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)
      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)
      ix. Data Brief: Opioid Use in Medicare Part D in Missouri. September 2019 (OEI-02-19-00391)
      xi. Data Brief: Concerns About Opioid Use in Medicare Part D in the Appalachian Region. April 2019 (OEI-02-18-00224)
      xiii. Toolkit: Using Data Analysis To Calculate Opioid Levels and Identify Patients At Risk of Misuse or Overdose. June 2018 (OEI-02-17-00560)
      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)

   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


v. States’ Use of the Child Welfare Information Systems To Monitor Medication Prescribed to Children in Foster Care (W-00-18-59434) Ongoing Audit


II. Treatment Focused Work
   a. Medicare
      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)


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)

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
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)


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)

For more detail on OIG’s opioid work, visit:
https://oig.hhs.gov/reports-and-publications/featured-topics/opioids/