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Medicare Part D Spending for 10 Selected Diabetes Drugs Totaled \$35.8 Billion in 2023, an Increase of 364 Percent From 2019



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Key Takeaways:

Medicare Part D spending for 10 selected diabetes drugs increased from \$7.7 billion in 2019 to \$35.8 billion in 2023 (a 364-percent increase). Meanwhile, the number of Medicare Part D enrollees increased from 44.9 million to 50.5 million (a 12-percent increase).

- ✓ Medicare Part D spending for Ozempic increased from \$552 million to \$9.2 billion (a 1,567-percent increase). The number of Part D enrollees filling a prescription for Ozempic increased from 142,479 to 1,465,482 (a 929-percent increase).
- ✓ Projected Medicare Part D spending for the selected diabetes drugs could reach \$102 billion by 2026.

This substantial increase could have a financial impact on the Medicare program. Information in this data brief may be beneficial to CMS and other policymakers when developing future program guidance related to these drugs.

Purpose of This Data Brief

Certain diabetes drugs initially approved by the Food and Drug Administration (FDA) to help control blood sugar levels for individuals with type 2 diabetes are known to be effective weight loss agents.¹ Prescriptions for and spending on diabetes drugs increased substantially in the last 5 years. Medicare Part D covers diabetes drugs for FDA-approved indications such as type 2 diabetes or cardiovascular disease, or if that coverage is offered as an enhanced Part D benefit, but it does not cover drugs prescribed for weight loss.

We are providing this data brief to the Centers for Medicare & Medicaid Services (CMS) to show the changes in Medicare spending and utilization from January 1, 2019, through December 31, 2023 (audit period) for 10 selected diabetes drugs.

Our objective was to identify national Medicare Part D spending and utilization trends for select diabetes drugs during our audit period.

¹ The active ingredient for one of the selected drugs in our analysis (Mounjaro) was approved for weight loss treatment in November 2023.

BACKGROUND

Medicare Part D Program

Medicare Part D covers outpatient prescription drugs and many recommended shots or vaccines for enrollees. CMS administers the Medicare Part D program and contracts with plan sponsors that develop a network of pharmacies to dispense covered Part D drugs to enrollees in their plans. The number of Medicare Part D enrollees grew from 44.9 million in 2019 to almost 50.5 million in 2023 (increase of 12 percent).

Pharmacies submit claims to plan sponsors for drugs they dispense to Part D enrollees. Plan sponsors then must submit to CMS summary records, known as prescription drug event records (PDEs), for all covered Part D drugs that are dispensed to enrollees throughout the year.² The PDEs contain the cost data and information about each drug, including the date of service, payment fields, the pharmacy that dispensed the drug, and the Part D enrollee who received the drug. The PDEs do not contain the diagnosis code or the reason the drug was prescribed.

Total Part D spending is the amount the pharmacy should have received for the Part D prescription from all sources, calculated as the sum of the ingredient cost, sales tax, dispensing fee, and vaccine administration fee.³ It does not include direct and indirect remunerations, which consist of rebates, subsidies, or other price concessions that decrease the costs that a sponsor incurs for a Part D drug. Medicare Part D spending, or cost, does not refer to the unit price of the prescription drugs, but rather the total cost for the program.

Medicare Part D Coverage

Under the Social Security Act § 1860D-2(e), covered Part D drugs are available only by prescription, approved by FDA, used and sold in the United States, and used for a medically accepted indication. The definition of covered Part D drugs specifically excludes drugs or classes of drugs that may be excluded under section 1927(d)(2) of the Act, such as agents when used for weight loss. Part D payments for a type 2 diabetes drug for a use that Medicare does not cover, such as weight loss, or for other reasons that are not medically accepted indications are not in compliance with Medicare requirements and present an opportunity for fraudulent, excessive, or unnecessary Part D payments.

Diabetes

The Centers for Disease Control and Prevention estimates that more than 38 million Americans have diabetes. Also, it estimates that the number of Americans with diabetes has more than

² 42 CFR § 423.322; CMS, *Instructions: Requirements for Submitting Prescription Drug Event Data* (Apr. 26, 2006).

