

# Top Management & Performance Challenges Facing HHS



2024



Department of Health and Human Services  
**Office of Inspector General**

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# Introduction

Every year, the Department of Health and Human Services (HHS or the Department), Office of Inspector General (OIG) fulfills its statutory obligation to produce the *Top Management and Performance Challenges Facing HHS*. This document helps the Department fulfill its mission to enhance the health and well-being of all Americans by directing the Department's focus on the top management and performance challenges outlined herein. While the Department has made efforts to address the challenges, considerable opportunities exist for further progress.

OIG's [website](#) offers additional oversight resources, including all reports mentioned here, [OIG recommendations](#) to improve Department programs and reduce vulnerabilities, and the status of those recommendations.



# 1 | Public Health

## Elements of the Challenge

- Addressing the mental health and substance use disorder crises
- Improving maternal health
- Strengthening emergency preparedness and response capabilities
- Ensuring the safety, effectiveness, and availability of products regulated by the Food and Drug Administration

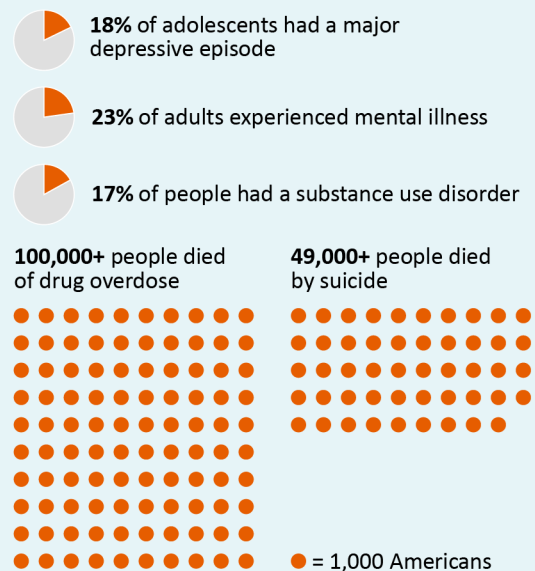
HHS's mission is to enhance the health of all Americans. HHS must work to better safeguard public health, improving lives and well-being, while reducing negative health effects.

## Addressing the Mental Health and Substance Use Disorder Crises

In 2023, 18.1 percent of American adolescents had a major depressive episode, 22.8 percent of American adults experienced mental illness, and 17.1 percent of Americans had a substance use disorder. Provisional data for 2023 estimate that 49,315 Americans died by suicide, and 107,543 Americans died from drug overdoses. Challenges obtaining high-quality care for mental health and substance use compound the devastating effects of the Nation's mental health and substance use disorder crises.

HHS has pursued the strategy outlined in its *HHS Roadmap for Behavioral Health Integration* and invested in initiatives to help tackle the mental health and substance use disorder crises. HHS programs must continue to improve behavioral health care and support, such as by expanding community-based prevention efforts; enhancing access to affordable behavioral health treatments; and developing a diverse behavioral health workforce that can serve the public well and meet the needs of people from diverse backgrounds, understandings, and communication abilities.

### 2023 Behavioral Health Snapshot



Source: Substance Abuse and Mental Health Services Administration

## Improving Maternal Health

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Too many Americans die during pregnancy, childbirth, and the postpartum period. More than 80 percent of these pregnancy-related deaths are preventable. HHS has invested in efforts to prevent pregnancy-related deaths and improve maternal health, launched a [National Maternal Mental Health Hotline](#) (1-833-TLC-MAMA), released a *National Strategy to Improve Maternal Mental Health Care*, and announced the Centers for Medicare & Medicaid Services (CMS's) *Transforming Maternal Health Model*. HHS must continue to work to improve pregnancy-related and postpartum care and to eliminate racial, ethnic, geographic, and socioeconomic disparities in health outcomes.

## Strengthening Emergency Preparedness and Response Capabilities

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Public health emergencies (PHEs), such as communicable diseases, natural disasters (e.g., storms, fires), and human-caused disasters, severely strain public health and medical infrastructure. As PHEs increase in frequency and severity, HHS must build resilience and enhance preparation and response efforts to limit negative impacts on HHS programs and the public when these emergencies occur. Additionally, HHS must strengthen the Nation's emergency preparedness and response capabilities by enhancing public health infrastructure, including establishing highly functional data systems with accurate information about risk and response; a well-developed public health workforce; and mechanisms for effective coordination with States, localities, Tribes, and Federal intragovernmental partners. HHS must foster public trust and improve communication to better lead response and recovery in future PHEs.

