



## OIG Work Plan Timeline

2008-2012 Comparison

November 2011



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## MEDICARE

### MEDICARE A & B

Medicare A & B Medicare Hospitals	2008	2009	2010	2011	2012
Critical Access Hospitals					
Hospital Capital Payments					
Medicare Disproportionate Share Payments					
Medicare Secondary Payer					
Inpatient Prospective Payment System Wage Indices					
Payments for Diagnostic X-Rays in Hospital Emergency Departments					
Payments to Organ Procurement Organizations					
Provider Bad Debts					
Inpatient Hospital Payments for New Technologies					
Inpatient Psychiatric Facility Emergency Department Adjustments					
Adjustments for Graduate Medical Education Patients					
Compliance With Medicare's Transfer Policy					
Long Term Care Hospital Payments for Interrupted Stays					
Long Term Care Hospital Short Stay Outliers					
Medicare-Dependent Hospital Program					
Nursing and Allied Health Education Payments					
Oversight of the Joint Commission Hospital Accreditation Process					
Patient Care and Safety in Physician-Owned Specialty Hospitals					
Special Payment Provisions for Long Term Care Hospitals Discharging Beneficiaries to Colocated or Satellite Providers					
Special Payment Provisions for Patients Who Are Transferred to Onsite Providers and Readmitted to Long Term Care Hospitals					
Reliability of Hospital-Reported Quality Measure Data					
Provider-Based Status for Inpatient and Outpatient Facilities					
Coding and Documentation Changes Under the Medicare Severity Diagnosis Related Group System					
Financial Status of Hospitals in the New Orleans Area					
Interrupted Stays at Inpatient Psychiatric Facilities Payments					
Oversight of Hospitals' Compliance With the Emergency Medical Treatment and Labor Act					

Medicare A & B Medicare Hospitals	2008	2009	2010	2011	2012
Additional Part A Medicare Capital Payments for Extraordinary Circumstances					
Hospital Ownership of Physician Practices					
Inpatient Rehabilitation Facility Payments					
Duplicate Graduate Medical Education Payments					
Hospital Admissions With Conditions Coded Present-on-Admission					
Hospital Payments for Non-physician Outpatient Services Under the Inpatient Prospective Payment System					
Inpatient Rehabilitation Facility Submission of Patient Assessment Instruments					
Observation Services During Outpatient Visits					
Adverse Events: Hospitals: Early Implementation of Medicare's Policy for Hospital-Acquired Conditions					
Adverse Events: Hospitals: Responses by Medicare Oversight Entities					
Hospital Readmissions					
Adverse Events: Hospitals: Methods To Identify Events					
Adverse Events: Public Disclosure of Adverse Event Information					
Adverse Events: Hospitals: National Incidence Among Medicare Beneficiaries					
Hospital Occupational Mix Data Used To Calculate Inpatient Hospital Wage Indexes					
Hospital Reporting for Adverse Events					
Medicare Brachytherapy Reimbursement					
Medicare Inpatient and Outpatient Hospital Claims for the Replacement of Medical Devices					
Non-inpatient Prospective Payment System Hospital Payments for Non-physician Outpatient Services					
Hospital Inpatient Outlier Payments					
Hospital Reporting for Restraint- and Seclusion-Related Deaths					
Hospitals' Compliance With Medicare Conditions of Participation for Intensity-Modulated and Image-Guided Radiation Therapy Services					
Medicare Excessive Payments					
Medicare Outlier Payments					

Medicare A & B Medicare Hospitals	2008	2009	2010	2011	2012
Payments for Diagnostic Radiology Services in Hospital Emergency Departments					
Accuracy of Present-on-Admission Indicators Submitted on Medicare Claims					
Acute-Care Hospital Inpatient Transfers to Inpatient Hospice Care					
Critical Access Hospitals (New)					
Hospital Claims With High or Excessive Payments					
Hospital Inpatient Outlier Payments: Trends and Hospital Characteristics					
Hospital Same-Day Readmissions					
In-Patient Rehabilitation Facilities					
Medicare Inpatient and Outpatient Payments to Acute Care Hospitals					
Medicare Outpatient Dental Claims					
Medicare Payments for Beneficiaries With Other Insurance Coverage					
Medicare's Reconciliations of Outlier Payments					
<b>Total</b>	<b>20</b>	<b>19</b>	<b>25</b>	<b>25</b>	<b>23</b>

Medicare A & B Home Health Agencies	2008	2009	2010	2011	2012
Accuracy of Coding and Claims for Medicare Home Health Resource Groups					
Accuracy of Data on the Home Health Compare Web Site					
Cyclical Noncompliance in Medicare Home Health Agencies					
Part B Therapy Payments for Home Health Beneficiaries					
Medicare Home Health Payments for Insulin Injections					
Comprehensive Error Rate Testing Program: Fiscal Year 2008 Home Health Agency Claims Error Rate					
Physician Referrals for Home Health Agency Services					
Oversight of Home Health Agency Outcome and Assessment Information Set Data					
Home Health Agency Profitability					
Home Health Prospective Payment System Controls					
Home Health Agency Outlier Payments					
Medicare Home Health Payments for Diabetes Self-Management Training Services					
Home Health Agencies' Claims for Medicare Home Health Resource Groups					
Medicare Home Health Agency Enrollment					
Home Health Agency Claims' Compliance With Coverage and Coding Requirements					
Home Health Agency Trends in Revenues and Expenses					
Home Health Missing or Incorrect Patient Outcome and Assessment Data					
Home Health Prospective Payment System Requirements					
Medicare Administrative Contractors' Oversight of Home Health Agency Claims					
Questionable Billing Characteristics of Home Health Services					
States' Survey and Certification of Home Health Agencies: Timeliness, Outcomes, Follow-up, and Medicare Oversight					
Wage Indexes Used To Calculate Home Health Payments					
Total	3	5	8	6	9

Medicare A & B Nursing Facilities	2008	2009	2010	2011	2012
Accuracy of Coding for Medicare Skilled Nursing Facility Resource Utilization Groups' Claims					
Skilled Nursing Facility Consolidated Billing					
Oversight of Medicare Skilled Nursing Facility Cost Reports					
Nursing Home Residents Aged 65 or Older Who Received Antipsychotic Drugs					
Part B Services in Nursing Homes: Mental Health Needs and Psychotherapy Services					
Calculation of Medicare Benefit Days					
Oversight of Nursing Home Minimum Data Set Data					
Medicare Requirements for Quality of Care in Skilled Nursing Facilities					
Nursing Home Emergency Preparedness and Evacuations During Selected Natural Disasters					
Oversight of Poorly Performing Nursing Homes					
Criminal Background Checks for Nursing Facility Employees					
Accuracy of Skilled Nursing Facility Resource Utilization Groups Coding					
Part B Services in Nursing Homes: Overview					
Medicare Part A Payments to Skilled Nursing Facilities					
Assessment and Monitoring of Nursing Home Residents Receiving Atypical Antipsychotic Drugs					
Hospitalizations of Nursing Home Residents					
Medicare Part B Services During Non-Part A Nursing Home Stays: 2008 Overview					
Program for National and State Background Checks for Long-Term-Care Employees					
Hospitalizations and Rehospitalizations of Nursing Home Residents					
Nursing Home Compliance Plans (New)					
Questionable Billing Patterns During Non-Part A Nursing Home Stays (New)					
Safety and Quality of Post-Acute Care for Medicare Beneficiaries (New)					
<b>Total</b>	<b>3</b>	<b>6</b>	<b>8</b>	<b>9</b>	<b>8</b>

Medicare A & B Hospice Care, Other Providers and Suppliers	2008	2009	2010	2011	2012
Appropriateness of Medicare Payments for Polysomnography					
Evaluation and Management Services During Global Surgery Periods					
Physicians: Place of Service Errors					
Services Performed by Clinical Social Workers <sup>1</sup>					
Geographic Areas With a High Density of Independent Diagnostic Testing Facilities					
Physician Reassignment of Benefits					
Geographic Areas With High Utilization of Ultrasound Services					
Medicare Hospice Care for Nursing Home Residents: Services and Appropriate Payments					
Assignment Rules by Medicare Providers <sup>2</sup>					
Business Relationships and the Use of Magnetic Resonance Imaging Under the Medicare Physician Fee Schedule					
Long Distance Physician Claims Associated With Home Health Agency and Skilled Nursing Facility Services					
Medicare "Incident to" Services					
Medicare Payments for Interventional Pain Management Procedures					
Medicare Payments for Psychiatric Services					
Medicare Payments for Selected Physician Services					
Payments for High Frequency Chiropractic Treatments					
Outpatient Physical Therapy Services Provided by Independent Therapists					
Laboratory Test Unbundling by Clinical Laboratories					
Medicare Billings With Modifier GY					
Physician Billing for Medicare Hospice Beneficiaries					
Trends in Medicare Hospice Utilization					
Clotting Factor Furnishing Fee					
Long-Distance Physician Claims Requiring a Face-to-Face Visit					
Medicare Payments for Chiropractic Services Billed With the Acute Treatment Modifier					

<sup>1</sup> Topic title becomes more descriptive in OIG Work Plan 2012, however, topic description and objectives remain similar

<sup>2</sup> This topic is considered to be a 'New Topic' in OIG Work Plan 2012, however, topic description and objectives are similar to previous years in this topic category.