³ Total Part D spending also includes the reported manufacturer coverage gap discount, the discount available at the point of sale on applicable drugs that are covered under a signed manufacturer agreement with CMS.

doubled in the last 20 years.⁴ Type 2 diabetes accounts for 95 percent of all diagnosed cases of diabetes. Type 2 diabetes is a chronic disease that occurs when blood glucose, also called blood sugar, is too high. In type 2 diabetes, the body does not make enough insulin or does not use insulin well.

Health care professionals generally recommend diet and exercise as the first approach to treating diabetes, along with a prescription drug to help lower the blood sugar levels. According to the National Institutes of Health (NIH)⁵ and Mayo Clinic⁶, most people with type 2 diabetes are prescribed metformin as the first-line medication. The drug is meant to lower the sugar that the liver makes and help the body respond better to the insulin that it makes. The drug slows the speed at which food moves from the stomach to the intestines and gives the person a feeling of fullness between meals and after eating smaller portions. This side effect often causes weight loss. Even with changes in lifestyle and taking metformin, a person's blood sugar may still get worse over time and an additional drug, or insulin, may be required to achieve optimal blood sugar levels. Left untreated, high blood sugar can damage numerous organs including the heart, kidneys, feet, and eyes.

Type 2 diabetes cases are driven by obesity, a primary risk factor for the disease. According to NIH, a person is considered obese if their body mass index (BMI) is 30 or greater.⁷ BMI is a measure of body fat based on height and weight that applies to adults. According to the World Obesity Federation, the worldwide prevalence of obesity more than tripled between 1975 and 2022, with more than 1 billion people living with obesity.⁸ NIH estimates that over 42 percent of adults in the United States have obesity. As the number of people with obesity grows, so does the interest in diabetes drugs that cause weight loss.

Two Types of Diabetes Drugs

Certain diabetes drugs known as glucagon-like peptide 1 receptor agonists (GLP-1 drugs) were initially approved to help control blood sugar levels for individuals with type 2 diabetes. However, these drugs are known to be effective weight loss agents. GLP-1 drugs work by mimicking a hormone in the intestines to stimulate the release of insulin and reduce blood sugar after eating. These drugs slow down food traveling through the digestive tract, which can help make someone feel full longer. GLP-1 receptor agonists are also present in parts of the brain that regulate appetite. GLP-1 drugs are most often injectable medications, meaning the

⁴ According to the May 15, 2024, [article on the CDC website](#), accessed Aug. 1, 2024.

⁵ According to the [National Institutes of Health website](#), accessed Aug. 22, 2024.

⁶ According to the [Mayo Clinic website](#), accessed Aug. 22, 2024.

⁷ According to the [National Institutes of Health website](#), accessed June 6, 2024.

⁸ The World Obesity Federation is the only global organization focused exclusively on obesity. Information obtained from its [website](#). Accessed June 6, 2024.

person injects a liquid medication with a needle and syringe. These medications are relatively new, as FDA approved the first GLP-1 drug in 2005.

Besides GLP-1 drugs, another class of diabetic drugs, sodium glucose cotransporter 2 inhibitors (SGLT-2 drugs), may lead to weight loss and improved blood sugar control. SGLT-2 drugs lower blood sugar by causing the kidneys to remove sugar from the body through the urine. Medicare Part D covers GLP-1 and SGLT-2 drugs as treatment for type 2 diabetes but does not cover these drugs as a treatment for weight loss. See Table 1 below for 10 common diabetes drugs that we selected for developing our data brief.

Table 1: 10 Common Diabetes Drugs

Drug Brand Name	Drug Class	FDA Original Approval Dates	Drug Type	Frequency of Administration
Mounjaro	GLP-1	5/13/2022	Injection	Weekly
Rybelsus	GLP-1	9/20/2019	Oral Tablet	Daily
Ozempic	GLP-1	12/5/2017	Injection	Weekly
Trulicity	GLP-1	9/18/2014	Injection	Weekly
Bydureon	GLP-1	1/27/2012	Injection	Weekly
Victoza	GLP-1	1/25/2010	Injection	Daily
Byetta	GLP-1	4/28/2005	Injection	Twice daily
Invokana	SGLT-2	3/29/2013	Oral Tablet	Daily
Jardiance	SGLT-2	8/1/2014	Oral Tablet	Daily
Farxiga	SGLT-2	1/8/2014	Oral Tablet	Daily

