

PUBLICATION

OIG Unveils New Work Plan Process: Assessing the Impact on Compliance Risk Assessment

July 2017

On June and July 17, 2017, the Department of Health and Human Services, Office of Inspector General (OIG) released new Work Plan initiatives and, in doing so, announced its intent to update its Work Plan monthly, in lieu of a bi-annual or annual report. While this new process will allow the health care provider community to more timely identify emerging fraud and abuse issues, it may also pose potential operational and resource challenges.

Below, we seek to break down the impact of the OIG's new Work Plan by providing additional detail on the new process, highlighting the OIG's "recently added" June and July 2017 initiatives, and considering potential updates to health care providers' compliance programs.

OIG Work Plan: Understanding the New Process

As noted above, the OIG Work Plan has historically been released by the OIG once or twice a year. Effective June 17, 2017, the OIG is converting to a "dynamic, web-based Work Plan" format and, as such, will update its Work Plan website monthly in order to "enhance transparency around OIG's continuous work planning efforts" and more effectively "respond to emerging issues."

Accordingly, the OIG's Work Plan [website](#) now reflects three categories of Work Plan items: (1) Recently Added; (2) Active Work Plan Items; and (3) Work Plan Archive – capturing all Work Plan reports released by the OIG since 1997. Each month, newly initiated Work Plan items will be added to the Recently Added category. Such new items will be shifted to the Active Work Plan Items category the following month, where they will remain until deemed "complete" by the OIG.

June and July 2017 Monthly Updates

The OIG's first monthly updates were released on June 17, 2017, with its second update following on July 17. The June update included 18 Recently Added items; the July update included 14. The new June and July additions included the following, potentially high-profile initiatives:

- *June 2017 – Review of Quality Measures Data Reported by Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program (MSSPs):* The OIG stated it will review MSSP ACOs that have received earned shared savings payments to determine whether they reported quality measures data in accordance with federal requirements.
- *June 2017 – Trends in Hospice Deficiencies and Complaints:* Noting that previous OIG reports identified "numerous vulnerabilities and raised concerns about the limited enforcement actions against poorly performing hospices," the OIG indicated its intent to continue to review the extent and nature of hospice deficiencies and complaints and identify trends.
- *July 2017 – Medicare Part B Payments for Ambulance Services Subject to Part A Skilled Nursing Facility (SNF) Consolidated Billing Requirements:* The OIG intends to review both (a) whether ambulance services paid by Medicare Part B were subject to Part A SNF consolidated billing requirements and (b) to assess the effectiveness of edits in CMS's Common Working File in order to "prevent and detect Part B overpayments for ambulance transportation subject to consolidated billing."

- *July 2017 – High-Risk, Error-Prone HHA Providers Using HHA Historical Data:* Using data from CMS's Comprehensive Error Rate Testing program, the OIG will identify the "common characteristics" of "at risk" HHA providers that could be used to target pre- and post-payment review of claims.
- *July 2017 – Review of Medicare Payments for Telehealth Services:* The OIG will review Medicare claims paid for telehealth services provided at "distant sites" (i.e., the practitioner location) that do not have corresponding claims from "originating sites" (i.e., the beneficiary's location) to determine whether those services met Medicare requirements.

Other items added by the OIG in June and July include "Medicare Drug Integrity Contractor's Activities," "Review of Medicare Payments for Nonphysician Outpatient Services Provided Under the Inpatient Prospective Payment System," and "Medicare Payments for Unallowable Overlapping Home Health and Hospice Claims and Part B Claims."

Considering the Impact: Compliance Risk Assessments

Monthly updates to the OIG's Work Plan will undoubtedly provide valuable insight to the health care provider community on new and emerging trends. That being said, it may also prove challenging, simply from an operational and resource perspective.

Historically, many within the health care provider community have relied upon the annual or biannual OIG Work Plan to establish compliance priorities for the coming year and/or conduct compliance risk assessments. With monthly updates, compliance officers and their staff will need to more proactively monitor potentially shifting and varied OIG initiatives that may occur throughout the year. Accordingly, compliance risk assessments and compliance priorities may need to be a "living" document, reviewed and revised throughout the year.

To facilitate this monitoring process, and for those providers that are not already on the OIG's mailing list, we suggest signing up for the [OIG email list serve](#) (scroll to the bottom of the page and select "get email updates") to receive the OIG's monthly work plan updates.