Medicare A & B Hospice Care, Other Providers and Suppliers	2008	2009	2010	2011	2012
Medicare Payments for Colonoscopy Services					
Medicare Payments for Unlisted Procedure Codes					
Medicare Practice Expenses Incurred by Selected Physician Specialties					
Physicians' Medicare Services Performed by Non-physicians					
Variation of Laboratory Pricing					
Ambulatory Surgical Center Payment System					
Medicare Payments for Part B Imaging Services					
Payments for Services Ordered or Referred by Excluded Providers					
Medicare Services Billed With Dates of Service After Beneficiaries' Dates of Death					
Ambulance Services Used To Transport End-Stage Renal Disease Beneficiaries					
Comprehensive Error Rate Testing Program: Fiscal Year 2008 Part A and Part B Error Rates					
Comprehensive Error Rate Testing Program: FY 2008 Transportation Claims Error Rate					
Enrollment Standards for Independent Diagnostic Testing Facilities					
Medicare Incentive Payments for E-Prescribing					
Medicare Payments for Transforaminal Epidural Injections					
Comprehensive Outpatient Rehabilitation Facilities					
Lab Test Payments: Comparison of Medicare with Other Public Payers					
Medicare Part B Payments for Glycated Hemoglobin A1C Tests					
Medicare Payments for Sleep Testing					
Payments for ESRD Beneficiaries Entitled to Medicare Under Special Provisions					
Trends in Laboratory Utilization					
Billing of Portable X-Ray Suppliers					
Coding of Evaluation and Management Services					
Comprehensive Error Rate Testing Program: FY 2010 Error Rate Oversight					
Error-Prone Providers: Medicare Part A and Part B					
Excessive Payments for Diagnostic Tests					
Hospice Utilization in Nursing Facilities					

Medicare A & B Hospice Care, Other Providers and Suppliers	2008	2009	2010	2011	2012
Independent Diagnostic Testing Facilities' Compliance With Medicare Standards					
Medicare Payments for Claims Deemed Not Reasonable and Necessary					
Partial Hospitalization Program Services					
Payments for Evaluation and Management Services					
Questionable Billing for Medicare Outpatient Therapy Services					
Services Provided to Hospice Beneficiaries Residing in Nursing Facilities					
Ambulances: Comparison of Medicare Fee Schedule Amounts to Other Payers (New)					
Ambulances: Questionable Billing for Ambulance Services (New)					
Ambulatory Surgical Centers and Hospital Outpatient Departments: Safety and Quality of Surgery and Procedures (New)					
Chiropractors: Part B Payments for Services (New)					
Diagnostic Radiology: Excessive Payments					
End Stage Renal Disease: Bundled Prospective Payment System for Renal Dialysis Services (New)					
End Stage Renal Disease: Medicare's Oversight of Dialysis Facilities (New)					
Evaluation and Management Services: Potentially Inappropriate Payments					
Evaluation and Management Services: Trends in Coding of Claims					
Evaluation and Management Services: Use of Modifiers During the Global Surgery Period (New)					
Hospice Marketing Practices and Financial Relationships with Nursing Facilities (New)					
Medical Claims Review at Selected Providers					
Medicare Hospice General Inpatient Care					
Medicare Payments for Part B Claims with G Modifiers					
Organ Procurement Organizations: Payments (New)					
Partial Hospitalization Program Services in Hospital Outpatient Departments and Community Mental Health Centers					
Partial Hospitalization Programs in Community Mental Health Centers: Questionable Billing Characteristics and Contractor Oversight (New)					
Physician-Owned Distributors of Spinal Implants (New)					

Medicare A & B Hospice Care, Other Providers and Suppliers	2008	2009	2010	2011	2012
Physicians and Other Suppliers: High Cumulative Part B Payments (New)					
Physicians: Impact of Opting Out of Medicare (New)					
Physicians: Incident-To Services (New)					
Total	16	21	22	31	36

Medicare A & B Medical Equipment and Supplies	2008	2009	2010	2011	2012
Medicare Part B Payments for Home Blood Glucose Testing Supplies					
Medicare Payments for Durable Medical Equipment Claims With Modifiers					
Medicare Payments for Power Wheelchairs					
Part B Services in Nursing Homes: Enteral Nutrition Therapy					
Appropriateness of Medicare Reimbursement for Pressure-Reducing Support Surfaces					
Comparison of Prices for the Negative Pressure Wound Therapy Pump					
Durable Medical Equipment Payments for Beneficiaries Receiving Home Health Services					
Part B Services in Nursing Homes: An Overview					
Part B Services in Nursing Homes: Durable Medical Equipment					
Supplier Purchase Prices for Power Wheelchairs in the Medicare Program					
Durable Medical Equipment Claims Review in Comprehensive Error Rate Testing					
Durable Medical Equipment Payments in South Florida					
Part B Pricing of Enteral Nutrition Therapy					
Payment Suspensions for Medical Equipment Suppliers					
Medicare Payments for Various Categories of Durable Medical Equipment					
Medicare Pricing for Parenteral Nutrition					
Appropriateness of Durable Medical Equipment Categorization					
Comprehensive Error Rate Testing Program: Durable Medical Equipment Corrective Actions					
Repair and Servicing of Capped Rental Durable Medical Equipment					
Comprehensive Error Rate Testing Program: Fiscal Year 2009 Durable Medical Equipment Error Rate					
Duplicate Payments to Durable Medical Equipment Suppliers With Multiple National Provider Identifiers					
Medicare Payments for Continuous Positive Airway Pressure Devices					
Part B Pricing of Enteral Nutrients for Nursing Homes					

Medicare A & B Medical Equipment and Supplies	2008	2009	2010	2011	2012
Payments to Medical Suppliers and Home Health Agencies Associated With "Currently Not Collectible" Overpayments					
Medicare Payments to Durable Medical Equipment Suppliers for Power Wheelchairs					
Medicare Enrollment and Monitoring for Suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies and Home Health Agencies					
Physician Self-Referral for Durable Medical Equipment Services					
Competitive Bidding Process for Medical Equipment and Supplies					
Competitive Bidding Program: Supplier Influence on Physician Prescribing					
Frequency of Replacement Supplies for Durable Medical Equipment					
Medicare Enrollment and Monitoring for Suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies					
Medicare Qualifications of Orthotists and Prosthetists					
Medicare Market Shares of Mail-Order Diabetic Testing Strips					
Medicare Part B Payments for Lower-Limb Prostheses in 2009					
Collection of Surety Bonds for Overpayments Made to Suppliers of Durable Medical Equipment (New)					
Effectiveness of Edits To Prevent Payments to Multiple Suppliers of Home Blood-Glucose Testing Supplies (New)					
Medicare Supplier Acquisition Costs for Back Orthoses					
Questionable Billing for Medicare Diabetic Testing Supplies (New)					
Support Surface Pricing (New)					
<b>Total</b>	<b>14</b>	<b>20</b>	<b>12</b>	<b>12</b>	<b>14</b>

Medicare A & B Part B Payments for Prescription Drugs	2008	2009	2010	2011	2012
Monitoring Medicare Part B Drug Prices: Comparing Average Sales Prices to Average Manufacturer Prices					
Monitoring Medicare Part B Drug Prices: Comparing Average Sales Prices to Widely Available Market Prices					
Medicare Payment for Chemotherapy Drug Administration Services					
Payments to Dialysis Facilities for Epogen					
Billing for Excessive Dosages of Prescription Drugs in Medicare Part B					
Changes in Average Sales Price for Part B Drugs					
Computation of Average Sales Price					
Upselling of Inhalation Drugs by Suppliers					
Oversight of Manufacturers' Average Sales Price Data Submissions					
Aberrant Claim Patterns for Inhalation Drugs in South Florida					
Utilization of Albuterol and Levalbuterol Among Medicare Beneficiaries					
Billing for Immunosuppressive Drugs					
Payments for Off-Label Anticancer Pharmaceuticals and Biologicals					
Medicare Drug Payments Under the Hospital Outpatient Prospective Payment System					
Medicare Payments for End-Stage Renal Disease Drugs					
Potentially Fraudulent Medicare Claims for Budesonide in South Florida					
Renal Dialysis Facilities' Dosing Guidelines for Erythropoiesis-Stimulating Agents					
Acquisition Costs and Payments for Lucentis and Avastin Used in Treating Wet Age-Related Macular Degeneration					
Usage Patterns and Payments for Avastin and Lucentis in Treating Wet Age-Related Macular Degeneration					
Fluctuation of Average Sales Price for Medicare Part B Drugs					
Medicare Payments for Part B Drugs					
Costs and Payments for ESRD Drugs (New)					
Medicare Payments for the Drug Herceptin (New)					

