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OIG Adds Complex Hospital Items to Work Plan As Error Rate Rises

By Nina Youngstrom

Hospitals don't seem to bear the brunt of the HHS Office of Inspector General's Work Plan anymore, but some noteworthy hospital items have been added in recent months as the Medicare fee-for-service overpayment payment rate for hospitals has increased, defying an overall downward trend.

"As we go through the Work Plan, it's surprising how few elements are hospital specific anymore. It used to be half the items at least were acute-care hospital specific," said Margaret Hambleton, vice president and chief compliance officer at Dignity Health in California, at a Dec. 11 webinar sponsored by the Health Care Compliance Association. "Now we see more items that include managed care, new delivery models, ambulatory care and non-acute institutional providers," including skilled nursing facilities (SNFs), home health agencies and hospices. They treat populations that are particularly vulnerable and that's where "HHS and OIG believe they can get the most benefit from their work."

The Work Plan is a key document for organizations as they develop their risk assessments and internal audit plans (RMC 5/7/18, p. 1). Other documents, such as the OIG's Top Management & Performance Challenges for 2018, also help provide a window into OIG's thinking, said Kimberly Lansford, senior vice president and chief compliance officer at Penn State Health in Hershey, Pennsylvania, who spoke at the webinar. "It provides us with additional insight when we are planning our work."

OIG changed its work planning process last year. The Work Plan used to be updated annually, but it's now updated monthly. "It's dynamic. Adjustments are made over the year to meet priorities and respond to emerging issues," Hambleton said. OIG adds audits and evaluations/inspections and sometimes cancels them depending on a variety of factors, including staff availability and concerns raised by members of Congress, she said.

The selection of items is based on four tenets: ensuring proper payments; identifying fraud, waste and abuse; ensuring beneficiaries have appropriate access to care; and ensuring HHS protects vulnerable populations.