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OIG REPORTS PROGRESS AGAINST WASTE, ABUSE AND FRAUD

The Department of Health and Human Services (HHS) Office of Inspector General (OIG) has completed the Semiannual Report to Congress for the first half of fiscal year (FY) 2005. The report, sent to HHS and Congress, describes OIG investigations and evaluation and audit reports finalized during the reporting period. This publication is an important indicator of the progress OIG has made and the challenges the Department faces in achieving greater economy and efficiency.

For the first half of FY 2005, OIG reported savings and expected recoveries of nearly $17 billion: $15.6 billion in implemented recommendations and other actions to put funds to better use, $266 million in audit receivables, and $1.1 billion in investigative receivables.

Also for this reporting period, OIG reported exclusions of 1,695 individuals and entities for fraud or abuse of Federal health care programs and/or their beneficiaries; 258 criminal actions against individuals or entities that engaged in crimes against departmental programs; and 105 civil actions, which include False Claims Act and unjust enrichment suits filed in district court, Civil Monetary Penalties Law settlements, and administrative recoveries related to provider self-disclosure matters.

OIG continues to be an aggressive force within HHS to improve the efficiency of the Department and to punish those who defraud its programs. This office is dedicated to maintaining public credibility of our vital programs. Details of some of the activities are contained in the U.S. Department of Health and Human Services Office of Inspector General Semiannual Report to the Congress available at http://oig.hhs.gov/publications/docs/semiannual/2005/SemiannualSpring05.pdf. 

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