Medicare A & B Part B Payments for Prescription Drugs	2008	2009	2010	2011	2012
<b>Off-Label and Off-Compendia Use of Medications in Government Prescription Drug Programs (New)</b>					
Total	8	7	9	8	11

Medicare A & B Contractor Operations / Other Program-Related Reviews / Cross-Cutting Issues	2008	2009	2010	2011	2012
Contractors' Administrative Costs					
Pension Costs Claimed					
Pension Segment Closing					
Pension Segmentation					
Postretirement Benefits and Supplemental Employee Retirement Plan Costs					
Pre-award Reviews of Contract Proposals					
Unfunded Pension Costs					
Medicare Summary Notice					
Accuracy and Completeness of the National Provider Identifier					
The Medicare and Medicaid Data Matching Project					
Ambulance Services Used To Transport End Stage Renal Disease Beneficiaries					
Ambulatory Surgical Center Payment System					
Contracting Operations					
Recovery Audit Contractors: Reducing Medicare Improper Payments					
Separately Billable Laboratory Services Under the End Stage Renal Disease Program					
Serious Medical Errors (Never Events) <sup>3</sup>					
Contractors' Accounting System Audits					
Contractors' Provider Education and Training Efforts					
Contractors' Provisional Billing Rates					
Doctors' Office Quality Information Technology Initiatives					
Emergency Health Services for Undocumented Aliens					
Fiscal Integrity of Quality Improvement Organizations					
Laboratory Services Rendered During an Inpatient Stay					
Medicare Appeals Process: Administrative Law Judges					
Medicare Appeals Process: Qualified Independent Contractor Reconsiderations					
Medicare Payments for Observation Services Versus Inpatient Admission for Dialysis Services					

<sup>3</sup> Seen also in "Medicare Hospitals" Category

Medicare A & B Contractor Operations / Other Program-Related Reviews / Cross-Cutting Issues	2008	2009	2010	2011	2012
Part B Services in Nursing Homes: Mental Health Needs and Psychotherapy Services	█				
Part B Therapy Payments for Home Health Beneficiaries	█				
Pricing of Clinical Laboratory Tests	█				
Therapy Services Provided by Comprehensive Outpatient Rehabilitation Facilities	█				
Unallowable Payments to Terminated Medicare Providers/Suppliers	█				
Handling of Complaints Referred by the 1-800-HHS-TIPS Hotline		█			
Collection of Medicare Overpayments Referred by Program Safeguard Contractors		█			
Medicare Contractors' Use of Payment Suspensions and Other Administrative Sanctions		█			
Comprehensive Error Rate Testing Program: FY 2008 Transportation Claims Error Rate		█			
Medical Identity Theft in Medicare		█			
Medicare Payments for Medical Equipment and Supply Claims With Invalid or Inactive Physician Identifiers		█			
Validation of National Claims History File		█			
First Level of the Medicare Appeals Process			█		
Provider Education and Training: Medicare-Affiliated Contractors' Progressive Correction Action			█		
Competitive Bidding Program: Supplier Influence on Physician Prescribing			█		
Contractors' Conflicts of Interest: Oversight and Monitoring by the Centers for Medicare & Medicaid Services			█		
Implementation of Payment Suspensions			█		
Quality Improvement Organizations' Beneficiary Complaint Process			█		
Recovery Audit Contractors' Referrals of Potential Fraud and Abuse			█		
Transition From Program Safeguard Contractors to Zone Program Integrity Contractors			█		
Conflicts of Interest in the Zone Program Integrity Contracting Process				█	

Medicare A & B Contractor Operations / Other Program-Related Reviews / Cross-Cutting Issues	2008	2009	2010	2011	2012
Medicare Administrative Law Judge Decisions					
Performance of the National Supplier Clearinghouse					
Providers and Suppliers with Currently Not Collectible Debt					
Recovery Audit Contractors' Performance and Identification and Recoupment of Improper Payments					
Variation in Coverage of Services and Medicare Expenditures Due to Local Coverage Determinations					
Vulnerabilities Identified by Medicare Benefit Integrity Contractors					
Zone Program Integrity Contractors' Identification of Potential Fraud and Abuse					
Accuracy of the National Provider Enumeration and Medicare Provider Enrollment Data					
Medicare Administrative Contractors: Quality Assurance Surveillance Plan Performance Evaluation					
Medicare Secondary Payer Recovery Contractor: Early Implementation					
Quality Improvement Organization's Hospital Quality Improvement Projects					
CMS Disclosure of Personally Identifiable Information (New)					
Comprehensive Error Rate Testing Program: Fiscal Year 2011 Error Rate Oversight					
Contractor Error Rate Reduction Plans (New)					
Medicare and Medicaid Security of Portable Devices Containing Personal Health Information at Contractors and Hospitals					
Medicare Annual Reports to Congress on Contractor Information Systems Security Programs					
Medicare Contractor Information Technology Closeout Audits					
National Provider Identifier Enumeration and Medicare Provider Enrollment Data					
Oversight of Medicare Administrative Contractors					
<b>Total</b>	<b>31</b>	<b>23</b>	<b>20</b>	<b>23</b>	<b>25</b>

## MEDICARE PART C

Medicare Part C Medicare Advantage	2008	2009	2010	2011	2012
Managed Care Encounter Data					
Payments to Medicare Advantage Organizations for Deceased Enrollees					
Stabilization Fund					
Follow-up on Adjusted Community Rate Proposals					
Frailty Payment Adjustments for Programs of All-Inclusive Care for the Elderly Organizations					
Medicare Advantage Lock-In Provisions					
Medicare Advantage Organization Bids					
Medicare Advantage Special Needs Plans					
Oversight of Medicare Advantage Plans' Marketing Practices					
Enhanced Payments for Certain Beneficiary Types					
Medicare Advantage Risk Adjustment Validation					
Disenrollment's From Medicare Advantage Plan					
Investment Income Earned by Medicare Advantage Plan					
Administrative Costs Included in Medicare Advantage Bid Submission					
Beneficiary Appeals in the Medicare Advantage Program					
Comparing Special Needs Plan Beneficiaries to Other Medicare Advantage Prescription Drug Plan Beneficiaries					
Graduate Medical Education Payments Included in Payments to Medicare Advantage Plan					
Medicare Advantage Payments to Critical Access Hospital					
Medicare Advantage Rebate Benefit					
Medicare Advantage Plans' Oversight of Contractors					
Health Care Organizations' Compliance With Standards on Culturally and Linguistically Appropriate Services in Medicare					
Marketing of Medicare Advantage Plans by Sales Agents					
Duplicate Medicare Payments to Cost-Based Health Maintenance Organization Plans					
Enrollment of Medicare Beneficiaries With Chronic Conditions Into Special Needs Plans					
Medicare Advantage Organizations' Reporting Requirements					

Medicare Part C Medicare Advantage	2008	2009	2010	2011	2012
Medicare Advantage Payments for Medicare Part D Drugs on Behalf of Institutionalized Beneficiaries <sup>4</sup>					
Medicare Advantage Plans and Durable Medical Equipment					
Medicare Advantage Plans' Identification of Potential Fraud and Abuse					
Oversight of CMS's Medicare Advantage Bid Review Process					
Credentialing by Medicare Advantage Plan Sponsors					
Duplicate Fee-for-Service Billings for Beneficiaries Enrolled in Medicare Advantage					
Eligibility Requirements for Medicare Advantage Plans for Special Needs Individuals					
Accuracy of Expenditures Claimed on Cost Reports by Health Care Prepayment Plans (New)					
Medicare Advantage Plans' Compensation of Field Marketing Organizations (New)					
Medicare Advantage Risk Adjustment Data Submissions					
Quality-Based Bonus Payments to Unrated Plans in 2011 and 2012 (New)					
Risk-Adjusted Payments to Medicare Advantage Organizations that Offer Prescription Drug Plans					
<b>Total</b>	<b>9</b>	<b>13</b>	<b>10</b>	<b>16</b>	<b>15</b>

<sup>4</sup> OIG Work Plan 2011 description focused on a 2008 review, where OIG Work Plan 2012 widens in scope.

