

DRIVING POSITIVE CHANGE



U.S. Department of Health and Human Services
Office of Inspector General (OIG)

OIG STRATEGIC PLAN 2014–2018

OUR GOALS

Fight Fraud, Waste, and Abuse

Promote Quality, Safety, and Value

Secure the Future

Advance Excellence and Innovation

A Message From the Inspector General

I am very pleased to present the *Strategic Plan for Fiscal Years 2014–2018* of the Office of Inspector General (OIG), Department of Health and Human Services (HHS). The vision, goals, and priorities outlined in this document reflect our responsibilities as identified in the Inspector General Act and represent the collective input and strategic vision of OIG’s workforce.



*Daniel R. Levinson
Inspector General*

The *Strategic Plan* focuses on our four goals:

- Fight Fraud, Waste, and Abuse
- Promote Quality, Safety, and Value
- Secure the Future
- Advance Excellence and Innovation

OIG provides independent and objective oversight of more than 300 HHS programs, which represent 24 cents of every Federal dollar spent. For more than 30 years, OIG has consistently achieved commendable results and significant returns on investment. In FY 2012 alone, OIG’s efforts resulted in estimated savings and expected recoveries of misspent funds totaling approximately \$15.4 billion. The Health Care Fraud and Abuse Control program, of which OIG is a key partner, returned more than \$7 for every \$1 invested. Such results are increasingly important as the Federal Government works to improve the effectiveness and efficiency of its operations and to provide services of the highest quality. This *Strategic Plan* will guide OIG efforts over the coming years.

The *Strategic Plan* also highlights key strategies and indicators for attaining and measuring results. As HHS and the external environment evolve, OIG must also evolve. This plan allows for flexibility to assess, anticipate, and respond to new challenges and we will update it as appropriate.

As OIG works ever more effectively toward these goals, I am confident that HHS programs and taxpayer dollars will be better protected and that the programs will better serve the people who use them.

A handwritten signature in black ink that reads "Daniel R. Levinson". The signature is written in a cursive, flowing style.

Daniel R. Levinson
Inspector General

Mission, Vision, and Values

HHS touches the lives of all Americans through programs that provide health insurance, promote public health, protect the safety of food and drugs, and fund medical research, among other activities.

Mission. OIG’s mission is to protect the integrity of HHS programs and the health and welfare of the people they serve. As established by the [Inspector General Act of 1978](#), OIG is an independent and objective organization that fights fraud, waste, and abuse and promotes efficiency, economy, and effectiveness in HHS programs and operations. We work to ensure that Federal dollars are used appropriately and that HHS programs well serve the people who use them.

Vision. Our vision is to drive positive change in HHS programs and in the lives of the people served by these programs. We pursue this vision through independent oversight of HHS programs and operations and by providing HHS and Congress with objective and reliable information for use in policymaking. We assess the Department’s performance, administrative operations, and financial stewardship. We evaluate risks to HHS programs and the people they serve, and recommend improvements. The law enforcement component of OIG investigates fraud and abuse against HHS programs and holds wrongdoers accountable for their actions.

Values. OIG strives to be relevant, impactful, customer-focused, and innovative. We apply these values to our work in order to persuade others to take action by changing rules, policies, and behaviors to improve HHS programs and operations. OIG strives to serve as a model for good government. Of key importance is engagement with our stakeholders—Congress, HHS, health and human services professionals, and consumers—to understand their needs, challenges, and interests in order to develop and identify areas for closer scrutiny and offer recommendations for improvement. We do this throughout the year, but most visibly through the development of our annual *Work Plan* and HHS’s *Top Management and Performance Challenges*. The goals, priorities, and strategies in these documents reflect our ongoing stakeholder engagement and our assessment of the input we receive.

OIG's Strategic Plan at a Glance

Our Mission

Protect the integrity of Department of Health and Human Services programs and operations and the health and welfare of the people they serve.

Our Vision

Drive positive change.

