

**Presented:**  
Annual Health Law Conference

April 30, 2015  
Houston, TX

## **HHS-OIG Enforcement and Compliance**

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The **Office of Inspector General** (OIG) at the U.S. Department of Health and Human Services (HHS) is the largest inspector general office in the federal government. The mission of the office is to protect the integrity of HHS programs as well as the health and welfare of program beneficiaries. HHS has a budget of about \$1 trillion and includes, among other agencies, the Centers for Medicare and Medicaid Services (CMS), the Food and Drug Administration (FDA), National Institutes of Health (NIH), and Centers for Disease Control and Prevention (CDC). Most of OIG's resources go towards the oversight of Medicare and Medicaid.

OIG carries out its mission using a multidisciplinary, collaborative approach, with each component playing a vital role. A nationwide network of audits, investigations, and evaluations results in timely information as well as cost-saving or policy recommendations for decision-makers and the public. That network also assists in the development of cases for criminal, civil and administrative enforcement. OIG also develops and distributes resources to assist the health care industry in its efforts to comply with the Nation's fraud and abuse laws and to educate the public about fraudulent schemes so they can protect themselves and report suspicious activities.

The OIG **Office of Audit Services** (OAS) conducts independent audits of HHS programs and/or HHS grantees and contractors. These audits examine the performance of HHS programs and/or grantees in carrying out their responsibilities and provide independent assessments of HHS programs and operations. These assessments help reduce waste, abuse, and mismanagement and promote economy and efficiency throughout HHS. OAS conducts audits using its own resources and oversees audit work performed by others. OAS is the largest civilian audit agency in the Federal Government. OAS conducts its work in accordance with Government Auditing Standards issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; applicable Office of Management and Budget circulars; and other legal, regulatory, and administrative requirements. OAS also:

- provides assistance in criminal, civil, and administrative investigations conducted by OIG's Office of Investigations and the Department of Justice;
- oversees non-Federal audit activity, including conducting quality control reviews of audits of State and local governments, colleges and universities, and nonprofit organizations; and

- oversees HHS's annual financial statement audits conducted under the Chief Financial Officers Act and HHS's annual Federal Information Security Management Act audits.

The OIG **Office of Evaluation and Inspections** (OEI) conducts national evaluations of HHS programs from a broad, issue-based perspective. The evaluations offer practical recommendations to improve the efficiency and effectiveness of HHS programs, with a focus on preventing fraud, waste, and abuse. The OEI also:

- monitors the impact its recommendations and evaluations have on HHS programs by tracking legislative or regulatory changes, documented savings, improved coordination efforts and other benchmarks;
- provides congressional staff with technical assistance and briefings on proposed or completed work;
- works in concert with other components to identify vulnerabilities in HHS programs and recommend changes; and
- oversees the state Medicaid Fraud Control Units, which investigate and prosecute providers for Medicaid fraud as well as patient abuse and neglect.

The OIG **Office of Investigations** (OI) conducts criminal, civil and administrative investigations of fraud and misconduct related to HHS programs, operations and beneficiaries. State-of-the-art tools and technology assist OIG investigators around the country and help OI meet its goal of becoming the world's premier health care law enforcement agency. The OI also:

- operates an [OIG Hotline](#), which allows the public, industry stakeholders and others to report suspected fraud, waste and abuse;
- coordinates with the Department of Justice and other law enforcement authorities to leverage resources and fraud-fighting efforts;
- provides protective services to the HHS Secretary and participates in public safety and security management activities; and
- works collaboratively with other components to develop appropriate enforcement actions and recommend fixes to aspects of HHS programs vulnerable to fraud.

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First appeared as part of the conference materials for the

27<sup>th</sup> Annual Health Law Conference session

"Enforcement and Compliance"