## MEDICARE PART D

Medicare Part D Prescription Drug Program	2008	2009	2010	2011	2012
Aberrant Part D Claims					
Duplicate Drug Claims for Hospice Beneficiaries					
Bid Submission by Part D Sponsors					
Disenrollment of Deceased Beneficiaries					
Duplicate Medicare Part A and Part B Claims Included With Part D Claims					
Medication Therapy Management Program					
Comparing Drug Prices: Medicare Part D to Medicaid					
Coordination and Oversight of Medicare Parts B and D To Avoid Duplicate Payments					
Drug Prices on the Medicare Prescription Drug Plan Finder					
Medicare Part D Duplicate Claims					
Part D Catastrophic Coverage					
Part D Dual-Eligible Demonstration Project					
Part D Negotiated Drug Prices and Price Concessions					
Payments for Drugs Under Medicare Part D During Part A Skilled Nursing Stays					
Prescription Drug Plan Sponsors' Detection and Reporting of Fraud and Abuse					
Actuarial Value of Retiree Prescription Drug Coverage					
Allocation of Employer Premiums Under the Retirement Drug Subsidy Program					
Allowable Costs Under the Retirement Drug Subsidy Program					
Beneficiary Complaints About Medicare Prescription Drug Plans					
Comparing Drug Prices: Medicare Part D to Medicare Part B Average Sales Prices					
Drug Utilization During the Medicare Part D Coverage Gap					
Implementation of Medicare Part D in Nursing Facilities					
Medicare Part D Coordination of Benefits With Other Prescription Drug Coverage					
Medicare Part D Explanation of Benefits Forms					
Medicare Part D Reconciliations					
Potential Fraudulent Drug Overutilization by Dual-Eligible Beneficiaries Under Medicare Part D					

Medicare Part D Prescription Drug Program	2008	2009	2010	2011	2012
Prescription Drug Plan Marketing Materials					
Rebates in the Retiree Drug Subsidy Program					
State Contribution to Drug Benefit Costs Assumed by Medicare					
Part D Sponsors' Audits of Pharmacies					
True Out-of-Pocket Costs for Part D					
Beneficiaries' Experiences With Low-Income Subsidies and Availability of Drug Benefits					
E-Prescribing in Part D					
Less-Than-Effective and Terminated Drugs in Part D					
Medicare Part D Data Submitted by Sponsors for Reconciliations					
Medicare Part D Reconciliation Calculations					
Medicare Prescription Drug Plans' Formulary Changes					
Oversight of Pharmacy Benefit Managers					
Impact of Rebates on Long Term Care Pharmacies					
Medicare Drug Integrity Contractors' Adherence to Contractual Arrangements					
Medicare Part D Coverage Gap					
Medicare Part D Sponsors: Estimated Reconciliation Amounts for 2007					
Medicare Prescription Drug Integrity Contractors' Detection of Fraud and Abuse					
Retiree Drug Subsidy Program: Eligibility of Plans and Individuals					
Administrative Costs Included in Bid Submissions					
Audits of Part D Sponsors' Financial Records					
Drug Costs Paid by Part D Sponsors Under Retail Discount Generic Programs					
Investment Income Earned by Part D Plans					
Medicare Part D Sponsors' Internal Controls for Fraud, Waste, and Abuse					
Part D Pharmaceutical Manufacturer Rebates					
Alternative Calculation of Part D Rebates					
Medicare Part D Payments for Drugs Prescribed or Provided by Excluded Providers					
Medicare Part D Price Concessions					
Medicare Part D Program Audit Overview					

Medicare Part D Prescription Drug Program	2008	2009	2010	2011	2012
Oversight of Prescription Drug Event Data					
Part D Drug Claims With Inactive or Invalid Physician Identifier Numbers					
Medicare Part D Claims Duplicated in Part A and Part B					
Medicare Part D Implementation of Supporting Systems at Small- and Medium-Size Plans and Plans New to Medicare					
Medicare Part D Risk Corridors <sup>5</sup>					
Medicare Part D Selected Controls for Systems Tracking True Out-of-Pocket Costs					
Off-Formulary Drugs in Part D					
Part D and Medicaid Prescription Drug Prices					
Part D Billing in 2009					
Part D Formulary Coverage Determinations and Appeals Process					
Pharmacy and Therapeutics Committee Conflicts of Interest					
Safety and Effectiveness of Part D Drugs					
340B Drug Pricing in the Medicare Part D Program					
Audits of Medicare Prescription Drug Plan Sponsors					
Dual Eligible's Access to Drugs Under Medicare Part D					
Excluded Category of Drugs in Part D					
Medicare and Medicaid Security of Portable Devices Containing Personal Health Information at Contractors and Hospitals					
Medicare Annual Reports to Congress on Contractor Information Systems Security Programs					
Medicare Contractor Information Technology Closeout Audits					
Medicare Drug Integrity Contractors' Performance Evaluation Reports					
Medicare Information Systems and Data Security					
Medicare Part D Formulary Discrepancies					
Medicare Prescription Drug Sponsors' Training on Fraud, Waste, and Abuse					
Part D Risk Adjustment Data Validation					
Increase in Prices for Part D Brand Name Drugs (New)					
Medicare Part D Expenditures for Revatio (New)					

<sup>5</sup> 2010 data was included in OIG Work Plan 2012 topic description.

Medicare Part D Prescription Drug Program	2008	2009	2010	2011	2012
Medicare Prescription Drug Integrity Contractors' Activities to Detect and Deter Fraud and Abuse in Part D (New)					
Medicare's Audits of Stand-Alone Part D Prescription Drug Plans					
Part D Payments for Drugs Dispensed at Retail Pharmacies With Discount Generic Programs (New)					
Prescription Drug Event Data Submitted for Incarcerated Individuals (New)					
Quality of Sponsor Data Used in Calculating Coverage-Gap Discounts (New)					
Quality of Sponsor Data Used in Calculating Coverage-Gap Rebates (New)					
Questionable Part D Billing for HIV Drugs (New)					
Refills of Schedule II Drugs (New)					
Utilization Management Controls in Medicare Part D (New)					
<b>Total</b>	<b>29</b>	<b>30</b>	<b>27</b>	<b>32</b>	<b>30</b>

## MEDICAID

### MEDICAID PROGRAM REVIEWS

Medicaid Medicaid Hospitals & Mental Health Services	2008	2009	2010	2011	2012
Hospital Outlier Payments					
Provider Eligibility for Medicaid Reimbursement					
Medicaid Disproportionate Share Hospital Payment Distribution					
Early and Periodic Screening, Diagnosis, and Treatment of Mental Health in Medicaid Managed Care Plans					
Hospital Eligibility for Disproportionate Share Hospital Payments					
Medicaid Supplemental Mental Health Payments to Prepaid Inpatient Health Plans					
States' Use of Disproportionate Share Hospital Payments					
Potentially Excessive Medicaid Payments for Inpatient and Outpatient Services					
Supplemental Payments to Private Hospitals					
States' Disproportionate Share Hospital Payments for Care for Individuals in Institutions for Mental Diseases					
State Medicaid Agency Policies to Deny Payment for Hospital-Acquired Conditions					
<b>Total</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>4</b>	<b>0</b>

Medicaid Medicaid Long Term and Community Care / Home, Community and Nursing Home Care	2008	2009	2010	2011	2012
Community Residence Rehabilitation Services					
Medicaid Home Health Agency Claims					
Medicaid Payments for Personal Care Services					
Medicaid Adult Day Health Service Payments for Ineligible and Absent Beneficiaries					
Medicaid Payments for Medicare-Covered Home Health Services					
Targeted Case Management					
States' Use of Civil Monetary Penalty Funds					
Assisted Living Facilities					
Billing for Medicaid Nursing Home Patients Transferred to Hospitals					
Inappropriate Medicaid Payments for Personal Care Services During Periods of Institutionalization					
State and Federal Oversight of Medicaid-Funded Assisted Living Facilities					
Medicaid Payments to Continuing Day Treatment Providers					
State and Federal Oversight of Home- and Community-Based Services					
State and Federal Oversight of Home- and Community-Based Services Provided in Assisted Living Facilities					
Transparency Within Nursing Facility Ownership					
Compliance With States' Requirements for Medicaid-Funded Personal Care Service Attendants					
Community Transition Services Provided to Medicaid Home- and Community- Based Services Waiver Beneficiaries					
Medicaid Payments to Nursing Homes While Dual-Eligible Beneficiaries Received Covered Medicare Part A Services					
Payments for "Bed Holds"					
Plans of Care: Addressing Minimum Data Set and Resident Assessment Protocols Through Provided Services					
Medicaid Waiver Administrative Costs					
Medicaid Incentive Payments for Nursing Facility Quality-of-Care Performance Measures					
Oversight of Nursing Home Minimum Data Set Data					

