

HHS-OIG Strategic Plan 2025–2030



Department of Health and Human Services
Office of Inspector General



Mission, Vision, and Values



MISSION

Provide objective oversight to promote the economy, efficiency, effectiveness, and integrity of HHS programs, as well as the health and welfare of the people they serve



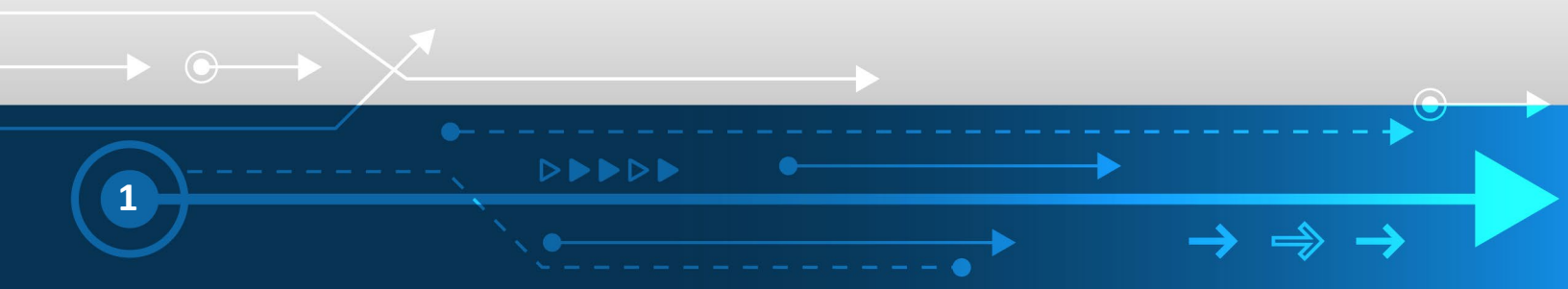
VISION

Drive positive change in HHS programs and in the lives of the people served by these programs



VALUES

Strive to be impactful, innovative, and people-focused



Who We Are and What We Do



The Department of Health and Human Services (HHS or the Department), Office of Inspector General (OIG), was established in 1976 as an independent and objective oversight agency to prevent fraud, waste, and abuse and promote the economy, efficiency, and effectiveness of HHS programs and operations. As set out in the Inspector General Act of 1978 (IG Act), OIG’s statutory purpose is to conduct audits, investigations, and other activities “to prevent and detect fraud and abuse in” HHS programs. OIG’s work under the IG Act and other statutory authorities fulfills this purpose through the specialized skills of investigators, auditors, evaluators, data scientists, attorneys, and other experts, augmented by cutting-edge technology. OIG’s dedicated workforce engages in the prevention, detection, and investigation of fraud, waste, and abuse. Its service holds individuals accountable for violations of law, saves the Government money, and results in recommendations that improve the efficiency and effectiveness of HHS programs and operations. OIG’s work extends to all HHS agencies and programs. The majority of OIG’s resources must be used for work related to Medicare and Medicaid, which are HHS’s largest programs.



OIG Law Enforcement

OIG conducts [criminal, civil, and administrative](#) investigations and enforcement actions to address fraud and other violations of law. OIG works closely with its law enforcement partners. This work ensures that:

