

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF INSPECTOR GENERAL**

**FINAL FY 2001 GPRA PERFORMANCE PLAN**  
**REVISED FINAL FY 2000 GPRA PERFORMANCE PLAN**  
**AND**  
**FY 1999 GPRA PERFORMANCE REPORT**

**January 2000**

# TABLE OF CONTENTS

	Page
PART I - CONTEXT FOR PERFORMANCE MEASUREMENT	
1.1 Mission and Long-Term Goals .....	1
1.2 Organization, Programs, Operations, Strategies and Resources .....	2
1.3 Partnerships and Coordination .....	4
1.4 Summary FY 1999 Performance Report .....	4
PART II - PROGRAM PLANNING AND ASSESSMENT	
2.1 Program - Office of Inspector General	
2.1.1 Program Description, Context and Summary of Performance .....	6
2.1.2 Presentation of Performance .....	6-12
APPENDIX	

# OIG FY 2001 PERFORMANCE PLAN AND FY 1999 PERFORMANCE REPORT

## PART I – CONTEXT FOR PERFORMANCE MEASUREMENT

### 1.1 Mission and Long-Term Goals

The mission and goals of the OIG, were derived from the Inspector General Act of 1978 (P.L. 94-452), as amended, and formally adopted as part of our strategic planning process:

#### *Mission*

Under the authority of the IG Act, we improve HHS programs and operations and protect them against fraud, waste, and abuse. By conducting independent and objective audits, evaluations, and investigations, we provide timely, useful, and reliable information and advice to Department officials, the Administration, the Congress, and the public.

#### *Long-Term Goal and Objectives in Direct Support of the Mission*

*Long-Term Goal* - To have a Positive Impact on HHS Programs

*Objective 1.A.* - Plan and execute OIG work to: 1) detect and prevent fraud, waste, and abuse; 2) improve service delivery efficiency and effectiveness of HHS programs; and 3) address issues of concern to the Secretary, the Administration, and the Congress.

*Objective 1.B* - Effectively communicate information and recommendations that achieve maximum impact on HHS operations and the delivery of program services.

*Objective 1.C* - Foster cooperation with decision-makers and others who share the OIG commitment to improving HHS programs, consistent with the OIG Mission, Goals and Objectives.

The other long-term goals and objectives in the Strategic Plan focus on internal management issues and, therefore, are not presented here.

*Health Care Fraud and Abuse Control Program Goals* - The Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191, HIPAA) amended the Social Security Act and created the Health Care Fraud and Abuse Control Program (HCFAC). The OIG currently obtains the dominant share of its resources via the Medicare Trust Fund and, in turn, expends these resources on achieving HCFAC's goals.

Under the joint direction of the Attorney General and the Secretary, the HCFAC Program's goals are to:

- (1) coordinate federal, state and local law enforcement efforts relating to health care fraud and abuse;
- (2) conduct investigations, audits, and evaluations relating to the delivery and payment for health care in the United States;
- (3) facilitate enforcement of applicable remedies for such fraud;
- (4) provide guidance to the health care industry regarding fraudulent practices; and
- (5) establish a national data bank to receive and report final adverse actions against health care providers.

## **1.2 Organization, Programs, Operations, Strategies and Resources**

Within the Department, the OIG is an independent organization, reporting to the Secretary and communicating directly with the Congress on significant issues.

The OIG is comprised of the following components:

- Ⓒ *The Office of Audit Services* (OAS) conducts and oversees audits of HHS programs, operations, grantees and contractors; identifies systemic weaknesses that give rise to opportunities for fraud and abuse; and makes recommendations to prevent their recurrence. OIG auditors also perform financial statement audits under the Chief Financial Officers (CFO) Act of 1990 and the Government Management Reform Act (GMRA) of 1994.
- Ⓒ *The Office of Investigations* (OI) develops cases concerning fraud, waste, abuse, and mismanagement which occur within the Department's programs. Working with Federal and State law enforcement agencies, OIG investigators pursue criminal actions, civil actions and exclusions against those who commit fraud or who thwart the effective administration of HHS programs. OIG investigations focus on: the providers of services and supplies under Medicare and Medicaid; program applicants and grantees; beneficiaries and other recipients of Federal funds; and HHS employees.