HHS is working with stakeholders to equip the health care system for response and recovery; provide surge and behavioral health support; and deliver public health supplies needed for patient care during disasters, especially for individuals with disabilities, older adults, children, underserved communities, and institutional settings. HHS efforts thus far include the release of a plain language checklist to help first responders provide services to individuals with limited English proficiency and individuals with disabilities during emergency response and recovery efforts. Additionally, CMS published acute respiratory illness reporting requirements for hospitals and critical access hospitals and plans to use the data that will be reported to enable public health interventions.

# Ensuring the Safety, Effectiveness, and Availability of Products Regulated by the Food and Drug Administration

HHS's Food and Drug Administration (FDA) regulates crucial consumer products, including human and veterinary drugs, biological products, medical devices, food, cosmetics, products that emit radiation, tobacco, and infant formula. Twenty-one cents of every dollar American consumers spend goes to these FDA-regulated products. Vulnerabilities facing FDA include reliance on overseas manufacturing, increasingly complex supply chains, cyberattacks and other security risks, as well as PHE-related disruptions. While faced with these challenges, FDA must ensure the safety, effectiveness, quality, security, and availability of FDA-regulated products. FDA recently underwent a reorganization with the goal of enhancing protection of the human food supply and enabling adaptability as it regulates complex industries. Continued vigilance is needed for FDA to fulfill its role with respect to public health and ensure consumer safety.

## OIG Highlighted Work

- [\*Opioid Overdoses and the Limited Treatment of Opioid Use Disorder Continue To Be Concerns for Medicare Beneficiaries\*](#)
- [\*Instances of IHS Labor and Delivery Care Not Following National Clinical Guidelines or Best Practices\*](#)
- [\*Toolkit: Insights for Communities From OIG's Historical Work on Emergency Response\*](#)
- [\*The Food and Drug Administration's Foreign For-Cause Drug Inspection Program Can Be Improved To Protect the Nation's Drug Supply\*](#)
- [\*The Food and Drug Administration's Inspection and Recall Process Should Be Improved To Ensure the Safety of the Infant Formula Supply\*](#)





# 2 | Financial Integrity

## Elements of the Challenge

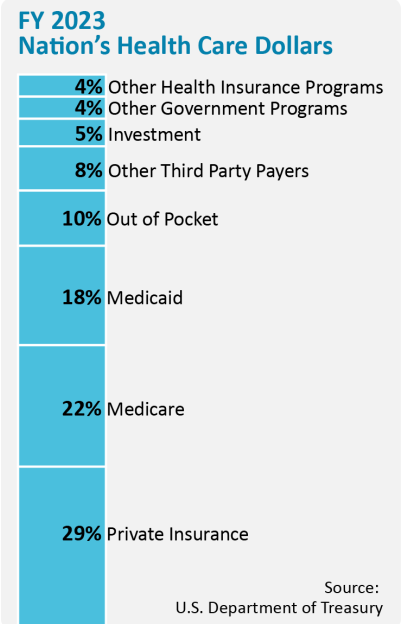
- Preventing, reducing, and recovering improper payments
- Protecting programs from fraud, waste, and abuse
- Controlling costs by ensuring prudent payments
- Monitoring and reporting on the integrity of HHS financial management

Given the \$2.5 trillion in spending by HHS for fiscal year (FY) 2023 and the critical importance of the programs that HHS funds, the Department must work to ensure sound stewardship and combat fraud, waste, and abuse.

## Preventing, Reducing, and Recovering Improper Payments

In FY 2023, improper payments for Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) were estimated at \$103.6 billion. Improper payments duplicate other payments, fund ineligible services, enrich ineligible providers, serve ineligible recipients, or violate other program rules.