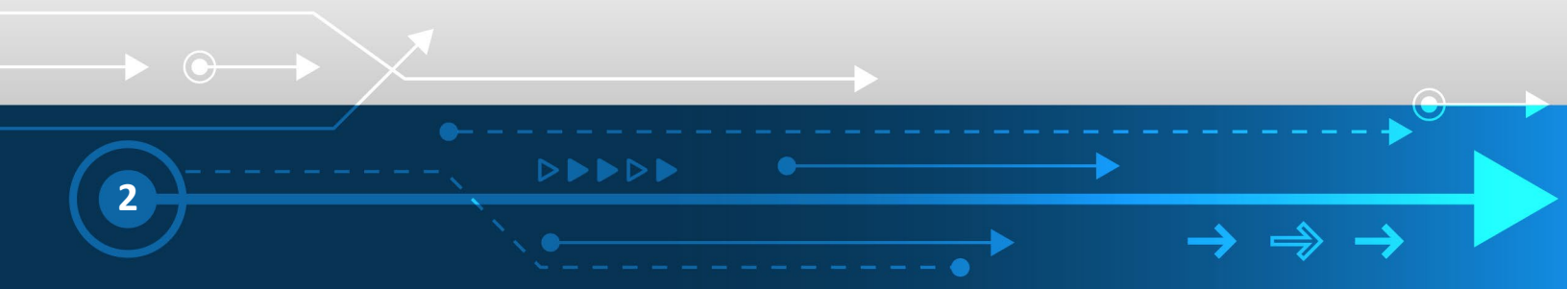
- Fraud schemes are detected and stopped.
- Bad actors are removed from HHS programs.
- Taxpayer funds are accounted for appropriately.
- Defrauded and misspent HHS funds are returned.
- Systemic risks and vulnerabilities in complex programs are identified, and
- People served by HHS programs are protected from grievous harm.

OIG’s efforts help ensure that taxpayers are getting the items and services for which they are paying and bolster transparency and public trust in HHS programs.



OIG Recommendations To Drive Positive Change

To drive positive change in HHS programs, OIG produces reports and identifies recommendations for improvements to prevent fraud, waste, and abuse and improve the economy, efficiency, and effectiveness of HHS programs. OIG regularly [tracks recommendations](#) that remain unimplemented and each year lists the [Top Unimplemented Recommendations](#) to highlight those that could produce the most substantial savings and improvements to the operation of HHS programs. Expected impacts from implementing OIG’s recommendations include direct cost savings and recovery of misspent funds, as well as improvements in payment efficiency, program operations, quality of services, and public safety.



Who We Are and What We Do



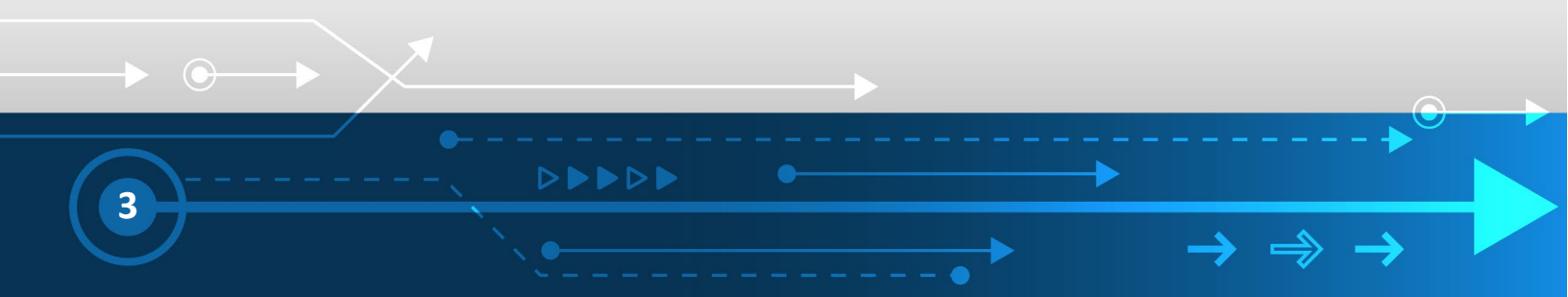
OIG Work Planning To Select Relevant and Impactful Work

OIG uses a dynamic and continuous [work planning process](#) to anticipate and respond to existing and emerging issues with the resources available. OIG assesses relative risks in HHS programs to identify areas most in need of attention and to prioritize allocation of OIG resources. In evaluating potential projects, OIG considers several factors, including:

- statutory and regulatory requirements for OIG reviews;
- requests made or concerns raised by Congress, HHS management, or the Office of Management and Budget;
- risk assessment and environmental scans;
- top management and performance challenges facing HHS;
- work performed by other oversight organizations (e.g., the Government Accountability Office);
- management's actions to implement OIG recommendations from previous reviews; and
- potential for positive impact.

