

# Potential COST SAVINGS in HHS Programs

HHS  
Actions



**\$50 BILLION** in potential savings through recovery of payments and program improvements based on HHS-OIG work

35 OIG reports identified potential cost savings. Examples include:

**\$7.7 BILLION**

By paying for Critical Access Hospital swing-bed services based on rates for nearby facilities with similar services.

**\$6.9 BILLION**

By improving risk adjustment in Medicare Advantage.\*

**\$6.6 BILLION**

By preventing Medicare from paying providers for services that hospices are paid to provide for their enrollees.

**\$1.6 BILLION**

By recovering overpayments identified in OIG audits of State Medicaid programs.

**\$1 BILLION**

By preventing duplicate Medicaid payments for individuals enrolled in managed care plans in more than one State.\*

**\$783.6 MILLION**

By recovering misspent COVID-19 Uninsured Program funds.

The six examples above are illustrative of potential cost savings identified in OIG work. Scan the QR code to read all 35 reports. The potential savings listed above are calculated based on specific time frames noted in each report.

\*These potential cost savings also appear in the [Legislative Actions Cost Savings](#), which contains a list of actions that Congress could take to achieve cost savings based on OIG work.



[Read the  
Reports](#)

Department of Health and Human Services  
**Office of Inspector General**  
OIG.HHS.GOV  
Spring 2025

