DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

FY 2010 Online Performance Appendix

The FY 2010 Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2010 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at http://www.hhs.gov/budget/docbudget.htm.

The FY 2010 Congressional Justification and accompanying Online Performance Appendices contain the updated FY 2008 Annual Performance Report and FY 2010 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Citizens' Report summarizes key past and planned performance and financial information.

Message from the Inspector General

Dear Reader:

I am pleased to present the fiscal year (FY) 2010 Online Performance Appendix to accompany the U.S. Department of Health and Human Services' (HHS) Office of Inspector General (OIG) Justification of Estimates to Appropriations Committees. Since its establishment in 1976, this office has consistently achieved commendable results in fulfilling its mission to protect the integrity of HHS programs and the health and welfare of HHS program beneficiaries.

OIG's staff of more than 1,500 professionals carries out this mission through a nationwide network of audits, evaluations, investigations, and enforcement and compliance activities. Our mission encompasses the more than 300 programs administered by HHS. In conformance with the terms of our mandatory funding streams, we direct the majority of our resources toward safeguarding the integrity of the Medicare and Medicaid programs and the health and welfare of their beneficiaries. Consistent with our responsibility to oversee all departmental programs, we direct our discretionary resources to ensure the efficiency and effectiveness of HHS's other programs and management processes, focusing on key issues such as food and drug safety, conflict of interest and financial disclosure policies, oversight of HHS discretionary programs, the awarding and administration of contracts, and grants management.

As HHS programs and operations grow in size, scope, and complexity it is essential that they are simultaneously protected against threats of fraud, waste, and abuse. In FY 2008, the most recent fiscal year for which OIG performance data is available, OIG's contributions to safeguarding HHS programs from threats of fraud, waste, and abuse and to promoting economy, efficiency, and effectiveness in HHS programs included:

- $2.35 billion in HHS receivables were court ordered or agreed to be paid through civil settlements that resulted from cases developed by OIG investigators;
- $1.33 billion in audit recoveries were agreed to be pursued by HHS program managers as a result of OIG audit disallowance recommendations;
- the return on investment measuring the efficiency of OIG's health care oversight efforts continued its trend of increasing returns and reached $17 to $1 in the reporting period ending in FY 2008; and
- HHS program managers accepted and agreed to implement 85 of OIG's quality and management improvement recommendations.

The performance information in this report describes OIG's accomplishments in several key aspects of measuring organizational impact. At the time of this report, there are no known weaknesses in the accuracy, completeness, or reliability of the information used to develop it.

Daniel R. Levinson
Inspector General

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American Recovery and Reinvestment Act

The American Recovery and Reinvestment Act (Public Law, 111-5, "ARRA") was signed into law by President Barack Obama on February 17, 2009. It is an unprecedented effort to jumpstart our economy, create or save millions of jobs, and put a down payment on addressing long-neglected challenges so our economy can thrive in the 21st century. The Act is an extraordinary response to a crisis unlike any other since the Great Depression, and includes measures to modernize our nation's infrastructure, enhance energy independence, expand educational opportunities, preserve and improve affordable health care, provide tax relief, and protect those in greatest need.

The OIG received $17 million in ARRA funding for general oversight of HHS' ARRA-related expenditures. Additionally, OIG received $31.3 million in supplemental funding through ARRA to address budgetary shortfalls for funding OIG's Medicaid fraud and abuse activities.

More information on the ARRA programs in OIG and other HHS agencies can be found at http://www.hhs.gov/recovery.

Summary of Targets and Results

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2007	3	3	100%	3	100%
2008	3	3	100%	3	100%
2009	3	0	0%	0	0%
2010	3	0	0%	0	0%

Performance Detail

The OIG Online Performance Appendix includes three measures that express significant aspects of OIG's progress in accomplishing its mission of combating fraud, waste, and abuse and promoting economy, efficiency, and effectiveness in HHS programs and operations. These performance measures are:

(1) a 3-year moving average of expected recoveries resulting from OIG health care oversight,
(2) a 3-year moving average of the return on investment resulting from OIG health care oversight, and
(3) the number of accepted quality and management recommendations.