Engagement With Stakeholders

To fulfill its mission, OIG strategically engages with stakeholders and partners including Congress; HHS; health and human services professionals; Federal, Tribal, State, local, and private sector entities; and the public. These engagements inform and enhance work planning, improve data sharing and analysis, and promote implementation of recommendations to safeguard HHS programs and the people they serve. OIG regularly communicates the results of its work to Congress and the public to maintain transparency about OIG's impact on behalf of taxpayers. In addition, OIG outreach and education support health care industry stakeholders and recipients of HHS funding in their efforts to self-monitor compliance with applicable laws and program requirements. For example, the [General Compliance Program Guidance](#) is a reference guide for the health care compliance community and other health care stakeholders.



Goals and Objectives



OIG's goals and objectives reflect the specific, actionable steps the organization will take to accomplish its mission.

Goal 1: Fight Fraud, Waste, and Abuse

OIG's first goal is to fight fraud, waste, and abuse in HHS programs using investigations, audits, evaluations, data analytics, enforcement actions, and other tools. OIG makes recommendations to protect the fiscal integrity of HHS programs and promotes compliance with program rules and requirements.

Prevent, detect, and deter fraud, waste, and abuse.

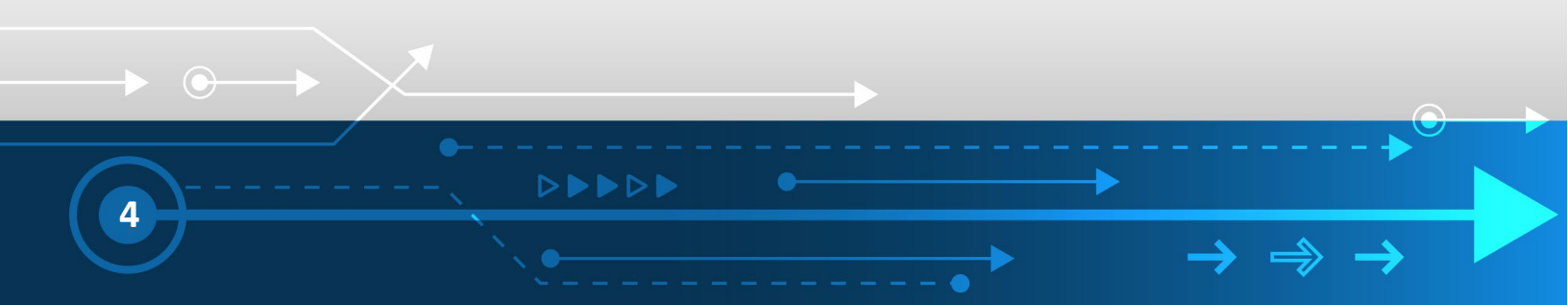
A key aspect of combating fraud involves preventing or stopping fraud schemes before they escalate. OIG uses advanced data analytics to spot potential fraud and outliers quickly so that they can be investigated.

Further, OIG has partnered with the Centers for Medicare & Medicaid Services (CMS) to implement payment suspension measures when appropriate. By investigating and working with CMS to halt payments promptly, OIG helps prevent the erroneous disbursement of hundreds of millions of dollars, safeguarding HHS resources and improving payment integrity.

Foster sound financial stewardship and reduction of improper payments. The Department's responsible stewardship of funds is paramount to safeguard the taxpayer's investment in HHS programs. For example, ensuring eligibility for programs is crucial to preventing improper payments. OIG has [examined Medicaid capitation payments](#) for people enrolled in more than one State Medicaid program and found that nearly all States in the study made capitation payments for people who were enrolled in Medicaid in two States at the same time. The capitation payments associated with enrollees in two State Medicaid programs represent potential Medicaid savings of approximately \$1 billion in one year.

Hold wrongdoers accountable and recover misspent public funds. OIG's enforcement ensures that bad actors are held accountable and that misspent and defrauded funds are recovered. In 2024, OIG—in partnership with the Department of Justice—obtained criminal convictions for two individuals who conducted a massive Medicare fraud scheme to order millions of unnecessary medical braces. As a result, both individuals received Federal prison sentences and a judgment to forfeit \$424 million back to the Government.