Medicaid Medicaid Long Term and Community Care / Home, Community and Nursing Home Care	2008	2009	2010	2011	2012
States' Administration and Use of Civil Monetary Penalty Funds in Medicaid Nursing Homes					
Medicaid Nursing Home Patients: Quality of Care					
Health Screenings of Medicaid Home Health Care Workers					
Medicaid Adult Day Care Services for Elderly Individuals Who Have Chronic Functional Disabilities					
Appropriateness of Level of Care Determinations for Home- and Community-Based Services Waiver Recipients					
Medicaid Adult Day Health Service					
Medicaid Hospice Services					
Home- and Community-Based Services: Vulnerabilities in Providing Services (New)					
Home Health Services: Homebound Requirements (New)					
Medicaid School-Based Services					
<b>Total</b>	<b>11</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>12</b>

Medicaid Medicaid Prescription Drugs <sup>6</sup>	2008	2009	2010	2011	2012
Calculation of Average Manufacturer Prices					
States' Medicaid Drug Claims					
Zero Dollar Unit Rebate Amounts					
Additional Rebates of Brand-Name Drugs					
States' Accountability Over Medicaid Drug Rebate Programs					
Assessing the Accuracy of Drug Type Classification in the Medicaid Drug Rebate Initiative File					
States' Use of the Average Manufacturer Price To Establish Medicaid Pharmacy Reimbursement					
States' Collection of Medicaid Rebates for Physician-Administered Drugs					
Disputes Within the Medicaid Prescription Drug Rebate Program					
Pharmacies' Ability To Purchase Drugs at the Average Manufacturer Price					
Post-implementation Review of the Federal Upper Limit Program					
Compound Drugs					
Medicaid Payments for Drugs Not Approved for Use by Children					
Medicaid Third-Party Liability for Prescription Drug Payments					
Medicaid Reimbursement for Unapproved Drugs					
Timely Submission of Average Manufacturer Price Data					
Alien Emergency Drug Claims					
Comparison of Medicaid Federal Upper Limit Amounts to Wholesale, Retail, and Medicare Pricing					
Family Planning Access and Care and Treatment Adjustments					
Manufacturer Submissions of Outlier Average Manufacturer Prices					
Federal Upper Payment Limit Drugs					
Medicaid Claims for Drugs Purchased Under Retail Discount Generic Programs					
Recalculation of Base Date Average Manufacturer Prices					
The Deficit Reduction Act of 2005: Impact on Medicaid Rebates for Authorized Generic Drugs					
High-Cost HIV/AIDS Drugs					

<sup>6</sup> Category title expanded to 'Medicaid Prescription Drug Pricing, Reimbursement, and Rebates' in OIG Work Plan 2012

Medicaid Medicaid Prescription Drugs <sup>6</sup>	2008	2009	2010	2011	2012
Pharmacy Prescription Drug Claims					
Reporting Lowest Accepted Reimbursement Rates					
Pharmacy Benefit "Carve Out"					
Review of Medicaid Reimbursement to 340B Entities					
Update of States' Collection of Medicaid Rebates for Physician-Administered Drugs					
Medicaid Drug Pricing in State Maximum Allowable Cost Programs					
States' Efforts and Experiences With Resolving Medicaid Rebate Disputes					
Changes in Prices for Medicaid Brand-Name Drugs					
Medicaid Pharmacy Reimbursement					
Review of Medicaid Policies and Oversight Activities Related to 340B Entities					
Appropriateness of Federal Upper Limit Amounts (New)					
Federal Share of Rebates (New)					
Rebates on New Formulations (New)					
States' Collection of Rebates for Drugs Paid by Managed Care Organizations (New)					
Update of Manufacturer Compliance With AMP Reporting Requirements (New)					
<b>Total</b>	<b>11</b>	<b>15</b>	<b>21</b>	<b>19</b>	<b>15</b>

Medicaid Other Medicaid Services and Payments	2008	2009	2010	2011	2012
Family Planning Services					
Medicaid Payments for Transportation Services					
Medical Services for Undocumented Aliens					
Medical Equipment					
Improper Medicaid Payments for Laboratory Services for Dual-Eligible Beneficiaries					
Medicaid Safeguards Over Payments for Nonemergency Transportation Services					
Reimbursement Rates for Services Provided by Indian Health Service Facilities					
Medicaid Physical and Occupational Therapy Services: Appropriateness of Payments					
Adult Rehabilitative Services					
Freestanding Inpatient Alcoholism and Substance Abuse Providers					
Medicaid Laboratory Tests					
Medicaid's Use of an All-Inclusive Rate for Reimbursing the Indian Health Service and Tribes for Prescription Drugs					
Outpatient Alcoholism and Substance Abuse Services					
Use of Bundled Rates for Payment to Medicaid School-Based Providers					
Medicaid Dental Services					
Rehabilitative Services					
Early and Periodic Screening, Diagnostic, and Treatment Services					
Enhanced Reimbursement to States for Indian Health Service Claims					
Providers Billing More Time Than Is Feasible in a Day					
Medicaid Claims With Inactive or Invalid Physician Identifier Numbers					
Payments to Terminated and/or Excluded Medicaid Providers and Suppliers					
Medicaid Payments for Personal Emergency Response Services					
Medicaid Payments for Physical, Occupational, and Speech Therapy Services					
Medicaid School-Based Services					

Medicaid Other Medicaid Services and Payments	2008	2009	2010	2011	2012
Emergency Payments by State Medicaid Agencies (New)					
Hospice Services: Compliance With Reimbursement Requirements					
Medicaid Nursing Facility Incentive Payments					
Payments for Health-Care-Acquired Conditions (New)					
Potentially Excessive Medicaid Payments for Inpatient and Outpatient Services					
State-Operated Facilities: Reasonableness of Payment Rates (New)					
Supplemental Payments to Private Hospitals					
Supplemental Payments to Public Providers (New)					
<b>Total</b>	<b>14</b>	<b>12</b>	<b>10</b>	<b>9</b>	<b>12</b>

## MEDICAID ADMINISTRATION

Medicaid Medicaid Administration / CHIP/ MMC / Medicaid Integrity and Accountability	2008	2009	2010	2011	2012
Contingency Fee Payment Arrangements					
Credit Balances					
Medicaid Administrative Costs					
Medicaid Management Information System Costs					
Medicaid and State Children's Health Insurance Program Payment Error Rate Measurement					
Medicaid Payments for Services Provided Under Section 1915(b) Managed Care/Freedom of Choice Waivers					
Medicaid Payments for Services Provided Under Section 1915(c) Home- and Community-Based Service Waivers					
Sections 1915(b) and (c) Concurrent Waivers					
Medicaid Eligibility in Multiple States					
Medicaid Managed Care Encounter Data: Reporting and Utilization					
Medicaid Payments for Services Provided Under Section 1115 Demonstration Projects					
Medicaid Provider Tax Issues					
Medicaid Statistical Information System Data Reporting					
Medicaid Waiver Safety Net Care Pools					
Additional Medicaid Payments to High-Volume Providers					
Appropriateness of Level of Care Determinations for Home- and Community- Based Services Waiver Recipients					
Assessing Medicaid Eligibility for Children Enrolled in Separate State Children's Insurance Programs					
External Quality Review Organizations' Compliance With Federal Requirements					
Medicaid Asset Transfers and Estate Recovery Provision for Nursing Home Care					
Medicaid Claims at Enhanced Federal Financial Participation Rates					
Medicaid Enrollment of Working Disabled					
Medicaid Payments Made for Ineligible Managed Care Members					
Medicaid Upper Payment Limits					

Medicaid Medicaid Administration / CHIP/ MMC / Medicaid Integrity and Accountability	2008	2009	2010	2011	2012
Physician Assistant Reimbursement					
Provider Enrollment Controls for Medicaid Home- and Community- Based Services Waiver Providers					
State and Federal Oversight of Home- and Community-Based Services					
State Medicaid Third Party Liability					
Upper Payment Limits—Flow of Funds					
Children’s Health Insurance Program Administrative Costs					
Children’s Health Insurance Program: Dually Enrolled Beneficiaries in a State					
Medicaid Management Information Systems Business Associate Agreements					
Medicaid Security Controls at the Mainframe Data Centers That Process States’ Claims Data					
Medicaid Security Controls Over State Web-Based Applications					
State Buy-In of Medicare Coverage					
States’ Use of the Public Assistance Reporting Information System to Reduce Medicaid Benefits Received From More Than One State					
Medicaid Services to Incarcerated Juveniles					
State Agencies’ Redeterminations of Medicaid Eligibility					
Enrollment of Excluded Medicaid Providers					
Medicaid and Children’s Health Insurance Program Citizenship Requirements					
Medicaid’s All-Inclusive Rate for Reimbursement to the Indian Health Service					
Medicare and Medicaid Security of Portable Devices Containing Personal Health Information at Contractors and Hospitals					
Medicare Annual Reports to Congress on Contractor Information Systems Security Programs					
Medicare Contractor Information Technology Closeout Audits					
Medicare Part D Implementation of Supporting Systems at Small- and Medium-Size Plans and Plans New to Medicare					
Medicare Part D Selected Controls for Systems Tracking True Out-of- Pocket Costs					
Duplicate Medicaid Payments to Providers on Behalf of Hurricane Evacuees					

