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## **2012 OIG Work Plan Provides Compliance Focus For Providers**

By [Stuart J. Vogelsmeier, J.D.](#)

**Introduction:** The Office of Inspector General of the United States Department of Health & Human Services (the “OIG”) released its Fiscal Year 2012 Work Plan on October 5, 2011. The Work Plan identifies new and ongoing reviews and activities that the OIG plans to pursue in the next 12 months. Providers who read the HFMA Newsletter are aware that the majority of the OIG’s resources are directed toward safeguarding the integrity of the Medicare and Medicaid program. The OIG is charged with detecting and preventing fraud, waste, and abuse, and identifying opportunities to improve program economy and efficiency, as well as holding accountable those providers and suppliers who do not meet program requirements or violate Federal law. The 2012 Work Plan provides a small glimpse into the OIG priorities for 2012. Although the actual Work Plan is over 175 pages, it is well-organized, and easy to review. Some of the key areas of emphasis are summarized below:

### **Home Health Services:**

- Review of missing or incorrect patient outcome and assessment data.
- Review of compliance with coverage and coding requirements, including requirements that patients must be homebound, need intermittent skilled nursing care, physical or speech therapy, or occupational therapy, be under the care of a physician, and be under a plan of care that has been established and periodically reviewed by a physician.

### **Hospitals:**

- Review of Medicare claims to determine which types of facilities, such as SNFs or rehabilitation facilities, are more frequently transferring patients with certain diagnoses that were coded as being present when patients were admitted.
- Review of hospital same-day readmissions.
- Review of Medicare claims for inpatient stays for which the patient was transferred to hospice, and examine the relationship between the hospital and the hospice provider
- Medicare payments for patients with other insurance coverage.

### **Nursing Homes:**

- Review of SNF implementation of Medicare Compliance plans as part of their day-to-day operations.

- Review of nursing homes’ emergency plans and emergency preparedness.

**Hospices:**

- Review of hospice marketing practices, and their financial relationship(s) with nursing facilities.

**Medical Equipment and Supplies:**

- Review of credentials of providers submitting custom-fabricated orthotic and prosthetic claims.
- Frequency of replacement of supplies for durable medical equipment.
- Review of payments for home blood glucose testing supplies, diabetic testing strips and lancets, to identify questionable billing.

**Physicians:**

- Review of physician-owned distributors of spinal implants, especially those distributors that provide spinal implants to hospitals.
- Review of place of service coding errors.

**Other Providers and Suppliers:**

- Review of increase in Part B imaging services payments.
- Review of appropriateness of payments for sleep studies.
- Review of dialysis facilities.

This article just scratches the surface on the multitude of issues that the OIG intends to address in the upcoming year. Providers are urged to review the actual Work Plan at <http://oig.hhs.gov/reports-and-publications/workplan/index.asp>.

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