- ▶ Prevent, detect, and deter fraud, waste, and abuse.
- ▶ Foster sound financial stewardship and reduction of improper payments.
- ▶ Hold wrongdoers accountable and recover misspent public funds.



Goals and Objectives



Goal 2: Promote Quality, Safety, and Value

OIG's second goal is to promote quality, safety, and value in HHS programs, which provide critical services to populations across a broad range of care settings. OIG is committed to providing oversight that helps HHS improve its programs and ensure that people eligible for services receive them and are not subjected to abuse or neglect.

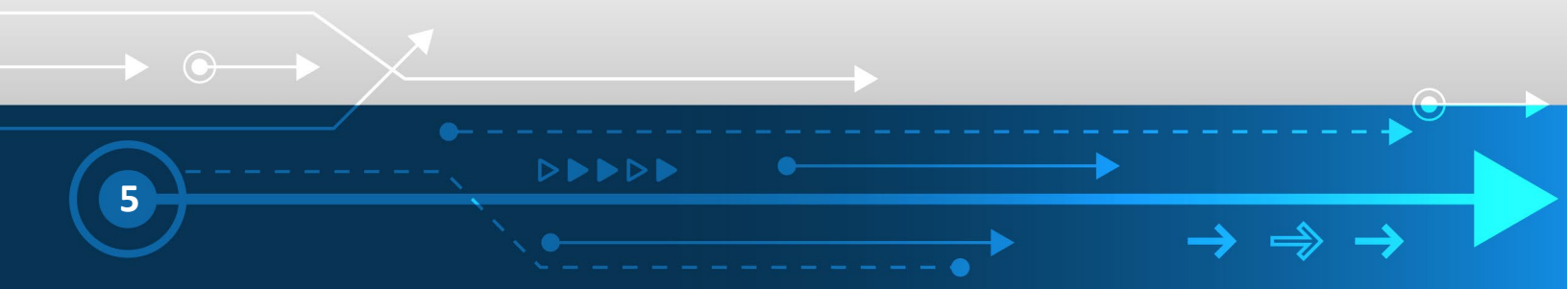
Foster quality, safety, and value of HHS-funded services. OIG's work helps to ensure that enrollees have access to care and that care meets quality and safety standards across HHS programs. Ensuring that medical facilities, such as hospitals and nursing homes, provide safe and high-quality care is crucial. OIG's work has raised concerns on inappropriate use of antipsychotic drugs in nursing homes.

- ▶ Foster quality, safety, and value of HHS-funded services.
- ▶ Promote public health and safety.
- ▶ Support high-performing health and human services programs.



Promote public health and safety. OIG's efforts to combat public health crises, like the opioid epidemic, involve robust enforcement and strategic collaborations. OIG participated in the Appalachian Regional Prescription Opioid Surge Takedown, the largest operation of its kind. This initiative, in partnership with Federal and State law enforcement, resulted in charges against 60 individuals, including 53 medical professionals. The charges involved 350,000 prescriptions for controlled substances and over 32 million pills across five States. Other OIG work looks at food and drug safety and medical research processes, including conflicts of interest.

Support high-performing health and human services programs. OIG conducts oversight to help ensure programs perform well by fostering better outcomes and lower costs. Timely access to necessary medical care is a cornerstone of high-quality health services. OIG's work revealed critical issues within the prior authorization processes in Medicaid managed care. This first-of-its-kind work in Medicaid identified denial rates greater than 25 percent at 12 large managed care companies and quantified the denial rate to be 1 in 8 requests at managed care organizations serving nearly 30 million Medicaid enrollees. Congressional committees and other stakeholders used this OIG work to conduct their own examination of Medicaid managed care, building on OIG's leadership in this area.