Our Values

Relevance, Impact, Customer-focus, Innovation.

Our Goals

**Fight Fraud,
Waste, and Abuse**

**Promote Quality,
Safety, and Value**

Secure the Future

**Advance
Excellence and
Innovation**

Our Priorities

- Identify, investigate, and take action when needed
- Hold wrongdoers accountable and maximize recovery of public funds
- Prevent and deter fraud, waste, and abuse

- Foster high quality of care
- Promote public safety
- Maximize value by improving efficiency and effectiveness

- Foster sound financial stewardship and reduction of improper payments (misspent funds)
- Support a high-performing health care system
- Promote the secure and effective use of data and technology

- Recruit, retain, and empower a diverse work force
- Leverage leading-edge tools and technology
- Promote leadership, vision, and expertise

Goals, Priorities, and Strategies

OIG's goals and priorities reflect the positive changes toward which we strive. Accompanying each priority listed below are illustrative strategies and indicators, as well as examples of OIG's work to improve HHS programs and ensure the health and safety of the people served by them.

Goal One: Fight Fraud, Waste, and Abuse

Critical to OIG's mission is fighting fraud, waste, and abuse. We will continue to employ a multi-faceted approach of prevention, detection, and deterrence.

Priority: Identify, investigate, and take action when needed

Strategy. OIG uses data analysis and risk assessments of emerging issues to identify suspected fraud, waste, and abuse and deploy our oversight and enforcement resources. Our investigations result in criminal convictions and penalties, civil settlements, and administrative actions against those who commit fraud. Updates on OIG's enforcement actions are available on our [website](#). Looking ahead, we will build on successful enforcement models such as the Medicare Fraud Strike Force teams to enhance our enforcement results in other HHS programs. Key focus areas include: Medicare and Medicaid program integrity and waste in HHS programs. We will also continue implementing and refining protocols for self-disclosure of wrongdoing.

Priority: Hold wrongdoers accountable and maximize recovery of public funds

Strategy. OIG partners with the Department of Justice (DOJ) and HHS on Medicare Fraud Strike Force teams and other health care fraud enforcement activities through the Health Care Fraud and Abuse Control (HCFAC) program. On average, the HCFAC program recovers more than \$7 for every \$1 invested and protects programs through nonmonetary results, such as criminal convictions and exclusions of providers from participation in Federal health care programs. The latest HCFAC results are available in the annual [HCFAC Report to Congress](#). We will continue to pursue all appropriate means to hold fraud perpetrators accountable and to recover stolen or misspent HHS funds. Key focus areas include: identifying and recovering improper payments and utilizing exclusions and referrals for debarment to protect HHS programs and beneficiaries.

Priority: Prevent and deter fraud, waste, and abuse

Strategy. OIG identifies fraud, waste, and abuse vulnerabilities in HHS programs and operations and advises HHS program administrators and policymakers on how to

implement effective safeguards. For example, our recommendations for strengthening HHS program administration and grants management and our grant fraud prevention training for HHS are summarized on our [website](#). We also educate health care providers and provide them tools to help prevent fraud and abuse; these tools are available on our [website](#). Looking ahead, we will apply the lessons we have learned about fraud vulnerabilities and effective prevention to HHS's new and evolving programs. Key focus areas include: promoting compliance with Federal requirements and resolving noncompliance; advising HHS on key safeguards to prevent fraud, waste, and abuse, and assessing whether providers and suppliers, grantees, and others are qualified to participate in Government programs.

Goal Two: Promote Quality, Safety, and Value

HHS programs touch the lives of all Americans. OIG is committed to promoting quality of care and public safety in those programs and maximizing the value of Federal dollars invested.

Priority: Foster high quality of care

Strategy. OIG will continue to evaluate and recommend improvements to the systems intended to promote quality of care, exemplified by our series of reviews of adverse events (patient harm resulting from medical care), available on our [website](#). We will also investigate and refer for prosecution cases involving abuse or grossly deficient care of Medicare or Medicaid patients. Looking ahead, OIG plans to expand our portfolio of work on quality of care. Key focus areas include: promoting quality of care in nursing facilities and home- and community-based settings, access to and use of preventive care, and quality improvement programs.