OIG's performance measures reflect its interdependence and collaboration with a network of oversight and enforcement partners at all levels of government. For example, OIG's investigators and attorneys work closely with the Department of Justice (DOJ), State Medicaid Fraud Control Units, and local law enforcement to develop cases and pursue enforcement actions. As a result of these working relationships, OIG's performance measures for expected recoveries and return on investment are affected by the external factors impacting our partner agencies. For example, DOJ's resource constraints and prosecutorial discretion affect the pursuit of criminal and civil enforcement actions in cases investigated and referred by OIG.

Similarly, OIG's impact o the economy, efficiency, and effectiveness of HHS programs and operations through audits and evaluations depends on implementation of OIG recommendations by program managers and policymakers. Although OIG's reports include findings and recommendations intended to achieve cost savings or program improvements, OIG does not have the authority to implement the corrective actions it recommends. Instead, OIG recommendations inform Congress and HHS program officials of potential corrective actions that may be taken to address the vulnerabilities OIG observed.

OIG reports here the number of quality and management improvement recommendations accepted by HHS program managers for implementation. When OIG makes a recommendation to disallow costs or pursue administrative or policy improvements, HHS program managers have a fixed period of time to concur or nonconcur with each recommendation. However, the implementation of those recommendations may be affected by the availability of resources for implementation and other factors. As a result, some OIG recommendations are accepted but not implemented.

Summaries of OIG's implemented and unimplemented recommendations are reported in the Semiannual Report to Congress and the Compendium of Unimplemented OIG Recommendations reports, which are available in the Publications section of the OIG Web site at http://www.oig.hhs.gov/publications.asp.

Performance Measures for "Expected Recoveries" and "Return on Investment"

Summary of "Expected Recoveries" and "Return on Investment"

OIG expected recoveries illustrate the direct financial benefits to the Government that result from OIG's work. Expected recoveries include:

- audit disallowances that HHS program management has agreed to recoup;
- investigative returns from successful prosecutions, court-ordered restitution, and out-of-court settlements; and
- administrative enforcement actions, e.g., Corporate Integrity Agreements (CIA).

Once OIG determines expected recoveries, it calculates various return-on-investment estimates. The return-on-investment measures are calculated as the ratio of expected recoveries to OIG's operating costs, which yields financial benefit to the Government for funding OIG oversight activities. For example, a return on investment of $10:$1 means that the Government expects to receive $10 in direct financial recoveries for each $1 invested in OIG.

For both performance measures (expected recoveries and return on investment) performance is reported using a 3-year moving average. This methodology accounts for the inherent unpredictability in audit and investigations outcomes and the multiple years between the initiation of an OIG audit, evaluation, or investigation, and its resolution and the recovery of funds. As a result of the multiyear duration and effects of external factors inherent in OIG's oversight activities, there are often significant year-to-year variances in reported program outcomes. The 3-year moving average accounts for this variability and provides a more accurate depiction of results over time.

Performance Reporting for "Expected Recoveries" and "Return on Investment"[1]

Measure	FY	Target	Result
1.1.1: Three-year moving average of expected recoveries resulting from OIG's health care oversight. (Dollars in millions) *(Outcome)*	*2010*	$3,020	TBD October 2011
	2009	$3,470	TBD October 2010
	2008	$2,623	$3,268 (Target Exceeded)
	2007	$2,460	$2,835 (Target Exceeded)
	2006	$2,580	$2,678 (Target Exceeded)
	2005	$2,190	$2,346 (Target Exceeded)

Measure	FY	Target	Result
1.1.2: Three-year moving average of the return on investment resulting from OIG's health care oversight *(Outcome)*	*2010*	$15.5	TBD October 2011
	2009	$16.6	TBD October 2010
	2008	$13.5	$17 (Target Exceeded)
	2007	$11.4	$16.4 (Target Exceeded)
	2006	$11.9	$14.6 (Target Exceeded)
	2005	$10.8	$11.6 (Target Exceeded)

OIG's performance measures for expected recoveries and return on investment can be divided into three levels: (1) OIG oversight of all HHS programs, (2) OIG oversight of Medicare and Medicaid only, and (3) OIG oversight of all HHS non–Medicare and Medicaid programs.

