



## Farrell Fritz Client Advisory: OIG Issues 2012 Work Plan

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The Office of the Inspector General (“OIG”) of the U.S. Department of Health and Human Services has issued its Work Plan for Fiscal year 2012.

The Work Plan describes new and existing reviews and activities that the OIG will focus on in 2012 as they relate to federal health care programs and services. The Work Plan can also serve as a guide to providers regarding areas they should prioritize as part of their ongoing risk assessment and compliance activities.

Here are a few OIG initiatives that are new for 2012:

### Home Care

- Review of home care claims as a means to identify agencies with questionable billing practices; this in turn may uncover fraudulent billing.
- Review of the collection of OASIS (Outcome and Assessment) data (*Note: Submission of OASIS data is a condition for payment of services*).

### Long Term Care/Nursing Homes

- Review whether Medicare- and Medicaid-certified nursing homes have been implementing compliance plans as part of their day-to-day operations and review whether the plans contain the required elements of the OIG’s compliance program guidance. (*Farrell Fritz advises that any nursing home which has not implemented a compliance plan should make this a top priority*).
- Review of the quality of care and patient safety during transfers of Medicare beneficiaries from acute care hospitals to post-acute care facilities.
- Review of the billing patterns of nursing facilities and Medicare Part B providers to confirm that services provided by Part B providers to nursing facility residents during a non-Part A stay are being properly billed.

### Hospitals

- The OIG will review claims for acute care inpatient transfers to inpatient hospice care, with a close look at financial and ownership relationships of the providers.
- Review of outpatient dental claims, since dental services are generally excluded from payment.

### DME vendors

- Review of claims for diabetic testing supplies and review of payments to multiple suppliers when there is overlap of service dates.
- Review of the use of surety bonds to recover overpayments.

### Physicians and other providers

- Review of billing for “incident to” services (payments for services provided by non-physicians which are an integral part of the physician’s services).

- Review of physicians who have opted out of Medicare, but may still be billing Medicare for certain services.
- Review of Part B claims for chiropractic services (*Note: Manual manipulation treatments are payable; maintenance therapy is not*).

**Ambulatory Surgical Centers**

- Review of the safety and quality of services provided in ambulatory surgical centers.

**Legal Initiative**

- Review of providers and/or suppliers that settled fraud cases with the government but declined to enter into Corporate Integrity Agreements with the OIG.

The 2012 Work Plan is available online at <http://oig.hhs.gov/reports-and-publications/archives/workplan/2012/Work-Plan-2012.pdf>. At 165 pages, it does not make for light reading. The bullet points above represent just a small part of the overall Work Plan document.

For Medicaid providers in New York, the Office of the Medicaid Inspector General (“OMIG”) 2012 Medicaid Work Plan will be issued later this year. Its content is partly dependent upon the OIG Work Plan. It provides a great deal of helpful information to providers and bears careful reading. Farrell Fritz will issue a new client advisory when the OMIG Work Plan is available.

The Healthcare practice group at Farrell Fritz, P.C. has significant experience representing health care providers, including physicians and group practices, ancillary providers, home care agencies, nursing homes, and hospitals and is well-equipped to provide the advice and support organizations will need in dealing with legal, regulatory and compliance issues.

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