



**FY12 PERFORMANCE PLAN  
Office of the Inspector General**

**MISSION**

The mission of the Office of the Inspector General (OIG) is to conduct independent audits, investigations, and inspections to detect and prevent fraud, waste, and mismanagement, and to help the District of Columbia government improve its programs and operations by promoting economy, efficiency, and effectiveness.

**SUMMARY OF SERVICES**

- Initiate and conduct independent financial and performance audits, inspections, and investigations of District government operations.
- Serve as the principal liaison between the District government and the US Government Accountability Office.
- Conduct other special audits, assignments, and investigations.
- Audit procurement and contract administration on a continual basis.
- Forward to the appropriate authorities evidence of criminal wrongdoing that is discovered as the result of audits, inspections, or investigations conducted by the Office.
- Enter into a contract with an outside audit firm to perform the annual audit of the District government’s financial operations with the results published in the Comprehensive Annual Financial Report (CAFR) as well as chairing the CAFR oversight committee.

**AGENCY WORKLOAD MEASURES**

Metric	FY 2010 Actual	FY 2011 Actual	FY 2012 YTD <sup>1</sup>
Number of complaints received	610	638	285
Number of administrative referrals	308	379	122
Number of unusual incident reports received in the MFCU.	3,900	2,837	1,297
Number of investigations initiated in the MFCU	187	169	93
Number of agencies/offices provided audit coverage	21	23	22

**OBJECTIVE 1: Use the Accountability, Control, and Compliance Program to conduct audits and inspections for the District government, focusing efforts on mitigating risks that pose the most serious challenges to District agencies and other stakeholders.**

**INITIATIVE 1.1: Schedule and conduct audits of the District of Columbia Medicaid Program.**

Our audit plan for Medicaid coverage is citywide and comprehensive. Medicaid audit topics include: payment of claims; eligibility of recipients; provider rates; durable medical equipment/prosthetics, orthotics, and supplies; contracts; third party liability;

<sup>1</sup> Figures are as of January 31, 2012.  
*Office of the Inspector General  
Government of the District of Columbia*



and human care agreements. These audits began during FY 2011 and will be completed by FY 2012. The purpose of the audits is to address key internal controls over Medicaid spending. The District's Medicaid Program will spend over \$2 billion on healthcare in FY 2012. The Medicaid Program has been of continuing concern to the District for some time and has been identified in recent Management Reports related to the Comprehensive Annual Financial Report as a significant deficiency affecting the District's financial management infrastructure.

**OBJECTIVE 2: Use the law enforcement and compliance program to conduct investigations into allegations of waste, fraud, and abuse relating to the programs and operations of the District Government.**

**INITIATIVE 2.1: Establish a special initiative to address fraudulent unemployment claims..**

In FY 12, the OIG Investigations Division implemented an initiative regarding Department of Employment Services (DOES) unemployment insurance compensation investigations. The OIG Investigations Division anticipates an increase in the number of criminal investigations and resulting prosecutions of individuals who fraudulently received unemployment insurance compensation. In addition, the OIG Investigations Division anticipates an increase in the number of referrals to the Office of the Attorney General for the District of Columbia for civil recoupment of unemployment insurance compensation overpayments to individuals who were not prosecuted and corresponding referrals to the District government agencies that employ some of those individuals. It is anticipated that this initiative will continue throughout FY 12, and possibly into FY 13.

**INITIATIVE 2.2 Attorney Detail to United States Attorney's Office.**

The Medicaid Fraud Control Unit implemented a new initiative on January 23, 2012, whereby a MFCU attorney is serving a detail within the United States Attorney's Office as part of the newly-formed District of Columbia Medicaid Fraud Task Force. The purpose of the detail is to have an attorney position within the USAO, funded and staffed by MFCU, to investigate and prosecute cases involving Medicaid fraud in the District of Columbia Superior Court. The aim is to target Medicaid fraud that often goes undetected or does not warrant prosecution in federal court in part due to relatively low monetary loss amounts. There is one FTE assigned to this initiative: an MFCU staff attorney. There is no additional funding budgeted for this initiative above and beyond the employee's regular salary and benefits. This initiative will help send the message that even low dollar amount Medicaid fraud in the District of Columbia will be prosecuted, creating a further deterrent to all Medicaid fraud. In addition, the prosecution of low dollar Medicaid fraud may result in leads and/or cooperation in larger Medicaid fraud matters. The initial term of this detail is six months; however, if this initiative yields successful results, it is anticipated that the detail may be renewed for additional six-month periods.



## PROPOSED KEY PERFORMANCE INDICATORS

<b>Measures</b>	<b>FY10 Actual</b>	<b>FY 11 Target</b>	<b>FY11 Actual</b>	<b>FY12 Projection</b>	<b>FY13 Projection</b>	<b>FY14 Projection</b>
Number of final audit report issued (financial /performance).	28	28	28	28	28	28
Potential monetary benefits resulting from audits (\$million).	25.8	25.8	28.2	38	21	21
Number of final inspection/evaluation reports issued.	10	10	11	10	10	10
% of complaints evaluated within ten days of receipt in investigations.	99	85	96	85	85	85
Number of criminal/ civil resolutions obtained in MFCU cases.	26	20	27	22	24	26