

## **OIG Reports That \$4 Billion Dollars Could Be Saved Based Upon Its Findings and Recommendations**

**Richard P. Kusserow | December 23, 2021**

The Department of Health and Human Services Office of the Inspector General (OIG) issued the Fall 2021 [Semiannual Report to Congress](#) (SAR), which describes nearly \$4 billion in expected recoveries as a result of OIG audits and investigations conducted during fiscal year (FY) 2021.

According to a [press release](#), the OIG expects approximately \$787 million to be returned based on program audit findings and \$3 billion to be returned based on investigative work. Additional FY 2021 accomplishments include 532 criminal enforcement actions and 689 civil actions against individuals or entities. The civil actions encompass unjust-enrichment lawsuits, civil monetary penalty settlements, and administrative recoveries related to provider self-disclosure matters. The OIG also excluded 1,689 individuals and entities from participating in federal health care programs.

Additional highlights of the SAR content include the following.

- The COVID-19 pandemic had a devastating impact on Medicare beneficiaries in nursing homes in 2020. Forty percent either had or likely had COVID-19, while overall mortality in nursing homes rose from 17 percent in 2019 to 22 percent in 2020. (See [OEI-02-20-00490](#).)
- The OIG published a toolkit that compiles insights from its oversight of the Unaccompanied Children (UC) Program. It outlines immediate actions for ensuring the health and safety of children in care. The insights draw from past audits, evaluations, and facility visits. (See [OEI-09-21-00220](#)).
- The Medicare program lacks consistent cybersecurity oversight of networked medical devices in hospitals. The OIG found that the Centers for Medicare and Medicare Services' relevant survey protocols do not include requirements for networked device cybersecurity capabilities, and accrediting organizations do not use their discretion to require cybersecurity plans for these devices. (See [OEI-01-20-00220](#)).

- States reported challenges with using telehealth to provide behavioral health services to Medicaid enrollees in managed care organizations. These included a lack of training for providers and enrollees, limited internet connectivity for providers and enrollees, difficulties with providers protecting the privacy and security of enrollees' personal information, and the cost of telehealth infrastructure and interoperability issues for providers. Some states also reported a lack of licensing reciprocity and difficulties with providers obtaining informed consent from enrollees. (See [OEI-02-19-00400](#)).
- The OIG and its law enforcement partners participated in a strategically coordinated, six-week federal law enforcement action to combat COVID-19-related schemes to fraudulently bill Medicare for medically unnecessary testing and medical equipment. The action resulted in criminal charges against 138 defendants, including more than 42 doctors, nurses, and other licensed medical professionals, for more than \$1.4 billion in alleged losses.

For more information on this topic, please contact Richard Kusserow at [rkusserow@strategicm.com](mailto:rkusserow@strategicm.com).