



Department of Health & Human Services

Office of
Inspector
General

Work Plan



OIG

Office of Inspector General

A Message From the Office of Inspector General

We are pleased to present the *Office of Inspector General Work Plan for Fiscal Year 2011*. This publication provides brief descriptions of activities that the Office of Inspector General (OIG) plans to initiate or continue with respect to the programs and operations of the Department of Health & Human Services (HHS) in fiscal year (FY) 2011. To place the *Work Plan* in context, we describe below our mission and activities, organization, program integrity resources, work-planning process, and related matters.

Mission and Activities

OIG's operational mission is to protect program integrity and the well-being of program beneficiaries by detecting and preventing waste, fraud, 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. We carry out our mission by conducting audits, evaluations, and investigations; providing guidance to industry; and, when appropriate, imposing civil monetary penalties, assessments, and administrative sanctions. We work closely with HHS and its Operating and Staff Divisions; the Department of Justice (DOJ) and other agencies in the executive branch; Congress; and States to bring about systemic changes, successful prosecutions, negotiated settlements, and recovery of funds.

Core Values

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

Organization

Following are descriptions of the OIG components that carry out our audit, evaluation, investigation, enforcement, and compliance activities.

- 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's 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 civil monetary penalties.
- 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 of the Inspector General and the Office of Management and Policy.

Program Integrity Resources

OIG's program integrity resources derive from multiple sources, including a single discretionary appropriation¹ and multiple statutory funding streams provided through other legislation. For the past several years, OIG's discretionary appropriation has represented on average about 20 percent of our total annual funding, while separate statutory funding streams that are mandated for our oversight of Medicare and Medicaid have provided about 80 percent. Our annual budget is devoted largely to oversight of Medicare and Medicaid, consistent with our statutory mandates.

¹ OIG refers to its annual appropriation, made as part of the overall appropriation for HHS, as its "discretionary appropriation." This is distinguished from the permanent appropriation for the Health Care Fraud and Abuse Control Program (HCFAC) contained in the Social Security Act, § 1817(k), and other funds appropriated by Congress in other legislation for specified purposes.

Work-Planning Process

At the beginning of each FY, we issue our annual *Work Plan*, which describes the specific audits and evaluations that we have underway or plan to initiate in the year ahead considering our discretionary and statutorily mandated resources. The *Work Plan* also provides general focus areas for our investigative, enforcement, and compliance activities.

To develop proposals for specific projects and activities, we undertake a comprehensive work-planning process. We engage our stakeholders to identify the issues of greatest priority and with the greatest potential impact on HHS programs or beneficiaries. In addition, we coordinate with and keep current with the work of other oversight entities. We also stay attuned to the latest developments and events affecting the Nation's health care, public health, and human services programs and beneficiaries.

Work planning is an ongoing and 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 work plan proposals, we consider a number of factors, including:

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

A Note About This Edition

This edition of the *Work Plan*, effective as of October 2010, describes for each review the subject, primary objective, and criteria related to the topic. The *Work Plan* also provides for each review its internal identification code, the year in which we expect one or more reports to be issued as a result of the review, and indicates whether the work was in progress at the start of the fiscal year or will be a new start during the year. Typically, a review designated as "work in progress" will result in reports issued in FY 2011, but a review slated to begin in FY 2011 ("new start") could result in FY 2011 or FY 2012 reports, depending upon 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 the Office of Inspector General's oversight of the funding that HHS receives under the American Recovery and Reinvestment Act of 2009 (Recovery Act).

Detailed tables of contents are provided at the beginning of each major part and Appendix A. Appendix B spells out most acronyms and abbreviations of terms, organizations, and laws that are used in the *Work Plan*. If you have questions about the publication, please contact our Office of External Affairs at (202) 619-1343.

An outline of the major parts and appendixes follows.

Outline of 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
- Part V: Public Health Reviews
- Part VI: Human Services Reviews
- Part VII: Departmentwide Issues
- Appendix A: Recovery Act Reviews
- Appendix B: Acronyms and Abbreviations