Medicaid Medicaid Administration / CHIP/ MMC / Medicaid Integrity and Accountability	2008	2009	2010	2011	2012
Early Implementation of the Medicaid Transfer of Asset Rules					
Medicaid and State Children's Health Insurance Program Payment Error Rate for One State's Managed Care Program					
Medicaid Transformation Grants					
Medicare and Medicaid Health Information Data Security and Privacy					
Medicare: Assessment of Claims Bypassing the Common Working File and the Impact on the National Claims History File					
State Children's Health Insurance Program Payments for Residents in Institutions for Mental Diseases					
States' Subsidies of Employer-Sponsored Insurance Premium Assistance Programs					
Medicaid Managed Care Fraud and Abuse Safeguards					
Medicaid Managed Care Marketing Practices					
States' Effort To Improve Third-Party Liability Payment Collections in Medicaid					
Compliance With Payment Error Rate Measurement Program: Medicaid and Children's Health Insurance Program Eligibility Determinations					
States' Compliance With Estate Recovery Provisions of the Social Security Act					
Feasibility of Applying Medicare National Correct Coding Initiative Edits to Medicaid Claims					
Medicaid Claims That Exceed Timely Filing Requirements					
Medicare and Medicaid Health Information Data Privacy					
State Medicaid Agencies' Reclassification of Non-Federal Claims					
States' Efforts in Medicaid Enrollment, Outreach, and Retention					
Children's Health Insurance Program: State Compliance With Eligibility and Enrollment Notification and Review Requirements					
Collection and Verification of Provider Ownership Information by State Medicaid Agencies					
Duplicate Medicaid Payments for Beneficiaries With Multiple Medicaid Identification Numbers					
Early Results From Medicaid Integrity Contractors					
Excluded Providers in Medicaid Managed Care Entities					
Form CMS-64: Oversight of State Data Reporting					
Impact on the Medicaid Program of Certified Public Expenditures					

Medicaid Medicaid Administration / CHIP/ MMC / Medicaid Integrity and Accountability	2008	2009	2010	2011	2012
Medicare and Medicaid Data Matching Project					
Payment Error Rate Measurement: Fiscal Year 2008 Error Rate					
State Oversight of Provider Credentialing by Medicaid Managed Care Plans					
Use of Prepayment Review To Detect and Deter Fraud and Abuse in Medicaid Managed Care					
Medicaid Citizenship Documentation Requirements					
Medicaid Managed Care Payments for Deceased Beneficiaries					
Medicaid Program Integrity Best Practices					
State Agency Oversight of Medical Loss Ratio Experience Adjustment					
States Reporting of Program Income From Third-Party Reimbursements					
States' Readiness to Comply With ACA Eligibility and Enrollment Requirements					
Addressing Vulnerabilities Identified During Medicaid State Program Integrity Reviews (New)					
Claims With Inactive or Invalid Physician Identifier Numbers					
CMS Oversight and Accuracy of Nursing Home Minimum Data Set Data					
Completeness and Accuracy of Managed Care Encounter Data (New)					
Federal Funds Generated Through Medicaid Provider Taxes (New)					
Federally Excluded Providers and Suppliers					
Form CMS-64: Accuracy of Medicaid Collections and Federal Share (New)					
Form CMS-64: Medicaid Monetary Drawdowns (New)					
Form CMS-64: Medicaid Overpayment Reporting and Collections (New)					
Form CMS-64: Pharmacy Prescription Drug Claims					
Medicaid Managed Care Plans' Medical Loss Ratio					
Medicaid National Correct Coding Initiative Effectiveness (New)					
Payment Error Rate Measurement Program: Eligibility Determinations in One State					
Payment Error Rate Measurement Program: Error Rate Accuracy and Health Information Security					

Medicaid Medicaid Administration / CHIP/ MMC / Medicaid Integrity and Accountability	2008	2009	2010	2011	2012
State Agencies' Terminations of Providers Terminated Under Medicare or by Other States (New)					
State Medicaid Fraud Control Units Performance Standards					
State Medicaid Plans' Vaccines for Children Program: Storage and Management of Vaccines					
Total	28	39	35	35	43

## INVESTIGATIVE & LEGAL ACTIVITIES, OTHER DEPARTMENTAL ISSUES

### LEGAL, INVESTIGATIVE & OTHER DEPARTMENTAL ISSUES

Investigative and Legal Activities Related to CMS Programs and Operations / Other Departmental Issues	2008	2009	2010	2011	2012
Advisory Opinions, Fraud Alerts, and Other Industry Guidance					
Civil Monetary Penalties					
Exclusions / Exclusions From Program Participation					
Provider Self-Disclosure					
Providers' Compliance With Corporate Integrity Agreements					
Resolution of False Claims Act Cases and Negotiation of Corporate Integrity Agreements					
Health Care Fraud					
Purchase Cards					
Travel Cards					
Medicaid Program					
Use of Discounted Airfares in the Office of the Secretary					
State Protections for Persons With Disabilities in Residential Settings					
Use of Discounted Airfares by Employees					
Classifications of Federal Pass-Through Funding Recipients					
Pre-Existing Condition Insurance Plans					
Medicare Strike Force Teams and Other Collaboration					
Provider Compliance Training					
Review of Entities That Do Not Enter Into Corporate Integrity Agreements (New)					
<b>Total</b>	<b>11</b>	<b>11</b>	<b>10</b>	<b>11</b>	<b>11</b>

PUBLIC HEALTH, HUMAN SERVICES, AND DEPARTMENT-WIDE ISSUES

**PUBLIC HEALTH AND HUMAN SERVICES PROGRAMS**

Public Health Programs Agency for Healthcare Research and Quality Substance Abuse and Mental Health Services Administration	2008	2009	2010	2011	2012
<b>SAMHSA Implementation of the Access to Recovery Grant Program</b>	█				
<b>SAMHSA Substance Abuse Prevention and Treatment Block Grants</b>		█	█	█	
<b>SAMHSA Progress in Meeting Performance Goals for the Substance Abuse Treatment Block Grant Program</b>			█	█	█
<b>AHRQ: Bioterrorism Epidemic Outbreak Response Model</b>			█	█	
<b>SAMHSA Oversight of High-Risk Grantees</b>				█	█
<b>AHRQ: Early Implementation of Patient Safety Organizations (New)</b>					█
<b>SAMHSA Grantees' Use of Funds From the Prevention and Public Health Fund (New)</b>					█
<b>Total</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>4</b>

Public Health Programs Centers for Disease Control and Prevention	2008	2009	2010	2011	2012
State 24/7 Reporting Systems					
Deemed Exports					
Centers for Disease Control and Prevention's Implementation of Select Agent Regulations					
Centers for Disease Control and Prevention's Monitoring of Conflicts of Interest					
Implementation of Early Event Detection Technology					
Management of the Select Agent Oversight Program					
Oversight of Public Health Emergency Preparedness Cooperative Agreement Grantees					
Public Health Laboratory Preparedness					
Select Agent Shipments					
Vaccines for Children Program					
Monitoring of Subrecipient Emergency Preparedness Expenditures					
Community Health Center Adoption of Recommendations for Human Immunodeficiency Virus Testing in Health Care Settings					
Contracting Procedures					
Fraud and Abuse Safeguards for the Vaccines for Children Program					
Select Agent Transfers					
State and Local Preparedness for Pandemic Influenza: Mass Prophylaxis and Medical Surge					
The CHEMPACK Project: Storage of Drugs To Treat Nerve Agent Exposure					
Grantees' Implementation of National Breast and Cervical Cancer Early Detection Program Management Guidance					
Radiological and Nuclear Preparedness: Assessing Selected State and Local Public Health Emergency Response Plans					
Shelf Life Extension Program					
Vaccines For Children Program: Storage and Management of Vaccines					
CDC Oversight of High-Risk Grantees (New)					
Contracting Activities Within CDC's Procurement and Grants Office (New)					

Public Health Programs Centers for Disease Control and Prevention	2008	2009	2010	2011	2012
Grantees' Use of Funds From the Prevention and Public Health Fund (New)					
Internal Controls for Awarding Affordable Care Act Grants (New)					
Payment of Invoices for Affordable Care Act Purchases (New)					
Prevention and Public Health Fund Recipient Capability Audits (New)					
<b>Total</b>	<b>10</b>	<b>10</b>	<b>7</b>	<b>5</b>	<b>9</b>

