



The OIG 2012 Work Plan: Can You Make the Grade?

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It's that time of year again. And I'm not talking about Fall semester exams. It's time for your health facility to review the Department of Health & Human Services Office of Inspector General (OIG) Work Plan for Fiscal Year 2012. Like its predecessors, this year's plan outlines the OIG's new and ongoing audit and enforcement priorities for the upcoming year. The body of the Work Plan is divided into seven major categories, including Medicare (Parts A-B and C-D) and Medicaid reviews, followed by Appendix A and B that describe reviews related to the Patient Protection and Affordable Care Act of 2010 and oversight of the funding that HHS received under the American Recovery and Reinvestment Act of 2009.

The Plan, which is published annually in October, is helpful in identifying corporate compliance risk areas. It also provides guidance for providers' ongoing compliance activities, audits and policy development. The Plan should be reviewed carefully when preparing or revising an annual audit work plan to ensure it addresses the risk areas identified by the OIG.

In addition to the focus areas identified in the past, the 2012 Plan identifies several new priorities and focus areas to be pursued by the OIG. In particular, some of the significant new hospital focus areas include, but are not limited to:

- Accuracy of present-on-admission indicators. Hospitals do not receive additional payment for certain conditions that were present when the patient was admitted. Certified coders will be used to review medical records and Medicare claims for accurate POA indicators.
- Medicare inpatient and outpatient payments to acute care hospitals. Results of these reviews will be used to recommend recovery of overpayments and identify providers that routinely submit improper claims.
- Acute-care hospital inpatient transfers to inpatient hospice care. Claims for inpatient stays for which the beneficiary was transferred to hospice care will be reviewed to examine the relationship, either financial or common ownership, between the acute-care hospital and the hospice provider.
- Medicare outpatient dental claims. Medicare hospital outpatient payments for dental services will be reviewed to determine whether payments were made in accordance with Medicare requirements. Dental services are generally excluded from Medicare coverage.
- In-patient rehabilitation facilities. OIG will examine the appropriateness of admissions to IRFs and the level of therapy being provided.

There are also significant new objectives for Home Health Agencies and Nursing Homes, among other areas. For a complete copy of the Plan visit: www.oig.hhs.gov or follow the OIG on twitter [@OIGatHHS](https://twitter.com/OIGatHHS).