Office of Inspector General

# Work Plan

FISCAL YEAR 2013

U.S. Department of Health & Human Services

Office of Inspector General

# Introductory Message From the Office of Inspector General

The U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) *Work Plan for Fiscal Year 2013* (*Work Plan*) summarizes new and ongoing reviews and activities that OIG plans to pursue with respect to HHS programs and operations during the next fiscal year (FY) and beyond.

The *Work Plan* is one of OIG's three core publications. The *Semiannual Report to Congress* summarizes OIG's most significant findings, recommendations, investigative outcomes, and outreach activities in 6-month increments. The annual *Compendium of Unimplemented Recommendations* (Compendium) describes open recommendations from prior periods that when implemented will save tax dollars and improve programs.

## What is our responsibility?

Our organization was created to protect the integrity of HHS programs and operations and the well-being of beneficiaries by detecting and preventing fraud, waste, and abuse; identifying opportunities to improve program economy, efficiency, and effectiveness; and holding accountable those who do not meet program requirements or who violate Federal laws. Our mission encompasses the more than 300 programs administered by HHS at agencies such as the Centers for Medicare & Medicaid Services (CMS), National Institutes of Health (NIH), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and Administration for Children and Families (ACF).

The majority of our resources are directed toward safeguarding the integrity of the Medicare and Medicaid programs and the health and welfare of their beneficiaries. Consistent with our responsibility to oversee all HHS programs, we also focus considerable effort on HHS's other programs and management processes, including key issues such as food and drug safety, child support enforcement, conflict-of-interest and financial disclosure policies governing HHS staff, and the integrity of contracts and grants management processes and transactions. Our core organizational values are:

- **Integrity—**Acting with independence and objectivity.
- **Credibility—**Building on a tradition of excellence and accountability.
- **Impact—**Yielding results that are tangible and relevant.

# How and where do we operate?

Our staff of more than 1,700 professionals are deployed throughout the Nation in regional and field offices and in the Washington, DC, headquarters. We conduct audits, evaluations, and investigations; provide guidance to industry; and, when appropriate, impose civil monetary penalties, assessments, and administrative sanctions. We collaborate with HHS and its operating and staff divisions, the Department of Justice (DOJ) and other executive branch agencies, Congress, and States to bring about systemic changes, successful prosecutions, negotiated settlements, and recovery of funds. The following are descriptions of our mission-based components.

- The Office of Audit Services (OAS) provides auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations. These assessments help reduce waste, abuse, and mismanagement and promote economy and efficiency throughout HHS.

- The Office of Evaluation and Inspections (OEI) conducts national evaluations to provide HHS, Congress, and the public with timely, useful, and reliable information on significant issues. These evaluations focus on preventing fraud, waste, and abuse and promoting economy, efficiency, and effectiveness in HHS programs. OEI reports also present practical recommendations for improving program operations.

- The Office of Investigations (OI) conducts criminal, civil, and administrative investigations of fraud and misconduct related to HHS programs, operations, and beneficiaries. With investigators working in almost every State and the District of Columbia, OI actively coordinates with DOJ and other Federal, State, and local law enforcement authorities. The investigative efforts of OI often lead to criminal convictions, administrative sanctions, or CMPs.

- The Office of Counsel to the Inspector General (OCIG) provides general legal services to OIG, rendering advice and opinions on HHS programs and operations and providing all legal support for OIG's internal operations. OCIG represents OIG in all civil and administrative fraud and abuse cases involving HHS programs, including False Claims Act, program exclusion, and civil monetary penalty cases. In connection with these cases, OCIG also negotiates and monitors corporate integrity agreements. OCIG renders advisory opinions, issues compliance program guidance, publishes fraud alerts, and provides other guidance to the health care industry concerning the anti-kickback statute and other OIG enforcement authorities.

The organizational entities described above are supported by the Immediate Office (IO) of the Inspector General and the Office of Management and Policy (OMP).

## How do we plan our work?

Work planning is a dynamic process, and adjustments are made throughout the year to meet priorities and to anticipate and respond to emerging issues with the resources available. We assess relative risks in the programs for which we have oversight authority to identify the areas most in need of attention and, accordingly, to set priorities for the sequence and proportion of resources to be allocated. In evaluating proposals for the *Work Plan*, we consider a number of factors, including:

- mandatory requirements for OIG reviews, as set forth in laws, regulations, or other directives;
- requests made or concerns raised by Congress, HHS management, or the Office of Management and Budget (OMB);
- top management and performance challenges facing HHS;
- work to be performed in collaboration with partner organizations;
- management's actions to implement our recommendations from previous reviews; and
- timeliness.

## What do we accomplish?

For FY 2011, we reported expected recoveries of about $5.2 billion consisting of $627.8 million in audit receivables and $4.6 billion in investigative receivables (which includes $952 million in non-HHS investigative receivables resulting from our work in areas such as the States' share of Medicaid restitution). We also identified about $19.8 billion in savings estimated for FY 2011 as a result of legislative, regulatory, or administrative actions that were supported by our recommendations. Such savings generally reflect third-party estimates (such as those by the Congressional Budget Office (CBO)) of funds made available for better use through reductions in Federal spending.

We reported FY 2011 exclusions of 2,662 individuals and entities from participation in Federal health care programs; 723 criminal actions against individuals or entities that engaged in crimes against HHS programs; and 382 civil actions, which included false claims and unjust-enrichment lawsuits filed in Federal district court, civil monetary penalty settlements, and administrative recoveries related to provider self-disclosure matters.

## What can you learn from our Work Plan?

The OIG *Work Plan* outlines our current focus areas and states the primary objectives of each project. The word "New" after a project title indicates the project did not appear in the previous *Work Plan*. At the end of each project description, we provide the internal identification code for the review (if a number has been assigned), the year in which we expect one or more reports to be issued as a result of the review, and whether the work was in progress at the start of the fiscal year or is planned as a new start. Typically, a review designated as "work in progress" will result in reports issued in FY 2013, but a review designated as "new start," meaning it is slated to begin in FY 2013, could result in an FY 2013 or

FY 2014 report, depending upon the time when the assignments are initiated during the year and the complexity and scope of the examinations.

The body of the *Work Plan* is presented in seven major parts followed by Appendix A, which describes our reviews related to the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), and Appendix B, which describes our oversight of the funding that HHS received under the American Recovery and Reinvestment Act of 2009 (Recovery Act).

Because we make continuous adjustments to the Work Plan as appropriate, we do not provide status reports on the progress of the reviews. However, if you have other questions about this publication, please contact our Office of External Affairs at (202) 619-1343.

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# FY 2013 Work Plan
# Major Parts and Appendixes

# Part I
# Medicare Part A and Part B

# Part II
# Medicare Part C and Part D

# Part III
# Medicaid Reviews

# Part IV
# Legal and Investigative Activities Related to Medicare and Medicaid

# Part V
# Public Health Reviews

# Part VI
# Human Services Reviews

# Part VII
# Other HHS-Related Reviews

# Appendix A
# Affordable Care Act Reviews

# Appendix B
# Recovery Act Reviews

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