- Ⓒ *The Office of Evaluation and Inspections (OEI)* conducts short-term program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public, such as Medicare services, device and drug approvals/removals, child support enforcement programs, and Medicare client satisfaction. The results of this work generate rapid and reliable information on how well HHS programs are operating and offer recommendations to improve their efficiency and effectiveness.
  
- Ⓒ *The Office of Counsel to the Inspector General (OCIG)* provides legal counsel and representation to the OIG with respect to fraud and abuse investigations, audits, evaluations, and internal OIG management matters. OCIG provides legal services with respect to OIG administrative sanctions as well as the negotiation of global settlements in major fraud and abuse cases, in conjunction with the Department of Justice. OCIG also provides guidance to the health care industry on the operation and scope of fraud and abuse laws and promotes compliance through the development of corporate integrity plans.
  
- Ⓒ *The Office of Management and Policy (OMP)* provides support services to OIG, including congressional relations, legislative and regulatory review and public affairs, strategic planning and budgeting, financial and information management, resources management, and preparation of the OIG's semiannual and other reports.

These OIG components provide oversight of all HHS programs and provide policy guidance and technical expertise to the Department, its contractors, other Federal agencies, and private organizations. Nearly 80 percent of OIG activities are carried out in more than 60 field offices consisting of auditors, investigators, and evaluation specialists.

The OIG is expanding its resources, as required under the fraud and abuse provisions of the Health Insurance Portability and Accountability Act of 1996. By the year 2002, we will have a total of more than 80 field locations, including at least one in every state.

The OIG deploys its resources for best value and impact via an annual work plan that addresses the highest priority issues of the Secretary, the Administration, and the Congress. Thus, the activities of the OIG are fully supportive of the HHS Strategic Plan and the plans of the Department's operating divisions.

The OIG's strategic goals, annual work plan, and annual performance plan are fully integrated and support the OIG's annual budget request.

As a single program activity with a Department-wide mission, the OIG serves the entire U.S. population, all of whom benefit from HHS programs; but particularly those most vulnerable in our society, including the elderly, children, the ill, and the poor.

In carrying out its mission, the OIG works with the Department, its operating divisions, the Department of Justice, other agencies, and the Congress to bring about systemic changes, successful prosecutions, negotiated settlements, and recovery of funds.

The importance of teamwork with our partners in HHS, other executive branch agencies, the Congress, and State Governments cannot be overemphasized. Without it, much of the work of the OIG would be unable to bear fruit.

As an example, the OIG Office of Investigations conducts criminal, civil, and administrative investigations of alleged wrongdoing in HHS programs or to HHS beneficiaries. Many of these investigations lead to criminal convictions, administrative sanctions, or civil monetary penalties. The OIG has the authority to impose sanctions and penalties, but it relies on the U.S. Attorneys of the Department of Justice to obtain convictions in the Federal Courts. By the same token, the quality and quantity of our investigations have a direct bearing on the success of our partners in the criminal justice system. The practical effect of this on the OIG is that we rely on the efforts of the entire system, of which we are but one part, as the means for achieving our results.

Analogous mutually dependent relationships exist with regard to the work of our Offices of Audit Services, Evaluation and Inspections, and Counsel to the Inspector General.

### **1.3 Partnerships and Coordination**

The OIG works closely, on an ongoing basis, with the Department of Justice, the States, and all components of HHS, but especially the Health Care Financing Administration, the Administration on Aging, and the Health Resources and Services Administration with regard to the HCFAC Program, and with the Administration for Children and Families with regard to the Child Support Enforcement initiative.

### **1.4 Summary FY 1999 Performance Report**

*Introductory Overview* - The OIG has operated in a results-oriented culture since its beginning, reporting to the Congress and others regularly on the results of its efforts; and clearly demonstrating each year that funds provided to the OIG have been wisely spent, and, in fact, have been returned many times over. The Results Act, therefore, represents an extension of an already well-established way of doing business.

