

**Department of Health and Human Services**



**Office of  
Inspector General**

**WORK PLAN**

**FISCAL YEAR 2004**

---

# Department of Health and Human Services

## Office of Inspector General

---



### *Mission*

Under the authority of the IG Act, we improve HHS programs and operations by protecting them against fraud, waste, and abuse. By conducting independent and objective audits, evaluations, and investigations, we provide timely, useful, and reliable information and advice to Department officials, the administration, the Congress, and the public.

---

### *Vision*

*We Are Guardians  
of the Public Trust*

- Working with management, we will ensure effective and efficient HHS programs and operations.
  - Working with decisionmakers, we will minimize fraud, waste, and abuse in HHS programs.
  - Working with our talented and motivated staff, we will manifest the highest standards as a Federal OIG.
- 

### *Values*

- Quality products and services that are timely and useful.
- A service attitude that is responsive to the needs of decisionmakers.
- Fairness, integrity, independence, objectivity, proficiency, and due care in performing our work.
- Teamwork and open communication among OIG components.
- A positive environment that supports our personal and professional needs and encourages us to be innovative and reach our full potential.

# Office of Inspector General

## Fiscal Year 2004 Work Plan

### Introduction

---

The Office of Inspector General (OIG) Work Plan is set forth in four chapters encompassing the projects to be addressed by the Office of Audit Services (OAS), the Office of Evaluation and Inspections (OEI), the Office of Investigations (OI), and the Office of Counsel to the Inspector General (OCIG). The first three chapters present the full range of projects planned in each of the major entities of the Department of Health and Human Services (HHS): the Centers for Medicare and Medicaid Services (formerly known as the Health Care Financing Administration); the public health agencies; and the Administrations for Children, Families, and Aging. The fourth chapter embraces those projects related to issues that cut across Department programs, including State and local government use of Federal funds, as well as the functional areas of the Office of the Secretary.

The OIG Work Plan briefly describes the various project areas that we perceive as critical to the mission of OIG and the Department. However, as the work planning process tends to be ongoing and dynamic, the focus and timing of many of these projects may evolve in response to new information; new issues; and shifting priorities of the Congress, the President, and the Secretary and thus may be altered over time.

Given these variables, the OIG objective remains the targeting of available resources on those projects that best identify vulnerabilities in the Department's programs and activities and that promote the economy, efficiency, and effectiveness of those programs. The Health Insurance Portability and Accountability Act of 1996, strengthened by the Balanced Budget Act of 1997, brought much needed authorities and resources to achieving this objective.

To ensure that our studies do not duplicate existing work and to build on such work, we will continue to research audits, inspections, and studies performed by others, such as the Office of Management and Budget's Program Assessment and Rating Tool and reports of the General Accounting Office. To the maximum extent possible, we will determine the effectiveness of management actions designed to correct the deficiencies cited in these prior studies.

### Program Audits

OAS conducts comprehensive financial and performance audits of departmental programs and operations to determine whether objectives are being achieved and which program features need to be performed more efficiently and to identify systemic weaknesses that give rise to fraud, waste, and abuse. OAS also provides overall leadership and direction in carrying out

the responsibilities mandated by the Chief Financial Officers Act of 1990 and the Government Management Reform Act of 1994 relating to financial statement audits.

## **Program Inspections**

OEI seeks to improve the effectiveness and efficiency of departmental programs by conducting program inspections to provide timely, useful, and reliable information and advice to decisionmakers. These inspections are program and management evaluations that focus on specific issues of concern to the Department, the Congress, and the public. The inspections identified in this Work Plan focus on programs with significant expenditures of funds and services to program beneficiaries or in which important management issues have surfaced. The results of these inspections should generate accurate and up-to-date information on how well those programs are operating and offer specific recommendations to improve their overall efficiency and effectiveness.

## **Investigative Focus Areas**

OI conducts investigations of fraud and misconduct to safeguard the Department's programs and protect the beneficiaries of those programs from individuals and activities that would deprive them of rights and benefits. OI concentrates its resources on criminal investigations relating to HHS programs and operations. These investigative activities are designed to prevent fraud and abuse in departmental programs by identifying systemic weaknesses in areas of program vulnerability that can be eliminated through corrective management actions, regulation, or legislation; by pursuing criminal convictions; and by recovering the maximum dollar amounts possible through judicial and administrative processes, for recycling back to the intended beneficiaries.

## **Legal Counsel Focus Areas**

OCIG coordinates the OIG's role in the resolution of health care fraud and abuse cases, including the litigation and imposition of administrative sanctions, such as program exclusions, and civil monetary penalties and assessments; the global settlement of cases arising under the Civil False Claims Act; and the development and monitoring of corporate integrity agreements for certain providers that have settled their False Claims Act liability with the Federal Government. It also develops and promotes industry-specific voluntary compliance program guidance. OCIG provides all administrative litigation services required by OIG, such as patient dumping cases and all administrative exclusion cases. In addition, OCIG issues special fraud alerts, special advisory bulletins, and advisory opinions regarding the application of OIG's sanction statutes and is responsible for developing new, and modifying existing, safe harbor regulations under the anti-kickback statute. Finally, OCIG counsels and represents OIG components on personnel and operations issues, subpoenas, audit and investigative issues, and other legal authorities.