Public Health Programs Food and Drug Administration	2008	2009	2010	2011	2012
Oversight of Food Safety Operations					
Food Facility Inspections					
Adverse Event Reporting for Medical Devices					
Food and Drug Administration's Implementation of Select Agent Regulations					
Traceability in the United States Food Supply Chain					
Submission of Electronic Drug Labels					
Financial Disclosure Requirements for Clinical Investigators					
Generic Drug Approval Process					
Implementation of Pandemic Influenza Preparedness Strategic Plan					
Management of Information Technology Projects					
Oversight of Off-Label Drug Promotion					
Oversight of Research Misconduct by Clinical Investigators					
Complaint Investigation Process					
Foreign Clinical Trials					
FDA's Oversight of Post-marketing Surveillance Studies of Medical Devices					
Compliance With Food Registry Requirements					
Management of Information Technology Contracts at the Center for Drug Evaluation and Research					
Oversight of Human Cells, Tissues, and Cellular- and Tissue-Based Products Establishments					
Renal Dialysis Facilities' Dosing Guidelines for Erythropoiesis Stimulating Agents					
Oversight of State Food Facility Inspections					
Oversight of Blood Establishments					
The Food and Drug Administration's Oversight of Investigational New Drug Applications					
510(k) Process for Device Approval					
FDA Reportable Food Registry					
FDA's Oversight of Investigational New Drug Applications					
FDA's Policies and Procedures for Resolving Scientific Disputes					
FDA Oversight of Claims Made on Dietary Supplement Labels (New)					
The Food and Drug Administration's Implementation of the Risk Evaluation and Mitigation Strategies Program (New)					
<b>Total</b>	<b>12</b>	<b>12</b>	<b>7</b>	<b>9</b>	<b>9</b>

Public Health Programs Health Resources and Services Administration & Indian Health Service	2008	2009	2010	2011	2012
HRSA: Ryan White HIV/AIDS Program Part B: Payer of Last Resort					
HRSA: Oversight of Health Centers					
HRSA: Oversight of the Core Medical Services Requirement Under the Ryan White HIV/AIDS Treatment Modernization Act					
HRSA: Reporting Adverse Actions to the Healthcare Integrity and Protection Data Bank					
HRSA: Health Education Assistance Loan Program Defaulters					
HRSA: Oversight of the Ryan White Core Medical Services Requirement					
HRSA: Human Immunodeficiency Virus (HIV) Testing in Health Centers					
HRSA: Community Health Center Limited-Scope Capability Audits (New)					
HRSA: Community Health Centers' Compliance With Affordable Care Act Grant Requirements (New)					
HRSA Oversight of High Risk Grantees (New)					
HRSA's Monitoring of Recipients' Fulfillment of National Health Services Corps's Obligations (New)					
IHS:Background Investigations To Protect Indian Children					
IHS: Accounting for Medication Inventory					
IHS: Tribal Governments' Third Party Collections in Emergency Medical Services Programs					
IHS: Incentive Payments to Indian Health Service Physicians					
IHS: Indian Health Service Loan and Repayment Programs					
IHS: Provision of Dialysis and Mental Health Services					
IHS: Contract Health Services					
IHS Medicaid Reimbursements					
IHS: Mental Health and Dialysis Services at Indian Health Service and Tribal Facilities					
<b>Total</b>	<b>7</b>	<b>9</b>	<b>10</b>	<b>6</b>	<b>8</b>

Public Health Programs National Institutes of Health	2008	2009	2010	2011	2012
Colleges' and Universities' Compliance With Cost Principles					
Superfund Financial Activities for Prior FY					
Use of Data and Safety Monitoring Boards in Clinical Trials					
National Institutes of Health's Implementation of Select Agent Regulations					
Contracting Procedures					
Grantee Management of Financial Conflicts of Interest in Research Funded by the National Institutes of Health					
Handling of Allegations of Ethical Misconduct Related to Conflicts of Interest					
Monitoring of Extramural Conflicts of Interest					
National Cancer Institute Monitoring of Research Grants					
Procurements for Property and Services on Behalf of the Department of Defense					
Securing and Accounting for Controlled Substances					
University Administrative and Clerical Salaries					
National Institute of Environmental Health Science's Grant Process					
Clinical and Translational Science Awards					
Financial Conflicts of Interest in Research Funded by the National Institutes of Health					
National Center for Research Resources' Oversight of Clinical and Translational Science Awards					
National Institute of Allergy and Infectious Diseases' Oversight of Project BioShield Grants					
Financial Interests Held by Institutions Receiving National Institutes of Health Research Grants					
Recharge Centers at Colleges and Universities					
Review of Extra Service Compensation Payments Made By Education Institutions					
Awardee Eligibility for Small Business Innovation Research Awards (New)					
Cost Sharing Claimed by Universities (New)					
Inappropriate Salary Draws From Multiple Universities (New)					
Informed Consent and Privacy Protection Procedures for NIH Grantees Conducting Genetic Research (New)					

Public Health Programs National Institutes of Health	2008	2009	2010	2011	2012
<b>NIH Oversight of Grants Management Policy Implementation</b>					
<b>Total</b>	<b>12</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>11</b>

Social Services Programs Administration for Children & Families <sup>7</sup>	2008	2009	2010	2011	2012
<b>Adoption Assistance Subsidies</b>					
<b>Child Care: Licensing, Health, and Safety Monitoring of Childcare Facilities</b>					
<b>Foster Care and Adoption Assistance Training and Administrative Costs</b>					
<b>Foster Care Claims for the Placement of Delinquent Children</b>					
<b>Foster Care Pre-placement/Candidacy Costs</b>					
<b>Foster Children Over 19 Years Old</b>					
<b>Group Home and Foster Family Agency Rate Classification</b>					
<b>Investigations Under the Child Support Enforcement Task Force Model</b>					
<b>Costs Billed by Child-Placing Agencies</b>					
<b>AoA: Aging Programs in One State</b>					
<b>Interest Earned on Child Support Enforcement Funds</b>					
<b>Undistributable Child Support Collections</b>					
<b>Child Support Incentive Payments</b>					
<b>Head Start Agencies' Use of Grant Funds</b>					
<b>Head Start Matching Costs</b>					
<b>Temporary Assistance for Needy Families Improper Payments</b>					
<b>Accountability Over Child Welfare Funds</b>					
<b>Accuracy of Head Start's Program Review Instrument for Systems Monitoring Process</b>					

<sup>7</sup> This category includes Child Support, Child Welfare, Family Assistance, Head Start/Child Care, Investigations, and Administration on Aging

Social Services Programs Administration for Children & Families <sup>7</sup>	2008	2009	2010	2011	2012
Federal Employer Collaboration With Child Support State Disbursement Units					
Foster Care Per Diem Rates in Excess of \$300					
Head Start Agencies' Compliance With Administrative Cost Limit					
Resolution of Head Start Audit Findings and Repayment					
Use of Financial Institution Data Match					
Foster Care Per Diem Rates					
Foster Care Programs Collection and Reporting of Child Support Payments					
Increasing Child Support Collections					
Oversight of System Design of Statewide Automated Child Welfare Information Systems					
Services for Recently Arrived Refugees					
Federal Employers' Payment Submissions to Child Support State Disbursement Units					
Follow-up to Noncustodial Parents' Contributions Toward Medicaid Premiums					
Use of Financial Institution Data Match To Collect Child Support					
AoA: Performance Data for the Senior Medicare Patrol Projects					
Characteristics of Child Support Arrears					
ACF Oversight of TANF Work Participation and Verification Requirements					
Administrative Costs Charged to the Foster Care Program by One County Probation Department					
Monitoring the Health and Safety of Foster Children					
TANF Recipient Social Security Numbers					
Training Costs Charged to the Foster Care Program by one County Probation Department					
Use of Smart Card Technology to Reduce TANF Payment Errors					
Head Start Grantees' Progress Toward Meeting New Teacher Credentialing Requirements					
Interest Earned on Child Support Enforcement Funds					
AoA: State Long-Term-Care Ombudsman Programs: Efforts To Identify, Investigate, and Resolve Elder Abuse Cases (New)					
Child Care and Development Fund: Integrity of Child Care Payments (New)					

Social Services Programs Administration for Children & Families <sup>7</sup>	2008	2009	2010	2011	2012
Community Action Agencies: Pension Costs Claimed on HHS-Funded Programs (New)					
Head Start and Child Care and Development Fund: Licensing Standards and Health and Safety Monitoring at Federally Funded Facilities					
Head Start: Oversight of Eligibility and Enrollment (New)					
Low-Income Home Energy Assistance Program: Duplicate Payments (New)					
<b>Total</b>	<b>23</b>	<b>24</b>	<b>20</b>	<b>23</b>	<b>26</b>