Priority: Promote public safety

Strategy. OIG recommends improvements to HHS programs to ensure adequate emergency preparedness and response; to protect the safety of food, drugs, and medical devices (summarized on our [website](#)); and to ensure that their grantees (e.g., Head Start and child care providers) meet safety standards. OIG will continue to prioritize fraud investigations that have public safety as well as financial implications and to look for comprehensive solutions. For example, we will continue to investigate prescription drug fraud cases and plan to work with leadership across HHS operating divisions to identify systemic solutions for this problem.

Key Indicators

OIG uses a variety of qualitative and quantitative indicators to monitor, manage, and report on our progress toward our goals.

Indicators include:

- Monetary return on investment
- Cost savings
- Individuals and entities held accountable through criminal, civil, and administrative enforcement actions
- Recommendations accepted and implemented
- Fraud prevention and patient safety tools utilized
- Data trends
- Timeliness of reports
- Advisory opinion requests resolved
- Expected financial recoveries from investigations and audits
- Congressional testimonies

Priority: Maximize value by improving efficiency and effectiveness

Strategy. OIG’s findings and recommendations promote efficiency and effectiveness in specific programs and across HHS. We also work to ensure that HHS programs do not overpay for services or products relative to their value in the marketplace—for examples, see our “[Spotlight on Bad Bargains](#).” Looking ahead, OIG also plans to assess programs intended to achieve value through care coordination and new ways of delivering and paying for care, as well as the reliability and integrity of quality, outcomes, and performance data.

Goal Three: Secure the Future

OIG will continue to address program and operational vulnerabilities that affect the long-term health and viability of HHS programs.

Priority: Foster sound financial stewardship and reduction of improper payments

Strategy. OIG reviews HHS’s annual financial statement audits and error rate reports. We also conduct targeted reviews to identify improper payments to be recovered and recommend management improvements to systemic weaknesses that contribute to improper payments. For example, our series of hospital audits (available on our [website](#)) identified common billing and payment errors and recommended fixes and recoveries of funds that were overbilled to the Government (overpayments). Looking ahead, OIG will continue to prioritize work on billing and payment errors by providers, effective program administration and contract oversight, and inefficiencies that result in wasteful spending.

Priority: Support a high-performing health care system

Strategy. OIG is working to support a high-performing health care system to foster better health outcomes and lower costs. OIG’s efforts include promoting quality, coordination, and efficiency. We provide technical assistance on safeguards to protect new and changing systems and programs from fraud, waste, and abuse. As HHS manages the transition to payments based on value rather than volume, we plan to conduct reviews and recommend changes to maximize overall value, protect program integrity, and foster value and high performance.

Priority: Promote the secure and effective use of data and technology

Strategy. Data and technology promise to drive improvements in health care and human services at lower costs. OIG will continue to advise program administrators and policymakers on promoting the secure and effective use of data and technology. OIG’s work in this area is summarized on our [website](#). Looking ahead, key focus areas include: the accuracy and completeness of program data (e.g., Medicaid data), the privacy and security of personally identifiable information, and the security and integrity of electronic health records.

Goal Four: Advance Excellence and Innovation

OIG strives to advance excellence and innovation in our own organization and operations.

Priority: Recruit, retain, and empower a diverse workforce

Strategy. OIG achieves its mission through its workforce. To identify, understand, and address the challenges facing HHS, we will continue to invest in our workforce by recruiting and retaining talented employees and by maintaining workforce excellence and the highest standards of professional conduct. We will foster a work environment that enhances productivity, innovation, excellence, and employee satisfaction and will cultivate a culture of continuous improvement. More information about careers at OIG is available on our [website](#).