*Quantitative Outcome Measures* - The OIG uses several performance measures to gauge its effectiveness. Some are monetary, including:

    C expected recoveries stemming from the successful prosecution of cases developed by OIG investigations,

- ⊆ expected recoveries arising from audit disallowances,

- ⊆ savings attributable to the implementation of OIG recommendations via legislative, regulatory, or administrative means.

*Qualitative Outcome Measures* - Others apply to qualitative results that improve consumer protection and program administration:

Consumer Protection -

- ⊆ increased consumer safety,
- ⊆ improved quality of care,
- ⊆ increased consumer access,

Program Administration -

- ⊆ improved program efficiency/effectiveness,
- ⊆ reduced vulnerability to fraud and abuse,
- ⊆ increased program coordination,
- ⊆ improved program controls,
- ⊆ increased compliance,
- ⊆ improved reporting.

*Additional Comments on OIG Measures* - We view these as interim outcome measures. The major related output measures include the number of investigations, audits, and inspections done; the number of exclusions of providers and other entities; and the number of corporate integrity agreements.

Although the most important outcome of OIG effectiveness may be its deterrent effect based on systemic changes and widespread knowledge of the high likelihood of detection and successful prosecution, data do not exist to measure this.

Our experience with these interim outcome measures is that they are subject to predictable influences, such as budget and staffing levels; and unpredictable events, such as the discovery of individual cases of fraud with the potential to yield awards or settlements that are orders of magnitude above most others. In addition, it often takes several years after the completion of work on a given investigation, audit, or inspection for its outcome to be final, and its results known. Overall, this characteristic of OIG work renders trend analysis of little value in projecting future goals.

*Summary of Performance* - The OIG carried out a number of initiatives in furtherance of its mission to protect HHS programs and the health and welfare of the beneficiaries served by them. Highlights of the OIG's accomplishments follow.

For FY 1999, OIG reported savings of \$12.6 billion, including \$11.9 billion in implemented recommendations and other actions to put funds to better use, \$251.5 million in audit disallowances, and \$407.7 million in expected recoveries resulting from investigations (fines, penalties, restitution, and forfeitures).

In addition, for FY 1999, OIG reported 2,976 exclusions of individuals and entities for fraud or abuse of Federal health care programs and/or their beneficiaries, 401 convictions of individuals or entities that engaged in crimes against departmental programs, and 541 civil actions.

These results indicate that FY 1999 was a year of continued success in using our resources highly effectively.

## **PART II – PROGRAM PLANNING AND ASSESSMENT**

### **2.1 Program - Office of Inspector General**

#### **2.1.1 Program Description, Context and Summary of Performance**

See Part I of this Plan/Report

#### **2.1.2 Presentation of Performance**

*Performance Plan Goals and Measures for Goal 1 -  
Have a Positive Impact on HHS Programs*

*Return on Investment* - We are fortunate that we can set a goal applicable to the largest share of OIG work, regardless of organizational component, and gauge our performance by a measure that is more analogous to the private sector than is possible in most government organizations. This measure is return on investment (ROI).

ROI combines the following desirable attributes:

- Ⓒ it is outcome oriented,
- Ⓒ it reveals the cost-effectiveness of the OIG's achievements,
- Ⓒ it promotes teamwork because the quality and efficiency of each component's work, even if in support of another component's assignment, contributes to the shared goal.

The return is categorized into the following:

- Ⓒ *Expected Recoveries* (also called receivables), which include fines, penalties, restitution, forfeitures, and final audit disallowances;



- Ⓒ *Savings*, which includes funds not expended as a result of OIG-recommended policy changes implemented through legislative, regulatory, or administrative action; and redirected funds (also called funds put to better use).