- Within the Medicare fee-for-service program, reducing improper payments remains a challenge despite CMS's efforts targeting longstanding areas of concern, such as hospice, home health, hospital outpatient, and skilled nursing facility care. OIG has also identified emerging areas of concern that require attention, such as aberrantly high-billing labs; upcoded hospital stays to increase payment; genetic testing; payment for skin substitutes; and the provision of unnecessary surgical, imaging, and other procedural care.
- In the Medicaid program, HHS estimated that the FY 2023 improper payment rate was 8.58 percent of all payments. This is a decrease from 15.62 percent in FY 2022. The decrease is likely due to a combination of factors, including improved State compliance and pandemic-era protections for Medicaid coverage.
- The end of the Medicaid continuous enrollment condition on March 31, 2023, meant that states had to restart regular Medicaid renewals, which had an impact on millions of people's health insurance coverage. CMS and States faced an incredible challenge to redetermine eligibility for the entire Medicaid program. Medicaid and CHIP enrollment peaked at 93.9 million in March 2023 and fell to



82.7 million by March 2024. Moving forward, States and CMS will have to learn from this period to continue improving eligibility operations and avoid the high improper payment rates of the past. Key among this challenge will be CMS's work with States to ensure that massively complex State eligibility systems work as intended to generate a higher rate of accurate eligibility determinations.

- HHS also disburses taxpayer dollars via grants and contracts. The Department is working to modernize Grants.gov and to improve the grants management process. The Department needs to continue its progress in providing guidance and up-to-date policies to inform grant recipients on financial management, internal controls, and Federal and departmental regulations. This includes ensuring sufficient visibility into subawards of grant funds and ensuring that grants serve their intended purpose. For contracts, HHS must continue its efforts to improve the contract management and closeout processes.

## Protecting Programs From Fraud, Waste, and Abuse

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The Department must prevent, identify, and remedy fraud, waste, and abuse to ensure that taxpayer money serves important program goals and is not diverted for inappropriate, unauthorized, or illegal purposes. The Department must enhance oversight and internal controls to guard against fraud schemes, including embezzlement and theft. Pervasive fraud schemes, [such as schemes to bill for medical equipment that is not needed or never provided](#), increase the need for vigilance.

Suspension and debarment programs promote integrity for Federal grants and contracts by ensuring that the Federal Government does business only with responsible entities. HHS has improved its suspension and debarment programs by offering outreach, training, and guidance to HHS awarding agencies. In addition, HHS has made technology investments to improve the tracking of cases. The Department must remain diligent in identifying bad actors and using the administrative remedy of suspension and debarment.

## Controlling Costs by Ensuring Prudent Payments

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HHS must assess its payment policies, including identifying problematic policies that create perverse incentives for providers to impede patients' access to care. To the extent feasible under current law, CMS should establish prudent payment policies that control costs and promote appropriate utilization. Prescription drugs are one area in which policymakers seek to reduce spending and increase coverage. The Inflation Reduction Act of 2022 requires the Department to implement certain new authorities, including negotiating prices for certain high-expenditure Medicare drugs. The Department announced negotiated prices for the first 10 drugs selected for negotiation in August 2024. These prices will take effect in January 2026. The Department will announce up to 15 additional drugs covered under Part D for the next cycle of negotiations by February 2025.





# Monitoring and Reporting on the Integrity of HHS Financial Management

The Department has taken steps to improve its information technology controls within its financial systems, including establishing a governance body over the systems that support financial reporting activities. This has led to improvements in its core financial systems. However, deficiencies persist in internal controls over system access. The Department must take additional actions to address and resolve these issues, including continuing efforts to monitor access to key applications and ensuring appropriate segregation of duties.

## OIG Highlighted Work

- [\*CMS's Oversight of Medicare Payments for the Highest Paid Molecular Pathology Genetic Test Was Not Adequate To Reduce the Risk of up to \\$888 Million in Improper Payments\*](#)
- [\*Multiple States Made Medicaid Capitation Payments to Managed Care Organizations After Enrollees' Deaths\*](#)
- [\*UPICs Hold Promise To Enhance Program Integrity Across Medicare and Medicaid, but Challenges Remain\*](#)
- [\*NIH Did Not Consistently Meet Federal Single Audit Requirements for Extramural Grants\*](#)
- [\*Technical Assistance Brief: Implementation of Inflation-Indexed Rebates for Part B Drugs\*](#)
- [\*HRSA Made Some Potential Overpayments to Providers Under the Phase 2 General Distribution of the Provider Relief Fund Program\*](#)
- [\*Medicare Remains Vulnerable to Fraud, Waste, and Abuse Related to Off-the-Shelf Orthotic Braces, Which May Result in Improper Payments and Impact the Health of Enrollees\*](#)