Goals and Objectives



Goal 3: Advance Excellence and Innovation

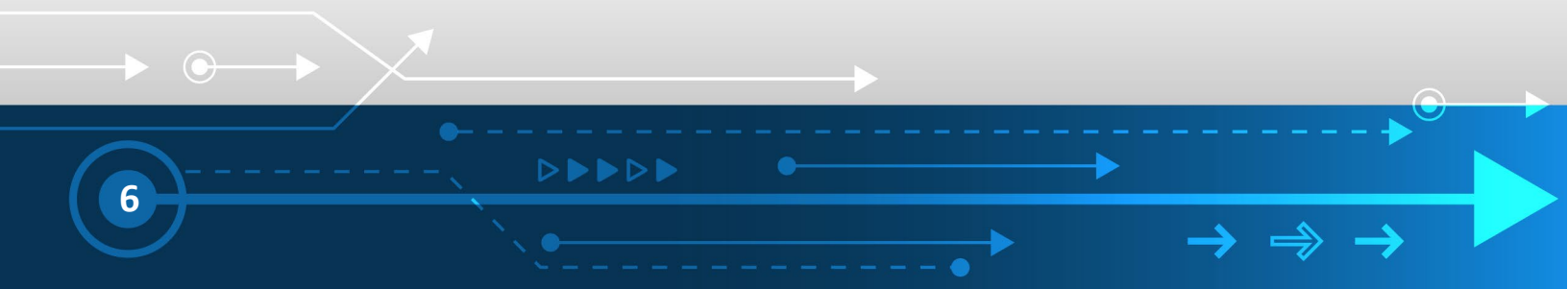
OIG is committed to being an innovative and continuous-learning organization that responds quickly and effectively to changing programs and risks.

Maximize value by improving effectiveness and efficiency. To keep up with ever-evolving fraud schemes and increasing risks to HHS programs such as cybersecurity threats, OIG must be able to adapt quickly. OIG continually assesses the need for operational improvements to optimize performance and results. For example, OIG continually develops more effective methods to share actionable data with law enforcement partners to prevent and detect fraud more quickly. OIG prioritizes its work to address the greatest risks facing HHS and ensures OIG’s budget and resource deployment are aligned to maximize the effectiveness of OIG’s dedicated workforce. Through these efforts, OIG ensures it is responsive and able to deliver results and achieve its statutory mission.

- Maximize value by improving effectiveness and efficiency.
- Promote the secure and effective use of data and technology.



Promote the secure and effective use of data and technology. HHS’s programs are becoming increasingly sophisticated and generate massive amounts of data. In addition, emerging technologies like machine learning and artificial intelligence are transforming how HHS operates its programs. As a result, future effective oversight will depend on OIG’s ability to deploy the right data and IT solutions to adapt to the rapidly changing technology. OIG equips its experts with the best available data and technology so that they can effectively analyze problems in HHS programs, spot emerging risks, and propose practical solutions. OIG will continue to prioritize improving its data capabilities to ensure OIG’s staff have access to quality, timely, and actionable information to carry out OIG’s mission.



Measuring OIG's Impact



FY 2020–2024
IMPACT

\$22 BILLION in expected recoveries and receivables resulting from investigations and audits.

7,083 
ENFORCEMENT ACTIONS

against individuals and entities suspected of engaging in crimes targeting HHS programs.

11,515 
EXCLUSIONS

of individuals and entities from participation in Federal health care programs.

1,851 
RECOMMENDATIONS

implemented by HHS Operating Divisions to improve Federal health care programs.

\$10:\$1 
RETURN ON INVESTMENT

expected recoveries and receivables identified in OIG health care audits and investigations.

Measuring OIG's Impact



IMPACT SPOTLIGHT

In 2024, Medicare Advantage was the primary vehicle through which approximately 54 percent of Medicare enrollees received care, resulting in expenditures of an estimated \$462 billion. Given the size and scope of Medicare Advantage, it is crucial to ensure that taxpayer dollars are spent appropriately within the program.

OIG's work addressing the Medicare Advantage program has identified substantial cost savings and concerns about quality of care.