#### *GPRA-Related Issues Regarding Return on Investment*

- Ⓒ OIG work in any given year generally cannot be associated with the results reported for that year. The reasons for this are the long lead time needed to complete legal actions and commence collection efforts, and the time needed for organizations to implement the recommendations of the OIG.
- Ⓒ Year to year expected recoveries are often affected by the unpredictability of court awards and audit disallowances, which cannot be anticipated in terms of amount nor timing. In contrast, savings (as defined above) are nearly entirely predictable in that they are formally scored by the Congressional Budget Office and spread over a period of five years. But this type of predictability works against the purpose of GPRA in that most of the actual savings are known well in advance of the development of our annual performance plan.

Probably the most important consequence of these realities to GPRA planning and reporting is that it is not possible to associate the resources applied in any given year with the results reported for that year.

#### *Approach to Targets for Return on Investment*

ROI targets in both previous GPRA performance plans (FY 1999 and 2000) were based on percentage improvements over the results of FY 1996 (the baseline year). The experience of the past two years, together with consideration of the above factors, and the desire to establish more congruence with the Health Care Fraud and Abuse Control (HCFAC) Program led us to change our approach to ROI goal-setting. HCFAC established an expected ROI for investigative recoveries and audit disallowances of 7:1. It also theorized that the successes of the HCFAC program, and their visibility, would result in a “sentinel” effect that would deter fraud and abuse, thus leading to reduced recoveries over time.

The following changes will affect the targets previously adopted for FY 2000, as well as FY 2001:

- Ⓒ Expected Recoveries ROI for FY 2000 and 2001 will be 8:1
- Ⓒ Savings for FY 2000 and 2001 will be 70% of the Balanced Budget Act of 1997 savings for those years, as determined by the Congressional Budget Office. Seventy percent was chosen because it is likely that the Medicare, Medicaid, and SCHIP Balanced Budget

Refinement Act of 1999, which was included as part of the omnibus D.C. Appropriations Act, will reduce previously scored savings.

The net effect of the changes in the approach to target-setting is an increase in the return on investment, as illustrated below using FY 2000 before and after comparison:

**Comparison of Targets - FY 2000**

	Original Target	New Target
Expected Recoveries from Investigative Receivables and Audit Disallowances per Dollar Invested	\$11.37	\$8.00
Savings from Recommendations Implemented via Laws, Regulations, and Funds Put to Better Use, per Dollar Invested	\$142.81	\$209
Total Expected Recoveries and Savings per Dollar Invested	\$62.74	\$75

*Report of Actual FY 1999 Performance is summarized in Part I of this document.*

*FY 2001 Return on Investment Targets*

This new approach results in an overall OIG return on investment target for FY 2001 of \$91 — a 39% increase over the previous target.

**Actual and Target Returns per Dollar Invested in the OIG**

	Target	Actual
Expected Recoveries from Investigative Receivables and Audit Disallowances per Dollar Invested	FY 01: \$8.00 FY 00: \$8.00 FY 99: \$10.87	FY 99: \$7.73 FY 98: \$8.38 FY 97: \$21.11 FY 96 (baseline): \$9.88
Savings from Recommendations Implemented via Laws and Regulations, as well as Funds Put to Better Use, per Dollar Invested	FY 01: \$257 FY 00: \$209 FY 99: \$137	FY 99: \$284 FY 98: \$286 FY 97: \$152 FY 96 (baseline): \$124

Total Expected Recoveries and Savings per Dollar Invested	FY 01: \$91	
	FY 00: \$75	
	FY 99: \$60	FY 99: \$99
		FY 98: \$99
		FY 97: \$71
		FY 96 (baseline): \$55

*Additional Comments on Return on Investment* - We believe it is important to emphasize the following with regard to return on investment:

- C Although the target values of return per dollar invested are ratios and thus are independent of the size of the OIG budget, the *total amount* of expected recoveries and savings in any given year is directly dependent on the number of dollars available for investigation, enforcement, audit, and evaluation resources.
- C OIG returns are highly dependent on the success of our partners, the U.S. Attorneys and other components of the Department of Justice, state authorities, Congress, HHS Operating and Staff Divisions, and others, to prosecute criminal cases successfully, arrive at civil settlements, enact necessary legislation, recover misspent funds, or implement recommendations for program improvements. These are functions that are beyond the OIG’s control, and without which our efforts would be unable to bear fruit.

