Inquiries about this report may be addressed to the Office of Public Affairs at Public.Affairs@oig.hhs.gov.
The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services (HHS) programs, as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by the following operating components:

**Office of Audit Services**

The Office of Audit Services (OAS) provides auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations. These assessments help reduce waste, abuse, and mismanagement and promote economy and efficiency throughout HHS.

**Office of Evaluation and Inspections**

The Office of Evaluation and Inspections (OEI) conducts national evaluations to provide HHS, Congress, and the public with timely, useful, and reliable information on significant issues. These evaluations focus on preventing fraud, waste, or abuse and promoting economy, efficiency, and effectiveness of departmental programs. To promote impact, OEI reports also present practical recommendations for improving program operations.

**Office of Investigations**

The Office of Investigations (OI) conducts criminal, civil, and administrative investigations of fraud and misconduct related to HHS programs, operations, and beneficiaries. With investigators working in all 50 States and the District of Columbia, OI utilizes its resources by actively coordinating with the Department of Justice and other Federal, State, and local law enforcement authorities. The investigative efforts of OI often lead to criminal convictions, administrative sanctions, and/or civil monetary penalties.

**Office of Counsel to the Inspector General**

The Office of Counsel to the Inspector General (OCIG) provides general legal services to OIG, rendering advice and opinions on HHS programs and operations and providing all legal support for OIG’s internal operations. OCIG represents OIG in all civil and administrative fraud and abuse cases involving HHS programs, including False Claims Act, program exclusion, and civil monetary penalty cases. In connection with these cases, OCIG also negotiates and monitors corporate integrity agreements. OCIG renders advisory opinions, issues compliance program guidance, publishes fraud alerts, and provides other guidance to the health care industry concerning the anti-kickback statute and other OIG enforcement authorities.
NOTICES

THIS REPORT IS AVAILABLE TO THE PUBLIC
at https://oig.hhs.gov

Section 8M of the Inspector General Act, 5 U.S.C. App., requires that OIG post its publicly available reports on the OIG website.

OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.
**Why OIG Did This Review**
The Centers for Medicare & Medicaid Services (CMS) Enrollment Database (EDB) is the primary source of Medicare enrollment information for the entire population of beneficiaries who have ever received Medicare benefits. Based on CMS officials’ estimates, we calculated the daily financial impact of a nonfunctional EDB to be approximately $47 million.

Our objective was to determine whether CMS implemented security controls within the EDB to protect the confidentiality, integrity, and availability of Medicare enrollee data, in accordance with Federal requirements.

**How OIG Did This Review**
We reviewed CMS’s policies and procedures, interviewed staff, reviewed system security documentation, and conducted visits to contingency planning sites to determine whether EDB security controls were adequate.

---

**CMS Enrollment System Needs To Enhance Resiliency**

**What OIG Found**
CMS needs to improve existing Information Technology controls to enhance the resiliency of the Medicare enrollment system. We found that CMS could improve its risk management oversight and the current controls in place to ensure the availability of the EDB.

During our audit fieldwork we notified CMS management of our preliminary findings. We provided actionable recommendations for CMS to implement in an effort to timely mitigate the vulnerabilities we identified.

**What OIG Recommends and CMS Comments**
We provided a restricted report to CMS that included five recommendations. CMS concurred with all of our recommendations, and stated the current system is being integrated into a larger Medicare system. We do not believe CMS’s system consolidation will have a significant impact on our findings and recommendations.