Priority: Leverage leading-edge tools and technology

Strategy. OIG maximizes the returns on our investments by leveraging data analytics and technology to inform our decisions about where to best direct our resources. For example, analysis of Medicare billing patterns has guided our decisions about where to deploy Medicare Fraud Strike Force teams and data analysis helps us to uncover fraud and conspiracies in specific cases, such as those highlighted in our [Semiannual Report to Congress](#). Looking ahead, we will continue to use the best data, analytic tools, and technologies available to maximize the impact of our work.

Priority: Promote leadership, vision, and expertise

Strategy. In an evolving health and human services landscape, OIG focuses on building leadership and expertise to drive positive change. Our multidisciplinary approach affords us a range of tools to develop sound and innovative solutions. More information about OIG's multidisciplinary workforce is available on our [website](#). As HHS programs, technology, and the environment change, embracing innovation will help us maintain relevance and achieve impact.

OIG Drives Positive Change

In pursuit of our goals and priorities, we employ strategies to drive positive change. These strategies flow from our core values—relevance, impact, customer-focus, and innovation. OIG uses a variety of indicators to monitor, manage, and report on our progress toward our goals.



OIG – Who we are

OIG provides independent and objective oversight that promotes economy, efficiency, and effectiveness in the programs and operations of HHS. OIG’s program integrity and oversight activities are shaped by legislative and budgetary requirements and adhere to professional standards established by the Government Accountability Office (GAO), DOJ, and the Inspector General community. OIG carries out our mission to protect the integrity of HHS programs and the health and welfare of the people served by those programs through a nationwide network of audits, investigations, and evaluations conducted by the following operating components with assistance from OIG counsel and management.

Office of Audit Services

The Office of Audit Services (OAS) provides auditing services for HHS either by conducting our own audits 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; identify misspent funds for recovery; and promote economy and efficiency throughout HHS.

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. OI actively coordinates with DOJ and other Federal, State, and local law enforcement authorities. OI’s investigations often lead to criminal convictions, administrative sanctions, exclusions from participation in Federal health care programs, and/or civil monetary penalties.

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 HHS programs. To promote impact, OEI reports also present practical recommendations for improving program operations.

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 guidance for complying with Federal requirements, publishes fraud alerts, and provides other guidance to the health care industry concerning the anti-kickback statute and other OIG enforcement authorities.

Executive Management

Executive Management (EM) is composed of the Immediate Office of the Inspector General and the Office of Management and Policy. EM is responsible for overseeing the activities of OIG’s components; setting vision and direction, in collaboration with the components, for OIG’s priorities and strategic planning; ensuring effective management of budget, finance, IT, human resources, and other operations; and serving as a liaison with HHS, Congress, and other stakeholders. EM plans, conducts, and participates in a variety of cooperative projects within HHS and with other Government agencies.

Want to learn more about...

Our budget?

OIG's [Congressional Budget Justification](#) presents our resource requirements and planned activities for the forthcoming fiscal year, and reports on recent financial and programmatic results.

Our plans for future work?

OIG's [Work Plan](#) sets forth various projects to be addressed during the fiscal year. OIG conducts risk assessments and engages stakeholders to identify the issues with the greatest potential impact on HHS programs and the people they serve. Throughout the year, OIG responds to emerging issues and makes adjustments to our plans and enforcement efforts.

Our recommendations?

OIG summarizes significant monetary and nonmonetary [recommendations](#) that, when implemented, will result in cost savings and/or improvements in program efficiency and effectiveness.

The top challenges facing HHS?

OIG's [Top Management and Performance Challenges](#) identifies and assesses progress in addressing HHS's most significant management and performance challenges.

What we are reporting to Congress?

OIG's [Semiannual Report to Congress](#) communicates the impact of our efforts (e.g., significant findings and recommendations; criminal, civil, and administrative enforcement actions; expected recoveries from audits and investigations) during the previous 6-month period.

How to report fraud?

The [OIG hotline](#) accepts tips and complaints from all sources about fraud in HHS programs.

<http://oig.hhs.gov/>