*Improvements in the Quality of HHS Programs* - No less important than financially quantifiable results are those that improve the quality of HHS programs. The Appendix contains a matrix which depicts our approach to measuring OIG qualitative impact. The rows on this matrix represent the types of impact, as introduced in Part I of this plan. The columns are the categories of means by which OIG qualitative impact occurs.

Scheduled and currently ongoing OIG work is being tracked using a system which allows the documentation of process outcomes in the form of “Anticipated Actions,” and desired final outcomes in the form of “Anticipated Implications.”

Completed work is being tracked on an open-ended basis to make it possible to document intermediate outcomes in the form of OIG “Action Taken,” and final outcomes in the form of “Implications.”

Our experience suggests that the accumulation of qualitative impact may be expected to continue for several years in some cases. The key implication of this is that for much of the work begun and completed in FY 2001, results will not be reportable until one or more years thereafter.

*Performance Plan Goals and Measures for Goal 2 -  
Manage Operations Effectively and Efficiently*

*Percentage of Draft Reports Delivered in One Year or Less* - An important measure of OIG effectiveness is the timeliness of our reports. Reports which are not timely can be less valuable to decision-makers. Slipped completion dates may be signs of poor internal coordination; or policies, processes, or procedures that may need improvement. Our goal is to complete at least 75-80% of our draft reports in one year or less. This represents a change from the previous target of 90%. Analysis of recent draft reports which exceeded the one-year completion target led to the conclusion that most of these reports were delayed by factors beyond the control of the OIG, such as job delays caused by legislative changes. As a result, the more meaningful 75-80% target was adopted.

*Percentage of Employees with OIG Standard Desktop Hardware, Software, and Communication Tools* - This performance measure is being discontinued because it does not appear to warrant attention at this time. The entire organization now has the hardware, software and communications tools it needs, and there is no current cause for concern that this will not continue to be the case in the foreseeable future.

*Report of Actual Performance - FY 1999*

**Manage Operations Effectively and Efficiently**

	FY Targets	Actual Performance
Percentage of Draft Reports Delivered in One Year or Less	FY 01: 75-80% FY 00: 75-80% FY 99: 90%	FY 99: 78% FY 98: 76% FY 97: 76% FY 96 (baseline): 65%
Percentage of Employees with OIG Standard Desktop Hardware, Software, and Communication Tools	FY 01: discontinued FY 00: discontinued FY 99: 100%	FY 99: 100% FY 98: 100% FY 97: N/A FY 96 (baseline): N/A

At the present time, the sole measure for this goal is the percentage of draft reports delivered in one year or less. In FY 1999, of 185 audit and inspection reports (excluding pre-award audits which, by their nature, are completed in several days), 78% were completed in one year or less.

*Performance Plan Goals and Measures for Goal 3 -  
Develop Highly Skilled and Committed Staff*

*Training Hours per Employee* - OIG investment in training is intended to contribute to the more highly motivated and proficient staff we will need if we are to reach the higher level of productivity essential to the attainment of our goals. We have set our training goal at a minimum average of 40 hours per person per year.

*Percentage of Employees Who File Grievances* - Our experience to date with this performance measure suggests that it does not warrant continued inclusion in the OIG annual performance plan. Our record in this area is strong, and continued scrutiny in the plans and reports cannot be expected to yield better results.

*Results of Biennial Survey* - We will conduct our next biennial survey in FY 2001. In addition, we will broaden our measure by having it consist of four, rather than one question about employee satisfaction.