Social Services Programs Cross-Cutting Public Health Activities	2008	2009	2010	2011	2012
Investigations- Investigations of Violations of Select Agent Requirements					
Legal Counsel / Public Health Legal Activities					
Effectiveness of Agency for Healthcare Research and Quality Bioterrorism Preparedness Resources					
Emergency System for Advance Registration and Credentialing of Health Professionals: Ability To Use Health Volunteers in Multistate or National Emergencies					
Office of Human Research Protections Compliance Reviews					
Testing of Departmental Continuity of Operations Plans Within Regional Offices					
Use of Bioterrorism Emergency Preparedness Grants in Selected Gulf Coast States					
Oversight of Federal Advisory Committee Special Government Employee Conflicts of Interest					
Pandemic Influenza Expenditures					
Use of Public Health Preparedness and Response for Bioterrorism Program Funds in Gulf Coast States					
Pandemic Influenza Planning					
Use of Public Health Preparedness and Response for Bioterrorism Program Funds for Employee Compensation					
Rollup of Departmental Laboratories' Implementation of Select Agent Regulations					

Social Services Programs Cross-Cutting Public Health Activities	2008	2009	2010	2011	2012
Conflict of Interest Waivers at the Department of Health & Human Services					
HHS' Federal Response Capabilities for Public Health and Medical Services Emergency Support (New)					
<b>Total</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>5</b>	<b>5</b>

Department-Wide Issues Financial Audits, Accounting Reviews, & Automated Information Systems / Other	2008	2009	2010	2011	2012
Annual Accounting of Drug Control Funds					
Audits of Fiscal Years- prior and current- Financial Statements					
Federal Information Security Management Act of 2002 and Critical Infrastructure Protection					
Fiscal Years-prior and current- Financial-Related Reviews					
Information System Security Audits					
Non-Federal Audits					
Reimbursable Audits					
Requested Audit Services					
Current Fiscal Year Statement on Auditing Standards 70 Examinations					
Expired Appropriations					
Accounting for Federal Emergency Management Agency Mission Assignment Funds					
Open and Inactive Grants in the Payment Management System					
Payment Management System Controls					
Contracting Procedures					
Use of Appropriated Funds in Program Support Center Contracting					
Public Welfare Cost Allocation Plan					
President's Emergency Plan for Relief Funds					
Information Technology Systems' General Controls					
The President's Emergency Plan for AIDS Relief Funds					
Compliance with Executive Order 13520: Reducing Improper Payments					
Reasonableness of Prime Contractor Fees					
Fiscal Year 2012 Statement on Standards for Attestation Engagements					
Fraud Vulnerabilities Presented by Electronic Health Records (NEW)					
<b>Total</b>	<b>13</b>	<b>14</b>	<b>14</b>	<b>16</b>	<b>17</b>

APPENDICIES: AFFORDABLE CARE ACT & RECOVERY ACT

*AFFORDABLE CARE ACT & RECOVERY ACT ADDITIONAL REVIEWS*

Affordable Care Act & Recovery Act Reviews	2008	2009	2010	2011	2012
<i>New Programs and Initiatives Created by the Affordable Care Act</i>					
Pre-Existing Condition Insurance Plans, § 1101					
<b>Controls Over Pre-Existing Condition Insurance Plans and Collaborative Administration</b>					
Early Retiree Reinsurance Program, § 1102					
<b>CCIO's Certification Procedures for Employment-Based Plans and Plan Sponsor's Use of</b>					
<b>CCIO's Internal Control Structure for the Early Retiree Reinsurance Program (New)</b>					
<b>CCIO's Reimbursements to Plans</b>					
<b>CCIO's System Security Controls Over Protected Health Information</b>					
<b>Employment-Based Plan Sponsors' Use of Early Retiree Reinsurance Program Funds</b>					
<b>Employment-Based Plans' Costs for Items and Services Reimbursed</b>					
Health Insurance Web Portal, § 1103					
<b>Oversight of Private Health Insurance Submissions to the Health Insurance Web Portal</b>					
Affordable Insurance Exchanges, § 1311 and 1413					
<b>States' Readiness To Comply With Exchange and Medicaid Eligibility and Enrollment System Requirements</b>					
National Background Check Program, § 6201					
<b>Program for National Background Checks for Long-Term-Care Employees</b>					
Community Living Assistance Services and Supports Program, § 8002					
<b>Development of the Community Living Assistance Services and Supports Program</b>					
<i>Existing Programs Related to Affordable Care Act Provisions</i>					

<b>Medicare</b>				
Accuracy of Present-on-Admission Indicators Submitted on Medicare Claims				
Enhanced Payments to Plans for Certain Beneficiary Types				
Enrollment of Medicare Beneficiaries With Chronic Conditions in Special-Needs Plans				
Hospital Same-Day Readmissions				
Nursing Home Compliance Plans				
Part D and Medicaid Payments for High-Volume Prescription Drugs				
Quality of Sponsor Data Used in Calculating Coverage-Gap Discounts				
Quality of Sponsor Data Used in Calculating Coverage-Gap Rebates				
Quality-Based Bonus Payments to Unrated Plans in 2011 and 2012				
Recovery Audit Contractors' Performance and Identification and Recoupment of Improper Payments				
Reliability of Hospital-Reported Quality Measure Data				
<b>Medicaid</b>				
Appropriateness of Federal Upper Limit Amounts				
Completeness and Accuracy of Managed Care Encounter Data				
Federal Share of Rebates				
Medicaid National Correct Coding Initiative Effectiveness				
Payments for Health-Care-Acquired Conditions				
Rebates on New Formulations				
State Agencies' Terminations of Providers Terminated Under Medicare or by Other States				
States' Collection of Rebates for Drugs Paid by Managed Care Organizations				
Medicare Part A + B Recovery Act Reviews				
<b>Federal Funds</b>				
Medicare Incentive Payments for Electronic Health Records				
Breach Notification and Medical Identity Theft in Medicare				
Medicaid Recovery Act Reviews				
<b>Medicaid Hospitals</b>				
Medicaid Disproportionate Share Hospital Payments				

<b>Medicaid Administration</b>				
Medicaid Incentive Payments for Electronic Health Records				
Reconciliation of Expenditure Reports to Claim Data				
Medicaid High-Risk Providers				
States' Use of Increased Recovery Act Funding				
Medicaid Qualified Individual Programs				
State Controls Over Increased Federal Medical Assistance Percentages				
State Medicaid Program Integrity Efforts				
States' Compliance With Requirements for Claiming Increased Federal Medical Assistance Percentages				
Temporary Increases in Federal Medical Assistance Percentages				
Transitional Medical Assistance Programs				
State Medicaid Agencies' Progress in Implementing Medicaid Recovery Act Incentives for Electronic Health Records				
<b>Medicare and Medicaid Information Systems and Data Security</b>				
Contractor System Enhancements				
Health Information Technology System Enhancements				
Early Assessment of CMS Oversight of Recovery Act Incentives for Electronic Health Records				
Breaches and Medical Identity Theft Involving Medicare Identification Numbers				
Medicare and Medicaid Health Information Data Privacy				
OCR Oversight of the HIPAA Privacy Rule (New)				
OCR Oversight of the HITECH Breach Notification Rule (New)				
<b>Public Health Programs Existing Programs &amp; Reviews</b>				
<b>Centers for Disease Control and Prevention</b>				
Recipient Compliance With Cooperative Agreement Requirements				
Controls Over the Cooperative Agreement Award Process				
Implementation of Controls Over Cooperative Agreements				
CDC Grantees' Use of Funds From the Prevention and Public Health Fund				
Internal Controls for Awarding Affordable Care Act Grants				
Payment of Invoices for Affordable Care Act Purchases				
Prevention and Public Health Fund Recipient Capability Audits				
<b>Health Resources and Services Administration</b>				



Recipient Capability Audits						
Recipient Compliance With Grant Requirements						
Cross-Cutting Public Health Activities						
Recipient Compliance With Reporting Requirements						
State Compliance With Grant Requirements						
Human Service Programs						
Administration for Children and Families						
Administration for Children and Families Grant System						
Administration for Children and Families Health Information Technology Grants						
Head Start Agencies' Use of Grant Funds						
Community Service Block Grants						
Early Head Start Agencies' Use of Grant Funds						
Head Start Matching Costs						
Head Start Recipient Capability Audits						
Licensing, Health, and Safety Standards at Head Start Facilities						
Early Head Start Recipient Capability Audits						
Internal Controls Over Grant Award Process						
Licensing, Health, and Safety Standards at Childcare Facilities						
Department-wide Issues						
Cross-Cutting Investigative Activities						
Enforcement of Whistleblower Protections						
Integrity of Recovery Act Expenditures						
Pre-award Screening of Potential Grant Recipients						
Department-wide Network Improvements						
Health Information Technology Standards						
Security Controls for Grants Web Site						
Information Systems Reviews (added 2011)						
Department-wide Network Improvements						
Security Controls for Grants Web Site						
Health Information Technology Standards						
<b>Total</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>43</b>	<b>72</b>	