# 3 | Medicare and Medicaid

## Elements of the Challenge

- Combating fraud, waste, and abuse
- Improving quality and safety in nursing homes
- Strengthening oversight of managed care programs
- Fostering equitable access to high-quality care

More than 147 million American seniors, individuals with disabilities, people in low-income households, and individuals with end-stage renal disease and other complex health needs rely on Medicare and Medicaid, so HHS must ensure that these programs deliver high-quality care and reduce disparate outcomes and barriers to access.

## Combating Fraud, Waste, and Abuse

Minimizing fraud, waste, and abuse is critical to helping Medicare and Medicaid programs deliver quality care to enrollees and value to taxpayers. HHS must focus on fraud prevention (e.g., provider enrollment screening and revalidation), detection (e.g., claims and other data analysis), and enforcement to recover misspent funds, protect patients from harm, and hold wrongdoers accountable. CMS has demonstrated successful coordination with law enforcement to prevent payments to fraudulent billers. CMS should continue to expand upon this prepayment suspension mechanism where appropriate. The Department must remain vigilant to protect Medicare and Medicaid programs from fraud, waste, and abuse across all service and provider types, especially in high-risk areas, such as durable medical equipment, home health, hospice, genetic and clinical laboratory testing, treatment for substance use disorder, and medical identity theft. Different CMS programs (e.g., managed care, traditional Medicare, value-based care models) have different risks because they pay for services and provide coverage differently. As HHS refines payment policies and incentives, it must anticipate and guard against exploitation of specific payment designs.

## Improving Quality and Safety in Nursing Homes

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Nursing home residents deserve safe, high-quality care, yet improving nursing homes remains one of the most complex and intransigent challenges facing the American health care system. The unprecedented COVID-19 pandemic posed novel challenges for nursing home staff, residents, and families, and highlighted longstanding problems in areas such as emergency preparedness and infection control; staffing shortages; frontline oversight by CMS and State survey agencies; and health disparities based on race, ethnicity, and geography.

HHS has taken important steps to improve nursing home performance by promoting transparency of facility ownership and staffing adequacy, including publishing a final rule defining minimum staffing standards, and must continue to build on this progress. The Department must ensure that taxpayer funds are spent appropriately to meet the needs of residents. The Department must also continue to take meaningful steps to foster safe, high-quality, dignified care for residents in areas such as emergency preparedness and infection control, misuse of drugs, facility-initiated discharges, and preventing abuse and neglect. Finally, the Department must remain attentive to strengthening the effectiveness of State survey agency performance and the response to poor-performing nursing homes. Improving nursing home care will require partnerships and sustained commitment from Government and private stakeholders to achieve positive change.

## Strengthening Oversight of Managed Care Programs

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As managed care continues to expand, now covering more than half of Medicare enrollees and more than 80 percent of Medicaid enrollees, HHS must ensure that managed care operates effectively and efficiently. HHS must continue to strengthen protections against Medicare Advantage organizations inappropriately claiming additional risk adjustment payments by making their enrollees appear sicker than they might be. CMS must also improve its oversight of Medicare and Medicaid managed care to reduce inappropriate prior authorization and payment denials that prioritize reducing plan costs over enrollees' health. CMS has taken steps to increase transparency for Medicare enrollees about Medicare Advantage organizations' prior authorization and coverage decisions, and rigorous oversight will continue to be needed to ensure that enrollees receive appropriate care without undue administrative or financial burden. Other key risk areas requiring continued attention include curbing misleading and deceptive marketing by managed care plans and ensuring that States have needed data to prevent duplicate Medicaid managed care capitation payments between States and to prevent Medicaid managed care capitation payments for deceased beneficiaries.

## Fostering Equitable Access to High-Quality Care

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Disparities in access, quality of care, and health outcomes persist for Medicare and Medicaid enrollees in certain geographic areas, members of some racial and ethnic groups, and individuals with intellectual and physical disabilities. During the COVID-19 PHE, Congress temporarily expanded access to telehealth for Medicare enrollees, resulting in a dramatic increase in telehealth services. However, telehealth use varied



greatly among enrollees in different geographic areas and among certain demographic groups. As the Department implements new telehealth policies with an eye toward improved access, quality of care, and health equity, it must also balance program integrity, privacy, and security demands. As HHS works to reduce health disparities, it must improve the accuracy of relevant data to help measure and facilitate progress in reducing disparities. Further, the Department must take steps to ensure compliance with mental health and substance use disorder parity requirements.