*Report of Actual Performance - FY 1999*

**Develop Highly Skilled and Committed Staff**

	FY Targets	Actual Performance
Training Hours per Employee	FY 01: 40 FY 00: 40 FY 99: 40	FY 99: 69 FY 98: 59 FY 97: 51 FY 96 (baseline): N/A
Rate per 1000 FTE Employees Who File Grievances	FY 01: Discontinued FY 00: Discontinued FY 99: <1.0	FY 99: <1.0 FY 98: 1.8 FY 97: 1.0 FY 96 (baseline): 2.2
Employee Satisfaction, Based on Biennial Survey: Percentage of Employees with positive responses to four key questions	FY 01: 80% FY 00: N/A FY 99: 80%	FY 99: 88% FY 98: N/A FY 97: N/A FY 96 (baseline): N/A

*Training Hours per Employee* for 1999 were 69 — well above our goal of 40. This occurred because new employees, hired as part of the Health Care Fraud and Abuse Control (HCFAC) Program implementation, require extensive training to qualify them for their new positions. As the HCFAC program implementation winds down, the average hours per employee can be expected to return to a number more in line with the goal.

*The Rate per 1000 FTE Employees Who File Grievances* remained under one and, as mentioned previously, this goal is being dropped as of FY 2000.

*The OIG biennial employee survey*, consisting of 27 questions, was conducted early in FY 1999. The overall measure of “employee satisfaction” was included for the first time that year. The 88% level of overall employee satisfaction met our 80% goal, and suggests that the OIG is on the right track in terms of building a quality organization from the perspective of its employees.

This overall result was also reflected in the OIG results of its participation in the HHS *Quality of Work Life Survey on Organizational Climate: Human Resource Management Index*, conducted in February 1999. The HHS survey, which was based on a sample of employees, reported the following with regard to the OIG: “Based on the responses of 138 employees, the HRM Index for your component was high compared to the total organization surveyed.

## APPENDIX

### A1. Approach to Performance Measurement

**Methodology** - The approach to measurement of monetary results was presented in the body of the plan. The matrix on the following page depicts the approach to structuring and categorizing qualitative results.

**Data Collection and Validation** - The quantitative data we propose using has been collected and reported for several years. The results of the pilot phase of Operation Restore Trust have been validated by Abt Associates, Inc., an internationally recognized research organization. The General Accounting Office also is performing validity checks on an ongoing basis as the Health Care Fraud and Abuse Control Program (HCFAC) continues with its implementation. In addition, with several entities independent of the OIG (including the Department of Justice and HHS Operating Divisions) playing essential roles in prosecuting cases developed by the OIG or implementing OIG recommendations, reconciliation of the results of these joint efforts is an integral part of the process.

The qualitative data will include documentation for each achievement claimed.

### A2. Linkage to HHS and OIG Strategic Plans

Tables linking the performance plan to the HHS and OIG Strategic Goals are appended.

**APPENDIX A1**

**MEASURING OIG QUALITATIVE IMPACT**

	<b>MEANS OF IMPACT</b>					
<b>TYPE OF IMPACT</b>	Legislative Change	Regulatory Change	Policy Change	Practice Change	Enforcement Actions	Industry Guidance and Monitoring
<b>Consumer Protection:</b>						
Increase Safety						
Improve Quality of Care						
Increase Access						
<b>Program Administration:</b>						
Improve Efficiency, Effectiveness						
Reduce Fraud and Abuse Vulnerability						
Increase Coordination						
Improve Controls						
Increase Compliance						
Improve Reporting						