Data Used To Develop This Data Brief

We selected 10 common type 2 diabetes drugs for developing our data brief and identified the unique National Drug Codes associated with 7 selected GLP-1 drugs and 3 SGLT-2 drugs that were approved by FDA. Many of the drugs have additional medically accepted indications, and

the approval of additional indications is ongoing.⁹ Treatment guidelines are also continually updated, reflective of the new indications. We then obtained Medicare PDEs for the selected drugs in 50 States, D.C., and the 5 major territories: Puerto Rico, Guam, Northern Mariana Islands, American Samoa, and U.S. Virgin Islands. We obtained this data from CMS's Integrated Data Repository (IDR).¹⁰ The PDEs do not include diagnosis codes, so we were unable to determine the reason the diabetes drugs were prescribed.

We analyzed the trends in spending for the 10 selected diabetes drugs and the trends in number of enrollees prescribed, prescriptions for, and prescribers of these drugs. Next, we analyzed metformin, one of the first-line medications used as treatment for diabetes, and compared its utilization and spending trends to those for the 10 selected diabetes drugs. Finally, we took the results from the last 5 years and calculated the projected demand for the next 3 years.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The Appendix describes our audit scope and methodology.

RESULTS OF ANALYSIS

Medicare Part D spending for and utilization of 10 selected diabetes drugs increased substantially from 2019 to 2023. This substantial increase could have a financial impact on the Medicare program. Medicare Part D does not cover drugs prescribed for weight loss, therefore, the surge in utilization of these drugs by Medicare Part D enrollees merits further inquiry to determine whether the drug claims were paid in accordance with Medicare requirements. Information in this data brief may be beneficial to CMS and other agencies when developing future program guidance related to these drugs.

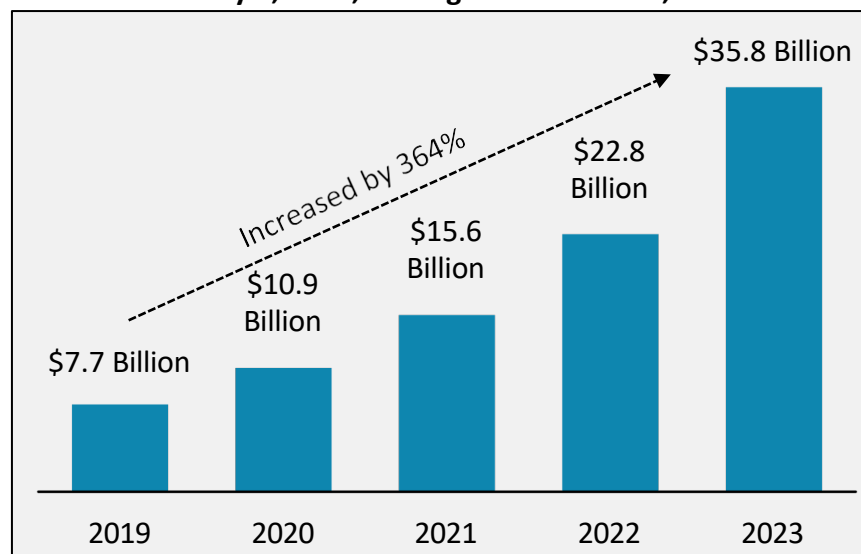
Trends in Spending for 10 Selected Diabetes Drugs

During our 5-year audit period, Medicare Part D spending for 10 selected diabetes drugs increased from \$7.7 billion in 2019 to \$35.8 billion in 2023, for an overall increase of 364 percent (Figure 1 on the next page).

⁹ We did not use medical review to determine whether these drugs were prescribed to Medicare enrollees according to the drugs' medically accepted indication.

¹⁰ The Integrated Data Repository is a high-volume data warehouse integrating Medicare claims with enrollee and provider data sources, along with ancillary data such as contract information and risk scores.

Figure 1: Nationwide Medicare Part D Spending for 10 Selected Diabetes Drugs From January 1, 2019, Through December 31, 2023



For the audit period, the combined Medicare Part D spending for the selected drugs was \$92.8 billion (Table 2 below).