Since 2019, OIG has issued 41 audits of risk adjustment payments, identifying over **\$800 million in overpayments**. These are misspent taxpayer funds. In addition, a recent evaluation, [Medicare Advantage: Questionable Use of Health Risk Assessments Continues To Drive Up Payments to Plans by Billions](#), identified an **estimated \$7.5 billion in questionable risk adjustment payments** made to Medicare Advantage organizations (MAOs) for 2023—a single year.

OIG also questions whether enrollees are getting the services for which Medicare is paying. OIG has found that MAOs sometimes delayed or denied access to needed services through their use of prior authorization. MAOs issue more than **1 million denials** each year, and in 2019, an estimated 13 percent were for services that were medically necessary. For example, a 76-year-old man with post-polio syndrome was denied a prior authorization for a medically necessary walker (estimated cost \$112) because he received a cane within the past five years. This and similar denials of medically necessary care raise serious concerns that MAOs are using prior authorization processes to deny access to care and deny payments to providers so they can increase profits.

Working with its Federal law enforcement partners, OIG determined that the Cigna Group used questionable methods to increase Medicare risk adjustment payments that Medicare makes to MAOs to cover sicker enrollees. OIG work contributed to the settlement in September 2023 for alleged fraud related to these questionable methods. Cigna paid \$172 million to settle the case and entered into a Corporate Integrity Agreement with OIG, which requires Cigna to increase its internal oversight. This is one of many examples of OIG's direct impact on achieving substantial cost savings and protecting beneficiaries from fraud, waste, and abuse.

OIG's work on Medicare Advantage vulnerabilities drew national attention to MAOs and spurred action by CMS, the managed care industry, and Congress, including multiple hearings. More remains to be done to ensure that taxpayer dollars are spent on the right enrollees for the right service at the right time in the Medicare Advantage program.