The expected recoveries resulting from OIG investigative and audit oversight averaged $3.41 billion per year for the 3-year period from FY 2006 through FY 2008 and exceeded all previous reporting periods and exceeded the prior reporting period by 8.5 percent. These results include an average of more than $2.05 billion in investigative receivables and $1.36 million in audit disallowances per year by OIG's Office of Investigations and Office of Audit Services. The corresponding return on investment for the OIG's oversight of all programs and operations for the same 3-year reporting period was $14.5:$1.

In HHS and OIG, approximately 80 percent of annual expenditures are related to the Medicare and Medicaid programs, which are administered by the HHS Centers for Medicare & Medicaid Services. At OIG, oversight efforts dedicated to Medicare and Medicaid are enabled through two funding sources: the HCFAC program, which was established by the Health Insurance Portability and Accountability Act of 1996 (P.L. No. 104-191) and the Medicaid Integrity Program, which was established by the Deficit Reduction Act of 2005 (P.L. No. 109-171). Both programs were created with the purpose of strengthening Government efforts to combat fraud, waste, and abuse in the Medicare and Medicaid programs.

The significant majority of OIG's expected recoveries are composed of audit disallowances and investigative receivables resulting from Medicare and Medicaid oversight. For the 3-year period from FY 2006 through FY 2008, OIG's expected investigative receivables and audit disallowances resulting from Medicare and Medicaid oversight averaged $2.04 billion and $1.22 billion per year, respectively. The result was a Medicare- and Medicaid-specific return on investment for OIG oversight of $16.8:$1.[2]

The remaining approximately 20 percent of OIG's budget comes from a single annual discretionary budget appropriation. In addition to using these discretionary funds for fulfilling OIG's oversight mission in HHS, OIG also uses these resources to perform the growing number of required roles it fulfills within the Department. These roles include investigating cases of interstate nonpayment of child support, conducting the annual financial statement audits and Federal Information Security Management Act of 2002 compliance audits, and providing physical security for the Secretary of HHS. As a result of OIG's efforts in these areas, the OIG

investigative receivables and audit disallowances averaged $4 million and $139 million per year, respectively, during the FY 2006 through FY 2008 period. The result was a return on investment of $3.4:$1 for OIG's oversight HHS' non-Medicare/Medicaid programs and operations.

Summaries of the audits and investigations that reached resolution during FY 2008 and contributed to these performance measures are included in the OIG semiannual reports to Congress, which are located in the Publications section of the OIG Web site at http://www.oig.hhs.gov/publications.asp.

Samples of the outcome-oriented descriptions contained in the semiannual reports follow.

Examples of Health Care Expected Recoveries

"Cephalon to Pay $425 Million Plus Interest for Marketing Three of its Drugs for Uses Not Approved by the Food and Drug Administration." As part of a global criminal, civil, and administrative settlement, Cephalon, Inc., agreed to pay $375 million plus interest to resolve its False Claims Act liability for the off-label marketing (that is, marketing for uses not approved by the Food and Drug Administration) of the drugs Actiq, Gabitril, and Provigil; to plead guilty to a misdemeanor violation of the Federal Food, Drug, and Cosmetic Act; and to pay a $50 million criminal fine. Cephalon also agreed to enter a comprehensive 5-year CIA that contains several unique provisions, including a requirement that Cephalon notify doctors about the settlement and establish a way for doctors to report questionable conduct by sales representatives.

"Hospital Agrees to Pay $88.9 Million in One of the Largest Civil Fraud Recoveries Ever Against an Individual Hospital." Staten Island University Hospital agreed to pay nearly $89 million to resolve allegations that it defrauded Medicare, Medicaid, and TRICARE (the military's health insurance program). The settlement resolved two separate lawsuits filed in the U.S. District Court for the Eastern District of New York under the qui tam provisions of the False Claims Act and two investigations conducted by the United States, including one initiated under OIG's Self-Disclosure Protocol. As part of the settlement, the hospital entered into a 5-year CIA.

Example of Oversight of HHS' Non-Medicare/Medicaid Programs

Philadelphia County's Foster Care Claims. After reviewing Pennsylvania's claims for Title IV-E reimbursement on behalf of Philadelphia County children in foster care for whom the per diem rates were $300 or less, OIG estimated that from October 1997 through September 2002, the State improperly claimed at least $56.5 million of the total $562.3 million (Federal share) claimed. As a result, OIG recommended that the State refund $56.5 million and work with the Administration for Children and Families to determine the allowability of $100 million related to claims that included both allowable and unallowable services. The State disagreed with the recommendations.