Table 2: Nationwide Medicare Part D Spending for 10 Selected Diabetes Drugs From January 1, 2019, Through December 31, 2023 (In Millions)

Drug Brand Name	2019	2020	2021	2022	2023	5 Year Total Spending	% Change 2019 2023
Rybelsus	\$0.366	\$73	\$455	\$975	\$1,666	\$3,169	2,182% ¹¹
Ozempic	552	1,455	2,621	4,626	9,200	18,454	1,567%
Mounjaro	0	0	0	144	2,363	2,507	1,541%
Farxiga	508	737	1,422	2,585	4,343	9,595	755%
Jardiance	1,447	2,376	3,736	5,852	8,841	22,252	511%
Trulicity	2,272	3,283	4,702	6,225	7,366	23,848	224%
Invokana	486	571	456	427	358	2,298	-26%
Victoza	1,892	1,894	1,757	1,557	1,322	8,422	-30%
Bydureon	493	508	440	356	284	2,081	-42%
Byetta	61	48	38	28	21	196	-66%
Totals	\$7,711	\$10,945	\$15,627	\$22,775	\$35,764	\$92,822	364%

¹¹ The percentage change for Rybelsus is calculated based on 2020–2023 values since the drug was only available for 3 months of 2019.

Part D spending for six of the diabetes drugs (Rybelsus, Ozempic, Mounjaro, Farxiga, Jardiance, and Trulicity) substantially increased from 2019 to 2023. The Part D spending on Rybelsus, the only GLP-1 oral drug, experienced the largest increase during the audit period. In Rybelsus' inception year, 2019, the spending was \$366,443 in its first 3 months of coverage. From 2020 to 2023, the spending increased to almost \$1.7 billion, a surge of 2,182 percent (see Figure 2 below). In addition, the Part D spending for Ozempic was 16 times greater in 2023 than in 2019, with the spending about doubling every year under review (see Figure 3 below). Mounjaro was not covered by Medicare Part D until May of 2022, but the spending increased 1,541 percent the next year.

Figure 2: Part D Spending on Rybelsus

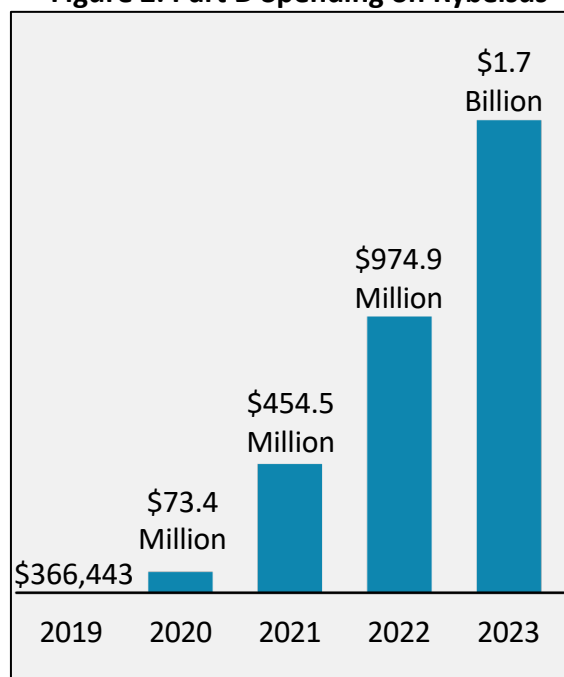
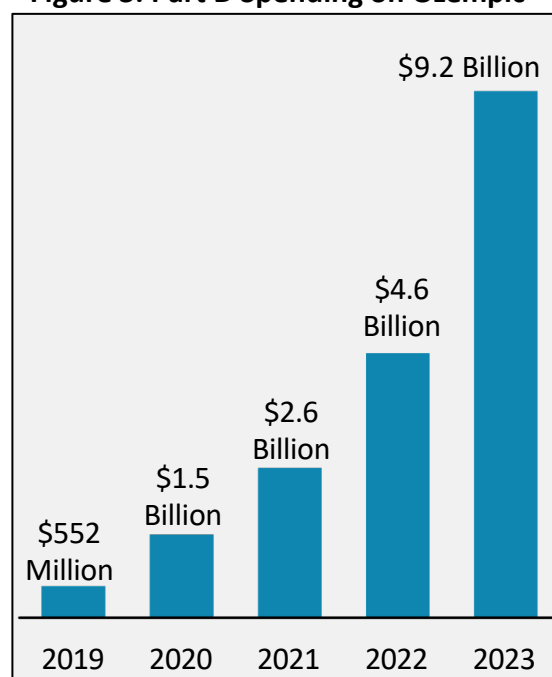


Figure 3: Part D Spending on Ozempic



Trends in the Number of Enrollees, Prescriptions, and Prescribers

During our 5-year audit period, the number of Medicare Part D enrollees prescribed, prescriptions for, and prescribers of six of the selected diabetes drugs all increased. The number of Medicare Part D enrollees prescribed Victoza, Invokana, Byetta, and Bydureon decreased from 2019 to 2023, just as the spending on those same four drugs decreased (see Table 3 on the next page). The number of enrollees for the other six selected diabetes drugs all increased between 139 percent and 929 percent during the audit period.