#### OIG Highlighted Work

- [\*Oversight of Managed Care for Medicare and Medicaid\*](#)
- [\*High Rates of Prior Authorization Denials by Some Plans and Limited State Oversight Raise Concerns About Access to Care in Medicaid Managed Care\*](#)
- [\*Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care\*](#)
- [\*Lessons Learned During the Pandemic Can Help Improve Care in Nursing Homes\*](#)
- [\*Florida Ensured That Nursing Homes Complied With Federal Background Check Requirements\*](#)
- [\*CMS Did Not Ensure That Selected States Complied With Medicaid Managed Care Mental Health and Substance Use Disorder Parity Requirements\*](#)



# 4 | Beneficiary Safety

## Elements of the Challenge

- Ensuring safety and quality in Federal health care programs
- Protecting the health and safety of children
- Preventing abuse and neglect

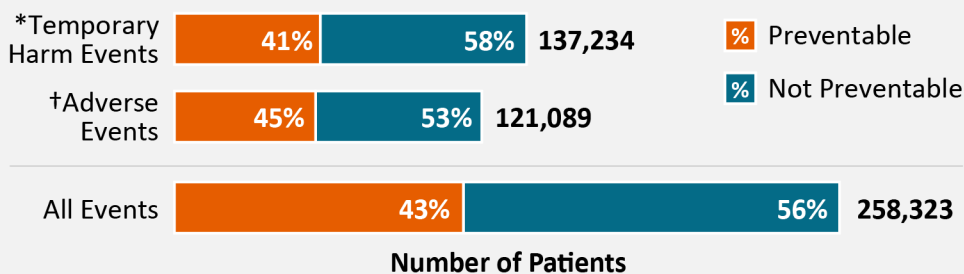
HHS programs provide and fund critical health care, child care, and educational services for diverse populations in hospitals, clinics, child care facilities, shelters, nursing homes, and people's own homes. Ensuring that intended beneficiaries receive appropriate services that meet standards for quality, are free from abuse or neglect, and do not experience preventable harm represents a major challenge for the Department.

## Ensuring Safety and Quality in Federal Health Care Programs

Federal health care programs must deliver care that meets quality and safety standards and that intended beneficiaries can access without undue burden or disparities. Although HHS has made progress, more work remains to improve access to and quality of all types of care. Too often, health care results in [patient harm, such as adverse events and temporary harm events](#), much of which is preventable.

### Patient Harm Events:

#### OIG Analysis of Hospital Stays for Medicare Patients in October 2018



Source: OIG analysis of hospital stays for Medicare patients in October 2018 using medical record review of a simple random sample of 770 patients.

\* The rate and projected number of patients who experienced temporary harm events involve patients who experienced at least one temporary harm event and no adverse events.

† The rate and projected number of patients who experienced adverse events involve patients who experienced at least one adverse event. Thirty-four percent of patients (41,708) in this group also experienced temporary harm.

## Protecting the Health and Safety of Children

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In addition to health care, HHS operates or funds programs that provide child care, education, and residential care to many children, such as children living in foster care and children in the Unaccompanied Children (UC) Program. The Administration for Children and Families should work with States to increase compliance with Federal requirements to protect children in foster care from human trafficking.

For unaccompanied children in the care of the Office of Refugee Resettlement (ORR), the Department must ensure that UC Program-funded facilities meet all health and safety requirements and provide adequate medical and mental health care. HHS must continue to enhance efforts to ensure that all individuals with access to children have been screened appropriately and passed required background checks. HHS has taken steps to enhance its screening of sponsors applying to care for unaccompanied children upon their release from ORR care. These include producing guidance to assist staff with screening sponsors and determining whether to conduct a study of the sponsor's home. HHS's continued vigilance is needed to meet its goal of limiting children's time in care while ensuring safe and appropriate release to vetted sponsors. The Department of Homeland Security's [challenges](#) monitoring the location and status of unaccompanied children released to sponsors and difficulties notifying HHS when unaccompanied children fail to appear for immigration procedures highlight the importance of thorough front-end sponsor vetting.