Target Setting for "Expected Recoveries and Return on Investment"

The estimated performance targets for expected recoveries and return on investment for FY 2010 are lower than FY 2009 as a result of increases in OIG funding related to the American Recovery and Reinvestment Act of 2009. The estimated targets, which will be adjusted at the beginning of FY 2010, are lower than prior year outcomes because the Recovery Act funds that

OIG received are designated for specific oversight activities that are not likely to contribute significantly to expected recoveries.

Performance Measure for "Number of Accepted Quality and Management Improvement Recommendations"

Summary of "Number of Accepted Quality and Management Improvement Recommendations"

In addition to the direct financial recoveries described above, OIG reports the number of accepted quality and management improvement recommendations that resulted from audit and evaluation reports during a reporting period. This performance measure captures an important aspect of OIG's efforts to identify and recommend corrections to systemic weaknesses in program administration and policy implementation. The measure also reflects a significant aspect of OIG's contribution to improving the efficiency and effectiveness of the Department's programs and operations.

When OIG completes a report that includes recommendations for program managers to disallow costs or pursue administrative or policy improvements, HHS program managers have a fixed period of time to concur or nonconcur with each recommendation. The implementation of those recommendations may be affected by the availability of resources for implementation and other factors. As a result, some OIG recommendations are accepted by program managers but not implemented.

Performance Reporting for "Number of Accepted Quality and Management Improvement Recommendations"

Measure	FY	Target	Result
1.1.3: Number of accepted quality and management improvement recommendations *(Outcome)*	*2010*	73	TBD October 2011
	2009	73	TBD October 2010
	2008	75	85 (Target Exceeded)
	2007	75	88 (Target Exceeded)
	2006	70	116 (Target Exceeded)
	2005	N/A	73 (Target Not In Place)

During FY 2008, HHS Operating and Staff Divisions accepted 85 of OIG's quality and management improvement recommendations. This result exceeded the annual target of 75 by 13 percent.

Summaries of the audits and evaluations that reached resolution during FY 2008 and contributed to this performance measure are included in the OIG semiannual reports to Congress, which are located in the Publications section of the OIG Web site at http://www.oig.hhs.gov/publications.asp.

Samples of the outcome-oriented descriptions contained in the semiannual reports follow.

Example of "Accepted Quality and Management Improvement Recommendations"

National Cancer Institute's Monitoring of Research Project Grants. In a review of grants funded by the National Cancer Institute (NCI) for at least 1 year during FY 2004 through FY 2006, we found that all grant files had the required progress reports and evidence of agency review; however, 41 percent of the progress reports were not received within the required timeframes. NCI, which is part of the National Institutes of Health (NIH), funded more than 4,500 grants totaling $3 billion during the period of our review to support research into the causes, diagnosis, prevention, or treatment of cancer. NCI is responsible for monitoring grants, and grantees are required to submit progress and financial reports. We also found the following:

- grantee financial reports were not monitored at the same level as the progress reports,
- five of the nine grant closeouts in our sample were not completed within the timeframes specified in departmental guidelines, and
- grant files did not always have the required documentation for third-party monitoring of research grants.

We recommended that NIH initiate earlier and more frequent followup with grantees to obtain required documents, improve grant monitoring by annually verifying grantees' self-reported fund balances with external sources, develop an approach for financial reviews that is not based solely on exception, and consistently document grantee correspondence and organize grant files to assist NCI staff and third-party reviewers in following grantees' actions from inception of the grant to closeout. In its written comments to the report, NIH generally agreed with our recommendations and described actions it planned to take to improve its monitoring of research grants.

Agency Support for HHS Strategic Plan

OIG contributes to the HHS Strategic Plan directly through enforcement and compliance activities and indirectly through its reviews and recommendations for making program improvements that align to specific HHS strategic goals. The following table highlights the HHS Strategic Goals with which OIG's program integrity activities correspond most directly.