**Appendix A2(A) - FY 2001 Performance Goals and Linkage to OIG Strategic Goals**

OIG Strategic Goals and Objectives	FY 2001 Performance Goals
<p>Goal 1: Have a positive impact on HHS programs.</p> <p align="center"><i>Objectives</i></p> <ul style="list-style-type: none"> <li>• Plan and execute work to: detect and prevent fraud, waste, and abuse; improve service delivery efficiency and effectiveness of HHS programs; and address issues of concern to the Secretary, the Administration, and Congress.</li> <li>• Effectively communicate information and recommendations that achieve maximum impact on HHS operations and services.</li> <li>• Foster cooperation with decision-makers and others.</li> </ul>	<p>OIG impact on HHS programs will be determined by a combination of quantifiable and nonquantifiable indicators.</p> <p>The quantifiable indicator is return on investment (ROI). We will subdivide ROI into two major OIG categories: (1) expected recoveries from (a) investigations which lead to successful criminal prosecutions and/or civil settlements, and (b) final audit disallowances; (2) savings from implemented recommended changes in laws, regulations, policies, or program practices.</p> <p>The overall 2001 goal is an ROI of: <span style="float: right;">91:1</span></p> <p>The components of the overall ROI consist of:</p> <ul style="list-style-type: none"> <li>• Expected Recoveries: <span style="float: right;">8:1</span></li> <li>• Savings: <span style="float: right;">257:1</span></li> </ul> <p>Qualitative impact will be categorized in accordance with the Appendix A matrix and presented in narrative form.</p>
<p>Goal 2: Manage effectively and efficiently.</p> <p align="center"><i>Objectives</i></p> <ul style="list-style-type: none"> <li>• Foster better internal coordination.</li> <li>• Continue to improve OIG policies, processes and procedures.</li> <li>• Improve office environment and information systems.</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of draft reports delivered in one year or less: <span style="float: right;">75-80%</span></li> </ul>
<p>Goal 3: Develop highly skilled and committed staff.</p> <p align="center"><i>Objectives</i></p> <ul style="list-style-type: none"> <li>• Hire qualified people.</li> <li>• Provide developmental opportunities.</li> <li>• Foster respect in the work place.</li> <li>• Recognize performance that contributes to achieving the mission.</li> </ul>	<ul style="list-style-type: none"> <li>• Average training hours per employee: <span style="float: right;">40 hrs/yr</span></li> <li>• Employee satisfaction, based on biennial survey: <span style="float: right;">N/A</span></li> </ul>

## Appendix A2(B) - Relationship of OIG Work to HHS Strategic Goals

OIG FY 2000-2001 Initiatives	HHS Strategic Goals (See key below)					
	RMT	E&S	A&I	Qual	PHSys	HlthRes
<b>DISCRETIONARY INITIATIVES</b>						
<b>Focus Area: Public Health Issues</b>						
Clinical Investigations of Human Drugs				X		X
Biennial Drug and Device Manufacturer Inspection Requirement				X		
Oversight of Blood Safety Consent Decrees				X		
FDA's Anti Bio-terrorism Program	X					
Drug Advertising				X		
HIV/AIDS: Service Integration Models - CDC, HRSA and SAMHSA				X	X	
Controls Over Physical Security at CDC					X	
SAMSHA Block Grant Administration			X		X	
HRSA Tech Assistance and Monitoring of Community Health Centers					X	
IHS: Competitively Priced Health Care from Private Providers			X		X	
Tribal Self-Governance Compacting Process		X	X	X	X	
NIH Cancer Information Service	X					
NIH Handling, Storage and Disposal of Equip. Exposed to Hazmats						X
Oversight of Psychiatric Hospitals				X		
Psychiatric Hospitals Patient Abuse Reporting				X		
Immunization Registries	X				X	
Children's Health Insurance Program			X			
Disclosure Statements Submitted by Universities			X			
Public Health Fraud Investigations			X		X	
<b>Focus Area: Administration for Children and Families</b>						
Operation of TANF Programs		X				
Child Care Technical Assistance				X		
Child Care and Head Start Operation and Coordination				X		
Child Support Enforcement		X				

<b>HHS STRATEGIC GOALS</b>
RMT - Reduce the Major Threats to the Health and Productivity of All Americans
E&S - Improve the Economic and Social Well-being of Communities, Families, and Individuals in the U.S.
A&I - Improve Access to Health Services and Assure Integrity of the Nation's Health Entitlement and Safety Net Programs
Qual - Improve the Quality of Health Care and Human Services
PHSys - Improve Public Health Systems
HlthRes - Strengthen the Nation's Health Sciences Research Enterprise and Enhance Its Productivity