## Preventing Abuse and Neglect

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Thousands of HHS-funded providers hold positions of trust that bring them into close contact with individuals, often behind closed doors and at especially vulnerable times. Most providers earn this trust and work hard to serve people well. However, some providers harm people, and the Department must better protect those enrolled in its programs from abuse and neglect. The Indian Health Service (IHS) initiated measures to protect patients from sexual predators after an IHS pediatrician went to prison for sexually assaulting boys he treated as patients. The IHS's actions include improved monitoring, tracking, and auditing procedures for staff background checks, and improved communication with tribally operated facilities when workers are temporarily assigned. These measures reflect meaningful progress, but better attention to protecting people of all ages at risk for abuse and neglect in all care settings is needed.



Thoroughly vetting providers and staff by using background checks helps prevent potential predators from gaining access to victims in Federal programs. The Department must ensure adequate background checks in HHS-funded child care programs and health care settings.

Although awareness may be highest in pediatric settings and nursing homes, people in all care settings are at risk of abuse and neglect. Identifying and reporting abuse and neglect is important but may be particularly challenging in nonfacility settings, such as home- and community-based services or group homes. Mandatory reporting laws require certain professionals, such as teachers or nursing home staff, to report suspected abuse or neglect. The Agency for Community Living operates the National Adult Maltreatment Reporting System to support Adult Protective Services that address adult maltreatment in all States, but more must be done to help victims and hold wrongdoers accountable. Periodic inspections and safety checks as well as education to encourage reporting and appropriate vehicles to facilitate reporting can further protect people from abuse and neglect.

States and other partners should use claims data to better identify unreported abuse and neglect, and CMS should compile a list of diagnosis codes that indicate potential abuse or neglect, conduct periodic data extracts, and encourage States to better use data to facilitate compliance with mandatory reporting laws. CMS should ensure that its reporting requirements sufficiently protect individuals in all care settings and are adequately enforced. Protecting people from abuse and neglect is a critical responsibility that requires attention and cooperation from all stakeholders.

#### OIG Highlighted Work

- [\*Adverse Events in Hospitals: A Quarter of Medicare Patients Experienced Harm in October 2018\*](#)
- [\*Toolkit: Insights from OIG's Work on the Office of Refugee Resettlement's Efforts To Care for Unaccompanied Children\*](#)
- [\*Medicaid Data Can Be Used To Identify Instances of Potential Child Abuse or Neglect\*](#)
- [\*Many States Lack Information To Monitor Maltreatment in Residential Facilities for Children in Foster Care\*](#)
- [\*In Five States, There Was No Evidence That Many Children in Foster Care Had a Screening for Sex Trafficking When They Returned After Going Missing\*](#)
- [\*A Resource Guide for Using Diagnosis Codes in Health Insurance Claims To Help Identify Unreported Abuse or Neglect\*](#)

# 5 | Data and Technology Security

## Element of the Challenge

- Improving cybersecurity for HHS programs, related industry sectors, and individuals

HHS faces persistent cybersecurity threats that exacerbate the challenges associated with data and technologies used to carry out the Department's vital health and human services missions. The large scale of HHS's mission and information technology environments requires that the Department simultaneously address a range of cybersecurity risks along with the specific data and technology needs for each HHS agency and program.

**HHS must adapt as risks expand to include social engineering threats, data breaches, and increasingly sophisticated cyberattacks.**

## Improving Cybersecurity for HHS Programs, Related Industry Sectors, and Individuals

Cyberattacks and related threats can imperil critical HHS operations and programs, potentially compromising the health and welfare of the individuals HHS serves. Disparate organizational approaches to cybersecurity that vary by agency and program within the Department and across the Government complicate HHS's preparedness efforts to prevent or respond to cybersecurity risks. Improving cybersecurity posture requires significant resource investments and cultural and organizational change across HHS. The Department must ensure that its agencies and programs employ a risk-based approach to identifying and implementing information system security solutions to protect technology and data. For example, mitigating threats that target HHS for financial gain, such as fraud schemes attempting to exploit Government payment systems, requires clear communication across HHS. The Department is taking steps to improve cybersecurity, but progress is often dependent on each agency and program.

