HHS OIG Unveils COVID Strategic Plan

By Mark Spivey

The U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) unveiled a four-pronged strategic plan to oversee the nation’s continuing fight against the COVID-19 virus this week, coinciding with the agency’s acting chief providing testimony before Congress.

HHS Principal Deputy Inspector General Christi A. Grimm told members of the U.S. House of Representatives Oversight Committee that her agency is proceeding with 14 separate projects currently underway to track the administration’s response to the pandemic. The strategic plan outlines four specific aims: to “protect people, protect funds, protect infrastructure,” and “promote effectiveness.”

Those four goals encompassed eight objectives, including the following:

- Assist in and support ongoing COVID-19 response efforts, while maintaining independence
- Fight fraud and scams that endanger HHS beneficiaries and the public
- Assess the impacts of HHS programs on the health and safety of beneficiaries and the public
- Prevent, detect, and remedy waste or misspending of...

As of Wednesday, the global COVID-19 pandemic had reportedly infected more than 5.7 million people around the world, resulting in more than 350,000 deaths, including more than 1.7 million Americans, approximately 100,000 of whom have died.
COVID-19 response and recovery funds
• Fight fraud and abuse that diverts COVID-19 funding from intended purposes or exploits emergency flexibilities granted to health and human services providers
• Protect the security and integrity of IT systems and health technology
• Support the effectiveness of Federal, State, and local COVID-19 response and recovery efforts
• Leverage successful practices and lessons learned to strengthen HHS programs for the future

“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 response and recovery programs,” the plan’s introduction read. “We use expert staff and modern tools and technologies, including artificial intelligence, to detect trends and patterns of suspicious activity, and to shape and strengthen our oversight and enforcement. As appropriate and feasible, we share data analytics and technical assistance with HHS officials to strengthen program integrity, effectiveness, and management practices. Further, we are coordinating our work with key oversight and law enforcement partners, including the Pandemic Response Accountability Committee (PRAC); Federal, State, local, and Tribal entities; and the Government Accountability Office, among others, to ensure adequate oversight, avoid duplication, and share insights.”

More specifically, Grimm said during her testimony, those efforts include a newly announced audit into $50 billion that HHS is distributing to
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providers nationwide.

Grimm recently issued a 41-page report outlining daunting logistical struggles faced by hospitals as the pandemic worsened in the U.S. earlier this year. The report, titled Hospital Experiences Responding to the COVID-19 Pandemic, was based on surveys of hospital administrators from 323 hospitals across 46 states who were posed three open-ended questions from March 23-27, centering on a) the most difficult challenges experienced thus far in responding to COVID-19; b) what strategies hospitals are using to address or mitigate those challenges; and c) how government could best support hospitals responding to COVID-19.

One hospital administrator said that nationwide, “millions (of tests) are needed, and we only have hundreds.” Another said that waits of a week and longer for test results contrasted unfavorably with the fact that “24 hours would typically be considered a long turnaround” for testing for other viruses. Among hospital administrators that had received supplies from the national stockpile, one said that 500 delivered masks were designed for children and did not fit adults; another found a supply of masks unusable because their elastic bands had dry-rotted; still another received PPE with an expiration date of 2010.