Mission-Critical Work and Priority Outcomes

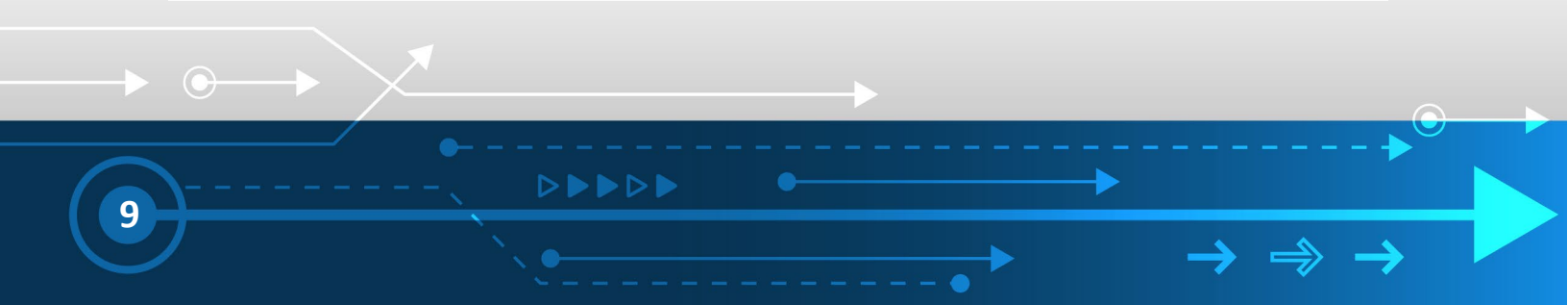
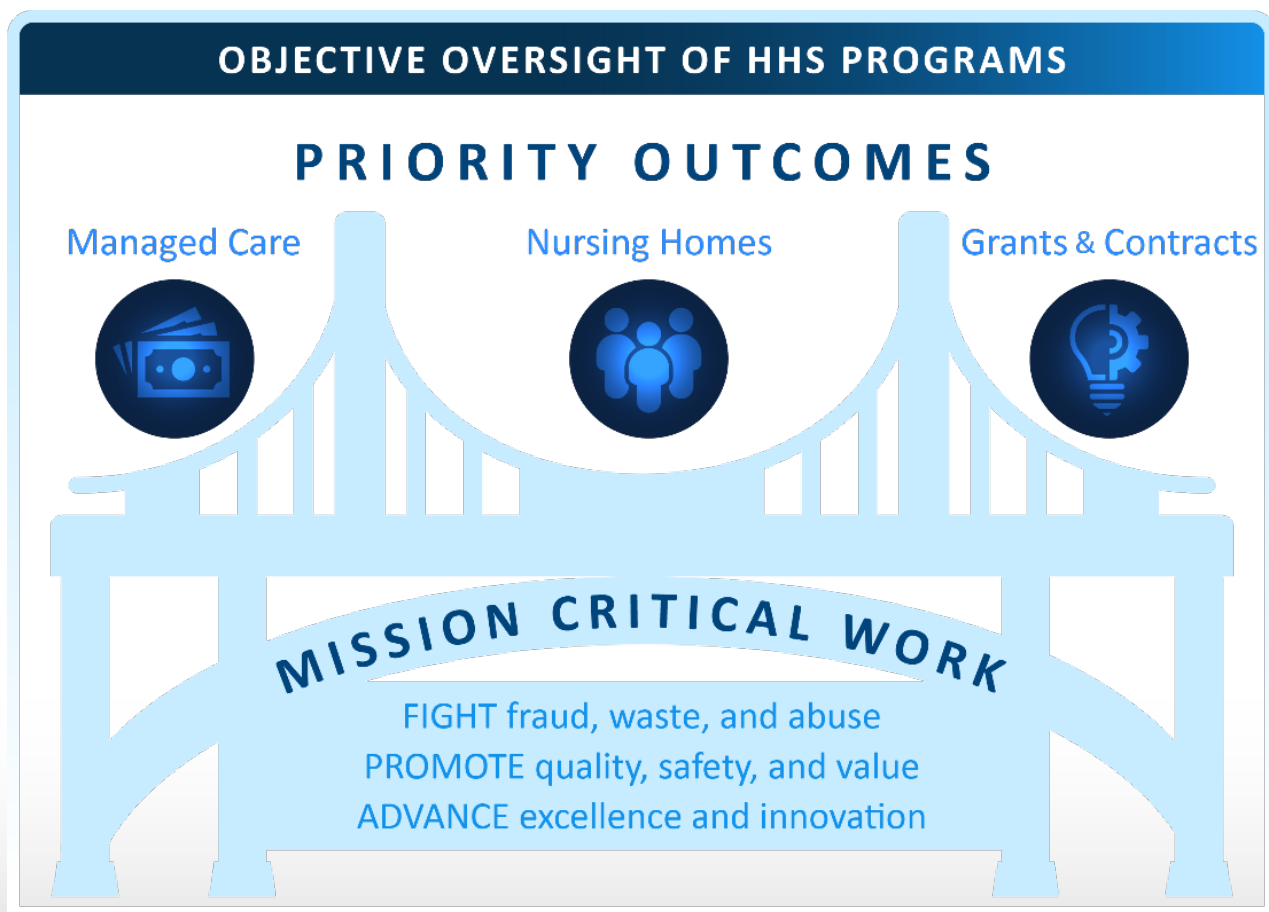


Mission-Critical Work

OIG conducts mission-critical work to ensure objective oversight to prevent and detect fraud, waste, and abuse and to promote the economy, efficiency, effectiveness, and integrity of HHS programs, as well as the health and welfare of the people they serve.

Priority Outcomes

OIG has identified three key HHS program areas that face significant challenges: managed care, nursing homes, and grants and contracts. These areas, known as priority outcomes, are crucial to monitor because they present major risks to both the services provided to people served by HHS and the financial health of the agency. OIG’s work on these topics will increase transparency and accountability.



Learn More About HHS-OIG



Follow us for up-to-date news and publications.



OIGatHHS



HHS Office of Inspector General

[Subscribe To OIG's Newsletter](#)

OIG.HHS.GOV

Contact us.

For specific contact information, please [visit us online](#).

Department of Health and Human Services
Office of Inspector General
Public Affairs
330 Independence Avenue, SW
Washington, DC 20201

Email: Public.Affairs@oig.hhs.gov