Comprehensive cybersecurity solutions must be implemented not just within the Department but also by the thousands of HHS contractors, grantees, and other external entities. For many HHS programs, effective cybersecurity will depend on these parties implementing comprehensive security solutions that mitigate cyber threats specific to their operations, which may be more challenging for smaller entities. Protecting technology and data also requires broader efforts beyond implementing technical cybersecurity fixes, such as establishing clear expectations; modernizing program rules; and conducting effective oversight of the Department's contractors, grantees, and other external entities.





HHS must also help address significant cybersecurity threats for the industries and other entities it oversees. The health care industry remains a prime target for cyberattacks, as demonstrated by the cyberattack on Change Healthcare. Bad actors continue to leverage the threat of interrupting patient care and other critical health care operations to extract ransoms or other value from health care providers and other entities that play a vital role in the health care industry. The diffuse nature of HHS cybersecurity authorities and responsibilities complicates response efforts. Some HHS agencies have limited authority or expertise to address cybersecurity risks affecting the industries and other entities they oversee. Besides HHS, other Federal entities and departments, such as Federal law enforcement and the Department of Homeland Security Cybersecurity and Infrastructure Security Agency, play a significant role in addressing cybersecurity threats, adding coordination and communication challenges.

The Department leads a network of Federal agencies to improve the cybersecurity of the health care and public health sectors. Although HHS has employed public-private partnerships to improve threat communication with industry partners, challenges remain that the Department has limited authorities or resources to address, including the industry's reliance on legacy technology and workforce challenges. As cybersecurity threats and potential targets increase, HHS must maintain vigilance, expeditiously notify the sector of vulnerabilities, and help the health care industry adapt to evolving threats.

The Department must also work to protect the privacy of sensitive individual data replete throughout the health care system. HHS's ability to enforce the decades-old Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and HIPAA Security Rule may not be sufficient to address contemporary privacy concerns or changes in how patient information is collected and used. Working within the statutory authorities established by HIPAA in 1996, the Department must adapt as privacy and security needs evolve and provide guidance for patients and providers.

#### OIG Highlighted Work

- [NIH Generally Implemented System Controls Over the Sequence Read Archive but Some Improvements Needed](#)
- [Alabama MMIS and E&E System Security Controls Were Adequate, but Some Improvements Are Needed](#)
- [ACF Has Enhanced Some Cybersecurity Controls Over the Unaccompanied Children Portal and Data, but Improvements Are Needed](#)
- [Illinois MMIS and E&E System Had Adequate Security Controls in Place, but Some Improvements Are Needed](#)

# Conclusion

Careful attention to these top management challenges will help the Department achieve its crucial mission to manage taxpayer dollars responsibly, safeguard public health, and deliver high-quality care and services.

## Stay in Touch



HHS Office of Inspector General



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# Report Fraud, Waste, and Abuse

OIG Hotline Operations accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in HHS programs. Hotline tips are incredibly valuable, and we appreciate your efforts to help us stamp out fraud, waste, and abuse.



**TIPS.HHS.GOV**

**Phone: 1-800-447-8477**

**TTY: 1-800-377-4950**

## Who Can Report?

Anyone who suspects fraud, waste, and abuse should report their concerns to the OIG Hotline. OIG addresses complaints about misconduct and mismanagement in HHS programs, fraudulent claims submitted to Federal health care programs such as Medicare, abuse or neglect in nursing homes, and many more. [Learn more about complaints OIG investigates.](#)

## How Does It Help?

Every complaint helps OIG carry out its mission of overseeing HHS programs and protecting the individuals they serve. By reporting your concerns to the OIG Hotline, you help us safeguard taxpayer dollars and ensure the success of our oversight efforts.

## Who Is Protected?

Anyone may request confidentiality. The Privacy Act, the Inspector General Act of 1978, and other applicable laws protect complainants. The Inspector General Act states that the Inspector General shall not disclose the identity of an HHS employee who reports an allegation or provides information without the employee's consent, unless the Inspector General determines that disclosure is unavoidable during the investigation. By law, Federal employees may not take or threaten to take a personnel action because of [whistleblowing](#) or the exercise of a lawful appeal, complaint, or grievance right. Non-HHS employees who report allegations may also specifically request confidentiality.