



OIG Announces Strategic Plan For 2014-2018

Sara M. Lord

On November 21, 2013, the Department of Health and Human Services (HHS) Office of Inspector General (OIG) published the "OIG Strategic Plan 2014-2018." While OIG strategic plans typically chart broad goals and general plans for achieving them, the OIG's strategic plan also provides some indications of what will appear in the forthcoming Work Plan for 2014. Generally, the OIG defines its responsibility for healthcare expenditures in terms of financial oversight, quality improvement, planning for the future, and promoting innovation internally. The results are measured in estimated savings and recoveries of misspent funds (\$15.4 billion for FY 2012), and the return on investment for the OIG and its partners (\$7 for every \$1 spent).

Inspector General Daniel Levinson identified four goals for the next four years:

1. Fight Fraud, Waste, and Abuse
2. Promote Quality, Safety, and Value
3. Secure the Future
4. Advance Excellence and Innovation

For each goal, the Strategic Plan identifies specific priorities, as well as the strategies for implementing them. The OIG's Work Plan for 2014 can be expected to clarify these in specific project proposals for the next several years.

To "Fight Fraud, Waste, and Abuse," the Strategic Plan focuses on (a) identifying, investigating and taking action; (b) holding wrongdoers accountable and maximizing recoveries of public funds; and (c) preventing and deterring fraud, waste, and abuse.

To identify fraud, waste, and abuse, the OIG will continue to rely on data analysis and risk assessments, as well as on the Medicare Fraud Strike Force teams to investigate violations and enforce compliance with HHS program requirements. Key focus areas listed in the Strategic Plan include: Medicare and Medicaid program integrity, and waste in HHS programs. As part of this effort, the OIG intends to "continue implementing and refining protocols for self-disclosure of wrongdoing."

The OIG intends to "continue to pursue all appropriate means" to hold fraud perpetrators accountable and to recover stolen or misspent HHS funds. "Appropriate means" of enforcing accountability will include: identifying and recovering improper payments, enforcing exclusions, and making referrals for debarment.

To prevent and deter fraud, waste and abuse, the OIG will focus on promoting compliance with Federal requirements and resolving noncompliance issues; advising HHS on key safeguards to prevent fraud, waste, and abuse, and assessing whether providers and suppliers, grantees, and others are qualified to participate in government programs.

To "Promote Quality, Safety, and Value," the OIG will prioritize: (a) fostering high quality of care; (b) promoting public safety; and (c) maximizing value by improving efficiency and effectiveness.

The Strategic Plan particularly notes that the OIG intends to "expand" its work on quality of

care, and that, in addition to continuing to review adverse events of patient harm, the OIG will investigate and refer for prosecution cases involving abuse or grossly deficient care of Medicare or Medicaid patients. The OIG's focus on quality of care in nursing facilities and home- and community-based settings is likely to increase.

OIG promotes public safety by recommending improvements to HHS programs to ensure adequate emergency preparedness and response; to protect the safety of food, drugs, and medical devices; and to ensure that their grantees (e.g., Head Start and child care providers) meet safety standards. In particular, the Strategic Plan announces that the OIG "will continue to investigate prescription drug fraud cases" and to work "to identify systemic solutions for this problem."

The OIG will focus on improving efficiency and effectiveness by assessing programs that emphasize care coordination and new ways of delivering and paying for care, as well as the reliability and integrity of quality, outcomes, and performance data.

To achieve the long-term goal of "Securing the Future," the OIG seeks to: (a) foster stewardship and reduce improper payments; (b) support a high-performing health care system; and (c) promote the secure and effective use of data and technology.

To implement its financial priorities, the OIG will continue to focus on "billing and payment errors by providers, effective program administration and contract oversight, and inefficiencies that result in wasteful spending."

In its emphasis on achieving and maintaining a high-performing health care system, the Strategic Plan pointedly notes the OIG's role in reviewing and recommending changes to programs as HHS transitions from payments based on volume to payments based on value. Mindful of the concerns raised by the increasing use of data and technology, the Strategic Plan calls for the OIG to continue to examine: the accuracy and completeness of program data (e.g., Medicaid data), the privacy and security of personally identifiable information, and the security and integrity of electronic health records.

The OIG will "Advance Excellence and Innovation" by: (a) recruiting, retaining, and empowering a diverse workforce; (b) leveraging leading-edge tools and technology; and (c) promoting leadership, vision, and expertise within the agency. The OIG plans to continue to invest in its workforce, to continue to use data analyses to determine where to direct its resources, and to continue to focus on innovation.

Authors and Contributors

Sara M. Lord

Partner, DC Office
202.677.4054
sara.lord@agg.com

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Atlanta Office

171 17th Street NW
Suite 2100
Atlanta, GA 30363

Washington, DC Office

1775 Pennsylvania Ave., NW,
Suite 1000
Washington, DC 20006

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