Overseeing COVID-19 Relief and Response: OIG is using risk assessment and data analytics to identify, monitor, and target potential fraud, waste, and abuse affecting HHS programs and beneficiaries, and to promote the effectiveness of HHS's COVID-19 relief and response programs. OIG has also provided guidance in support of the health care system's COVID-19 response.

Realizing the Potential of Telehealth: OIG recognizes the potential value of expanding telehealth in order to improve access to health care, care coordination, and health outcomes. Telehealth oversight and enforcement will provide transparency and timely information to ensure the potential of telehealth is realized without compromising program integrity.

Ensuring Quality of Care and Patient Safety in Nursing Homes: COVID has underscored the vulnerability of patients in nursing homes. OIG is focused on protecting residents from abuse, neglect, and failures of care, improving state oversight, and improving quality of care monitoring.

Advancing Health Equities: COVID-19 demonstrated how stark racial and socioeconomic divides have disproportionate negative effects on health outcomes for communities of color. OIG will infuse our work with an equity lens to ensure that we are identifying where HHS programs can do better to achieve equity in health and human services, including areas such as quality of care, access to care, and health outcomes.

Modernizing Program Integrity and Compliance Information: OIG wants to make program integrity and compliance information easier to access and use in order to spur innovation and improve compliance programs. OIG is considering how to modernize OIG guidance, compliance resources, and data sharing practices for OIG's List of Excluded Individuals and Entities. This will not happen overnight. We anticipate a multiyear effort. This initiative will be based on the insights from health care compliance professionals and we will be seeking feedback in the near future from health care industry stakeholders.

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Combating the Substance Use Disorder Epidemic: Before COVID-19, OIG studies indicated some positive trends related to opioid prescriptions. But early data indicates that substance use disorder and overdoses have increased during the COVID-19 pandemic. OIG will continue its oversight and enforcement work related to substance use disorder, including partnering with public health agencies to ensure that patients can be connected with appropriate treatment after law enforcement actions.

Prioritizing Cybersecurity: The increased targeting of HHS, health care organizations, and a number of entities that are important to the COVID-19 response demonstrate cybercriminals continue to target the health care sector. For OIG, cybersecurity is a fraud, waste, and abuse issue, which makes it a compliance issue, too. Increased involvement by the compliance community can help address this persistent problem.

Information Blocking Enforcement: OIG issued a proposed rule in April 2020 regarding OIG's information blocking enforcement. Enforcement will not begin until after OIG publishes an information blocking final rule. OIG's information blocking rule does not apply to health care providers. Health care providers that info block are subject to appropriate disincentives that will be established in future regulatory action by HHS.

Implementing Value-Based Care: Value-based models often raise program integrity risks that differ from those in traditional, fee-for-service models. Effective program integrity safeguards for new payment and care delivery models will be key to the success of value-based care. A good source for guidance is OIG's new safe harbor final rule, which provides flexibility for beneficial innovation and better coordinated patient care while incorporating protections for patients and Federal health care programs.

Strengthening Managed Care Program Integrity: Fraud, waste, and abuse are challenges for managed care, notwithstanding the capitated payment structure and role of insurance companies taking on financial risk from government payers to pay providers. OIG has identified weaknesses in managed care organization (MCO) efforts to identify fraud, waste, and abuse. Additional OIG focus areas include accuracy of risk adjustment; MCO provisions of services including behavioral health services; encounter data quality; and MCO denials of care.

For a full list of OIG's ongoing work, please visit our work plan at oig.hhs.gov

For a summary of the Top Management Challenges facing HHS please see the 2020 TMCs