the development of inappropriate relationships. The Open Payments program can benefit the public only if the data reported are complete and accurate. As such, potential issues with these data—like those identified in this review—may undermine the public benefit of this program.

CMS's key controls to ensure data integrity are its matching and validation processes. However, our review found issues with the validation process, such as its allowing data values that did not match data element descriptions, and its allowing text that did not seem to be the names of actual products within product name fields. In addition, CMS has yet to take any action against noncompliant reporting entities.

Although manufacturers and GPOs included most of the required data elements in Open Payment records, more accurate and consistent data would help consumers better use the information. To that end, we recommend that CMS take a number of practical steps to improve the accuracy, precision, and consistency of the data.

Ensure that records contain all required data

Even though most records were complete, some were missing required elements. To ensure completeness, CMS should review its current validation process to determine why records that were missing required data elements were accepted by the Open Payments system and make adjustments as necessary.

Strengthen validation rules and revise data-element definitions so that actual drug and device names must be reported

Data validation rules should be strengthened and data element definitions revised so that manufacturers and GPOs cannot enter just a single digit or other invalid text in the fields for drug or device names.

Revise the definition of the device-name data element so that the information reported in this field is required to be more specific

CMS allows manufacturers and GPOs to report the therapeutic area or product category of devices rather than actual device names. However, the therapeutic areas and product categories that some manufacturers and

GPOs reported were both extremely broad and inconsistently reported. More specific device names would enable consumers to determine whether their providers received payments related to devices that the providers used or planned to use as part of the consumers' care.

Ensure that manufacturers and GPOs report valid NDCs for drugs

CMS should implement a validation step that determines whether the NDCs provided are valid. CMS could use FDA data, widely used compendia, or its own drug product data to determine whether the NDCs that manufacturers and GPOs report are valid and correct. Requiring valid NDCs will enable researchers to perform more thorough analysis of Open Payments data.

AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

CMS concurred with all four recommendations.

CMS concurred with our recommendation to ensure that Open Payments records contain all required data. CMS stated that it will continue to implement strategies to improve the completeness of data submissions.

CMS concurred with our recommendation to strengthen validation rules and revise data element definitions so that actual drug and device names must be reported. CMS stated that it is working to strengthen validation processes to ensure that actual drug names are reported and are accurate. With respect to devices, CMS stated that a unique device identification system is necessary to validate reported device names. CMS is exploring various options to incorporate this information.

CMS concurred with our recommendation to revise the definition of the device-name data element.


Finally, CMS concurred with our recommendation to ensure that valid NDCs are reported for drugs.

We appreciate CMS's efforts to improve the accuracy and consistency of Open Payments data and look forward to working with CMS on these issues in the future.

The full text of CMS's comments is provided in the Appendix.

APPENDIX

Agency Comments

	DEPARTMENT OF HEALTH & HUMAN SERVICES	Centers for Medicare & Medicaid Services
DATE:	JUL 10 2018	200 Independence Avenue SW Washington, DC 20201
TO:	Daniel R. Levinson Inspector General	
FROM:	Seema Verma Administrator <i>SV</i>	
SUBJECT:	Office of Inspector General (OIG) Draft Report: Open Payments Data: More Accurate, Precise, and Consistent Data Would Better Help Consumers (OEI-03-15-00220)	
<p>The Centers for Medicare & Medicaid Services (CMS) appreciates the opportunity to review and comment on the draft report from the Office of Inspector General (OIG). CMS is strongly committed to promoting transparency in provider-industry financial relationships through the Open Payments program.</p> <p>Under the Open Payments program, CMS collects information about the payments drug and device companies make to physicians and teaching hospitals for things like travel, research, gifts, speaking fees, and meals. CMS also collects and reports information on ownership interests that physicians or their immediate family members have in these companies. This data is then made available to the public each year on a website that is searchable and understandable. As OIG notes in this report, more than 99 percent of records that CMS published in 2015 contained all required data elements. However, CMS remains committed to continuing to improve reporting.</p> <p>CMS regularly engages with all program stakeholders including physicians, teaching hospitals, manufacturers, and group purchasing organizations to address questions and improve the submission of timely, accurate, and complete data. This outreach includes, but is not limited to direct phone calls, letters, email distributions, and in-person events. In addition, CMS has made resources and guidance available on the Open Payments website. A help desk is also available to answer data submission questions and other program related inquiries. CMS also conducts analyses of submitted Open Payments data to ensure accuracy and detect data anomalies. CMS developed a compliance strategy to achieve data accuracy and completeness through education and other appropriate corrective actions.</p> <p>OIG's recommendations and CMS's responses are below.</p> <p><u>OIG Recommendation</u> CMS should ensure records contain all required data.</p> <p><u>CMS Response</u> CMS concurs with this recommendation and will continue to implement strategies to improve the completeness of data submissions.</p>		

OIG Recommendation

CMS should strengthen validation rules and revise data element definitions so that actual drug and device names must be reported.

CMS Response

CMS concurs with this recommendation. With respect to drug names, CMS is working to strengthen validation processes to ensure that actual drug names are reported and are accurate. With respect to devices, a unique device identification system is necessary to validate reported device names, and CMS is exploring various options to incorporate this information.

OIG Recommendation

CMS should revise the definition of the device name data element so that the information reported in this field is required to be more specific.

CMS Response

CMS concurs with this recommendation. A unique device identification system is necessary to validate reported device names, and CMS is actively exploring various options to incorporate this information.

OIG Recommendation

CMS should ensure that valid national drug codes are reported for drugs.

CMS Response

CMS concurs with this recommendation and is working to ensure that reported national drug codes are valid.

ACKNOWLEDGMENTS

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This report was prepared under the direction of Linda Ragone, Regional Inspector General for Evaluation and Inspections in the Philadelphia regional office, and Edward Burley, Deputy Regional Inspector General.

To obtain additional information concerning this report or to obtain copies, contact the Office of Public Affairs at Public.Affairs@oig.hhs.gov.

Office of Inspector General

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