

## OIG Reports Not Having Enough Agents To Take On All Fraud Cases

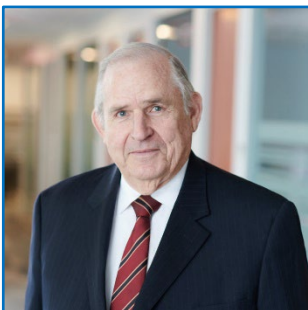
[Richard P. Kusserow](#) | May 2023

### Key Points:

- **80 percent of resources are for oversight of Medicare and Medicaid**
- **OIG turned down 650 cases of potential fraud last year due to lack of staff**
- **At current funding levels, OIG risks being unable to keep pace with fraud threats**

The HHS Inspector General's April 2023 [testimony](#) before Congress reported that although the OIG is addressing cases of serious fraud and abuse, they lack sufficient resources to keep up with the level of fraud and abuse for HHS programs that currently involve more than \$2.4 trillion in HHS expenditures. The OIG turns down hundreds of viable criminal and civil health care fraud cases each year due to an inadequate number of investigators and analytical staff. OIG investigators are in high demand by DOJ for their unparalleled expertise in HHS' complex health care programs and the fraud schemes that exploit them. The OIG received more than 3,562 hotline complaints last year that could have developed into viable cases but had inadequate resources to address them. They also turned down nearly 650 cases from CMS. The OIG's 2023 budget is \$432.5 million, about 2 cents to oversee every \$100 of HHS spending. These resources resulted last year in approximately \$2.7 billion in expected investigative recoveries and 1,446 criminal and civil actions, as well as exclusion of 2,332 individuals and entities from participation in Federal health care programs. Approximately 80 percent of OIG's resources are appropriated to oversee Medicare and Medicaid.

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### About the Author

Richard P. Kusserow established Strategic Management Services, LLC, after retiring from being the DHHS Inspector General, and has assisted over 2,000 health care organizations and entities in developing, implementing and assessing compliance programs.