HHS Strategic Goals	**OIG Goal 1:** Make a positive impact on HHS programs
1 Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.	
1.1 Broaden health insurance and long-term care coverage.	
1.2 Increase health care service availability and accessibility.	
1.3 Improve health care quality, safety and cost/value.	X
1.4 Recruit, develop, and retain a competent health care workforce.	
2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.	
2.1 Prevent the spread of infectious diseases.	
2.2 Protect the public against injuries and environmental threats.	
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	X
2.4 Prepare for and respond to natural and man-made disasters.	X
3 Human Services Promote the economic and social well-being of individuals, families, and communities.	
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.	X
3.2 Protect the safety and foster the well-being of children and youth.	
3.3 Encourage the development of strong, healthy, and supportive communities.	
3.4 Address the needs, strengths and abilities of vulnerable populations.	
4 Scientific Research and Development Advance scientific and biomedical research and development related to health and human services.	
4.1 Strengthen the pool of qualified health and behavioral science researchers.	
4.2 Increase basic scientific knowledge to improve human health and human development.	
4.3 Conduct and oversee applied research to improve health and well-being.	X
4.4 Communicate and transfer research results into clinical, public health and human service practice.	

OIG's Underlying Contributions to the HHS Strategic Plan, FYs 2007–2012

OIG's diverse portfolio of program integrity activities supports the Department's responsible stewardship of taxpayer money, which includes combating fraud, waste, and abuse in all HHS programs. In particular, OIG is directed, by law, to "conduct independent and objective audits, evaluations, analysis and investigations to assess the effectiveness and efficiency of policy and program implementation."[3] Integrity and efficiency in HHS programs enables them to be more effective. Greater effectiveness supports the efforts of each HHS Operating and Staff Division and the expectations of the Secretary and the Administration. Although OIG's targeted oversight work may not directly address each HHS Strategic Goal and Objective, the work conducted by OIG indirectly contributes to the accomplishment of all HHS Strategic Goals and Objectives, which are consistent with OIG's mission and the specific principles expressed in Chapter 6 of the HHS Strategic Plan.

All three OIG performance measures, "expected recoveries," "return on investment," and "number of accepted quality and management improvement recommendations," provide evidence of OIG's contribution toward the Department's commitment to responsible stewardship of tax dollars.

Full Cost Table for OIG[4]

(Dollars in Millions)

HHS Strategic Goals	FY 2008 Actual	FY 2009 Enacted	FY 2010 Estimate
1 Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.			
1.1 Broaden health insurance and long-term care coverage.			
1.2 Increase health care service availability and accessibility.			
1.3 Improve health care quality, safety and cost/value.	$204	$304	$242
1.4 Recruit, develop, and retain a competent health care workforce.			
2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.			
2.1 Prevent the spread of infectious diseases.			
2.2 Protect the public against injuries and environmental threats.			
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	$6	$6	$7
2.4 Prepare for and respond to natural and man-made disasters.	$10	$11	$13
3 Human Services Promote the economic and social well-being of individuals, families, and communities.			
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.	$19	$19	$19
3.2 Protect the safety and foster the well being of children and youth.			
3.3 Encourage the development of strong, healthier and supportive communities.			
3.4 Address the needs, strengths and abilities of vulnerable populations.			
4 Scientific Research and Development Advance scientific and biomedical research and development related to health and human services.			
4.1 Strengthen the pool of qualified health and behavioral science researchers.			
4.2 Increase basic scientific knowledge to improve human health and human development.			
4.3 Conduct and oversee applied research to improve health and well-being.	$8	$9	$11
4.4 Communicate and transfer research results into clinical, public health and human service practice.			
Total, Budget Authority	**$248**	**$350**	**$292**

The HHS Strategic Plan for FY 2007 to FY 2012 outlines the Department's plan for advancing the HHS mission of enhancing the health and well-being of Americans. The plan contains two sections that describe (1) the Strategic Goals and Objectives deemed essential for achieving the HHS mission, and (2) a set of value-based commitments intended to ensure that the Department responsibly pursues the accomplishment of its goals. The Strategic Goals and Objectives in the HHS Strategic Plan are programmatically focused and correspond to specific HHS operating divisions and the programs and initiatives operated therein. The value-based commitments, included in Chapter 6, outline the Department's commitment to "responsible stewardship and effective management" of HHS resources by committing to "effective resource management" and "effective planning, oversight, and strategic communications."