OIG FY 2000-2001 Work Initiatives	HHS Strategic Goals (See key below)					
	RMT	E&S	A&I	Qual	PHSys	HlthRes
Increasing Collections via Child Support Enforcement Task Forces		X				
Child Welfare, Child Protection and Child Development Systems		X		X		
Foster Care		X		X		
Head Start		X				
Developmental Disabilities				X		
Immigrants and Public Benefits			X			
Refugee Settlement and Community Services Programs' Integrity			X			
<b>Focus Area: Administration on Aging</b>						
Services for the Aged		X	X			
<b>Department-wide Initiatives</b>						
State Funds and Revenue relating to Federal grants and programs			X			
Financial Statements in accordance with the CFO GMRA Acts			X			
GPRA Performance Measurement and Related Data Systems			X			
EDP Auditing			X			
<b>HEALTH CARE FRAUD AND ABUSE CONTROL (HCFAC) INITIATIVES</b>						
Billing of Routine Services on a "Stat" Basis			X			
Hospital Outpatient Laboratory Billing Fraud Project			X			
National Hospital Projects: PPS Hospital Transfer Claims			X			
Pneumonia Upcoding Investigations in Over 100 Hospitals			X			
Other Major Criminal and Civil Investigations (approximately 1,850)			X			
Overview of Medicare Part C: Medicare + Choice			X			
Nationwide Comprehensive Outpatient Rehab Facilities Review			X			
Dually Eligible Beneficiaries: Coordination of Care and Billing			X			
Medicare Secondary Payer Compliance			X			
Appropriateness of Claims for Various ESRD Services				X		
Patient Dumping: Increased Enforcement Activity				X		
Development and Issuance of Industry Compliance Program Guidance			X			
Monitor Compliance With Over 500 Corporate Integrity Agreements			X			

**HHS STRATEGIC GOALS**

RMT - Reduce the Major Threats to the Health and Productivity of All Americans

E&S - Improve the Economic and Social Well-being of Communities, Families, and Individuals in the U.S.

A&I - Improve Access to Health Services and Assure the Integrity of the Nation's Health Entitlement and Safety Net Programs

Qual - Improve the Quality of Health Care and Human Services

PHSys - Improve Public Health Systems

HlthRes - Strengthen the Nation's Health Sciences Research Enterprise and Enhance Its Productivity

OIG FY 2000-2001 Work Initiatives	HHS Strategic Goals (See key below)					
	RMT	E&S	A&I	Qual	PHSys	HlthRes
Issue Approximately Four Fraud alerts/Special Advisory Bulletins			X			
Exclusion of Providers from Health Programs, As Appropriate			X	X		
Assessment of Medicare Contractor Operations and Reforms			X			
Medicare Contractor Administrative Costs			X			
Physician Payments: Various Projects Regarding Coding and Billing			X			
Critical Care Services Billing			X			
Medical Equipment and Supplies Claims			X			
Medicare Outpatient Prescription Drug Pricing			X			
Medicare Home Health Review			X			
Billing by Podiatrists			X			
Evaluation of Implementation of Nursing Home Reforms			X	X		
Peer Review Organization Costs			X			
Medicaid Program Integrity, Incl. Ways to Reduce Erroneous Payments			X			
Federal/State Joint Medicaid Audits			X			
Medicaid Data systems			X			
Medicaid Managed Care			X			
Clinical Laboratories' Billing for Services			X			
Health Integrity Program Data Bank Oversight			X			
EDP Audits: Medicare, Medicaid, CHIP, Selected Aspects of MMIS			X			

**HHS STRATEGIC GOALS**

RMT - Reduce the Major Threats to the Health and Productivity of All Americans

E&S - Improve the Economic and Social Well-being of Communities, Families, and Individuals in the U.S.

A&I - Improve Access to Health Services and Assure the Integrity of the Nation's Health Entitlement and Safety Net Programs

Qual - Improve the Quality of Health Care and Human Services

PHSys - Improve Public Health Systems

HlthRes - Strengthen the Nation's Health Sciences Research Enterprise and Enhance Its Productivity