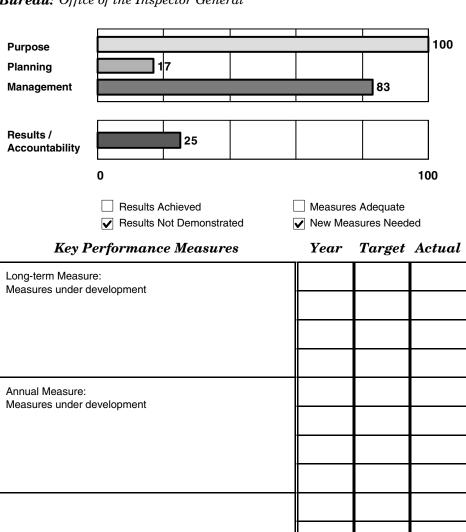
Program: Health Care Fraud and Abuse Control (HCFAC)

Agency: Department of Health and Human Services

Bureau: Office of the Inspector General



Rating: Results Not Demonstrated

Program Type: Direct Federal

Program Summary:

The Health Care Fraud and Abuse Control (HCFAC) program funds efforts to prevent health care fraud, waste, and abuse including prevention, audits and investigations.

The assessment found that the program purpose is articulated clearly by the agency and the authorizing statute, with a design that is appropriate to achieve the mission. Additional findings include:

- 1. The program does not use objective data to establish workplans, allocate resources, or measure program performance, but rather managers use their professional judgment to identify and pursue program activities.
- 2. The program has a good management track record. GAO's independent audit of the program has certified in each of the three biennial reports that the financial management practices are free from material weaknesses.
- 3. The program has demonstrated anecdotal success in helping to reduce fraud, waste and abuse. It has also resulted in identifying and recommending corrections to close loopholes or stop abusive billing practicies.
- 4. While providing some information on the status of fraud and abuse activities, the existing goals -- return on investment, expected recoveries, and program savings -- do not objectively measure if the program achieves its mission. The current measures do not demonstrate whether health care fraud and abuse have decreased, which is the program's ultimate mission.

In response to these findings, the Administration will:

1. Develop performance measures that are closely tied to the program's mission; measurable against an established, objective baseline; and can be used to make resource allocation decisions.

Program Funding Level (in millions of dollars)

2002 Actual	2003 Estimate	2004 Estimate
139	160	160