Distributing HHS' costs by Strategic Objective in the FY 2007 to FY 2012 Strategic Plan is an important way to convey HHS' commitment to its goals, however not all HHS costs directly support a specific Strategic Goal or Objective. Specifically, in OIG oversight and compliance work the results of discreet oversight activities transcend a single HHS Strategic Objective by addressing underlying threats to the financial integrity of programs and the well-being of program beneficiaries. In these instances, full cost estimates provided in this table are very rough approximations.

Where possible, OIG costs are segregated based on HHS Strategic Objective. In the instances where it was not possible, costs are proportionately distributed across the HHS Strategic Objectives for which OIG was able to report a contribution. The following list contains examples of the functions that OIG performs that do not correspond directly to a HHS Strategic Goal or Objective:

- conduct annual Chief Financial Statement Officer (CFO) Audits;
- conduct Federal Information Security Management Act (FISMA) audits;
- review of single audits conducted on behalf of HHS; and
- provide the security detail for the Secretary's protection.

The FY 2008 and FY 2009 estimates provided in the Summary of Full Cost table are determined based on a combination of prior year FTE usage and OIG's planned discretionary work for FY 2008 as expressed in the FY 2008 Work Plan. Because OIG will not release the FY 2009 Work Plan until September 2008, estimates of the distribution of OIG's discretionary resources across HHS Strategic Goals for FY 2009 are approximate. Furthermore, these estimates are likely to change in response to specific requests for targeted program oversight made by the Administration or Congress, or as the result of focusing events that highlights the need to prioritize certain studies.

Summary of Findings and Recommendations from Completed Program Evaluations

There were no program evaluations of OIG during FY 2008.

Data Source and Validation

Unique Identifier	Data Source	Data Validation
1.1.1	OIG data systems that track audit disallowances, judicial and administrative adjudications, and out-of-court settlements.	Estimates of expected recoveries are recorded in OIG data systems when (1) program managers agree to disallow and pursue recovery of questioned costs, (2) judicial and administrative adjudications are established, or (3) out-of-court settlements are agreed upon.
1.1.2	The numerator of the ROI calculation, expected health care recoveries, is tracked in OIG data systems described above. The denominator of ROI calculation is the OIG operating budget in a given year.	See Data Validation for measure 1.1.1.
1.1.3	OIG data systems track reports and recommendations.	OIG follows an established process for identifying and validating OIG-wide tracking and reporting of accepted recommendations.

Slight Deviations between Targets and Actual Results

The FY 2008 performance target for the following measures was set at an approximate level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

Program	Measure Unique Identifier
OIG	1.1 Three-year moving average of expected recoveries resulting from health care oversight and enforcement[5]
OIG	1.2 Three-year moving average of OIG health care return-on-investment
OIG	1.3: Number of accepted Quality and Management Improvement recommendations

Discontinued Performance Measures

OIG does not have any discontinued performance measures to report.

Disclosure of Assistance by Non-Federal Parties

OIG did not receive any material assistance from non-Federal parties in the preparation of the FY 2010 Online Performance Appendix.

Endnotes

[1] FY 2010 performance targets for key outcome measures 1.1.1 and 1.1.2 will be revised when two of the three years in the reporting period are completed (e.g., FY 2010 targets will be developed once FY 2009 data is validated). Likewise, the FY 2010 performance target for 1.1.3 may be revised when OIG completes the FY 2010 work planning process in September 2009, at which point OIG management will have sufficient planning information to estimate expected performance levels and related performance outcomes.

[2] This amount represents HHS investigative receivables only; receivables of other Federal agencies, the States, and other entities are not included here.

[3] Inspector General Act of 1978 P.L. No. 95-452, as amended.

[4] Amounts in this table do not reflect total actual OIG expenditures because this table excludes the effects of prior year appropriations with multi-year availability. For additional information about the OIG's planned oversight efforts, view the FY 2009 Work Plan. For information about OIG's accomplished oversight efforts, view the FY 2009 Semiannual Report to Congress. Both publications are located on the OIG web site at: http:/.oig.hhs.gov/publications.asp. FY 2009 budget authority includes amounts made available through the American Recovery and Reinvestment Act, which is available as multi-year funds.

[5] Expected recoveries include court-ordered investigative receivables and audit disallowances for which HHS program managers agree to pursue audit disallowances. We use a 3-year moving average to account for the year-to-year variation and unpredictability inherent in the audit and investigations processes.