Table 3: Medicare Part D Enrollees Prescribed 10 Selected Diabetes Drugs From January 1, 2019, Through December 31, 2023

Drug Brand Name	2019	2020	2021	2022	2023	% Change 2019 2023
Ozempic	142,479	269,698	458,634	780,115	1,465,482	929%
Rybelsus	307	27,813	108,240	184,651	285,785	928% ¹²
Farxiga	140,287	193,918	385,762	638,886	994,000	609%
Mounjaro	0	0	0	54,163	370,422	584%
Jardiance	421,761	594,962	884,757	1,321,260	1,882,965	346%
Trulicity	392,961	497,371	664,128	840,405	938,880	139%
Victoza	312,548	278,115	249,845	214,267	189,404	-39%
Invokana	144,023	133,557	109,264	88,412	69,586	-52%
Bydureon	99,101	89,216	73,564	54,700	45,881	-54%
Byetta	11,578	8,505	6,284	4,687	3,397	-71%

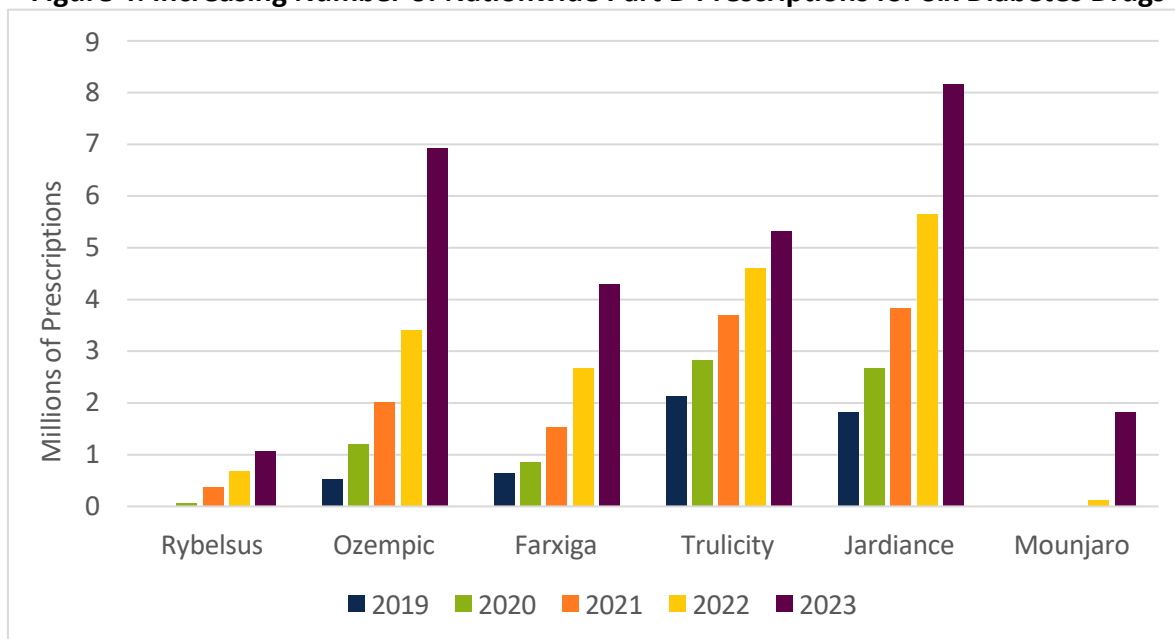
Also, the number of prescriptions for Victoza, Invokana, Byetta, and Bydureon were fewer in 2023 than in 2019. There could be many reasons for the decreases, including newly developed drugs entering the market that require less frequent injections, different FDA warnings, or different side effects. However, the number of Part D prescriptions for the other six selected drugs increased substantially in the same period. See Table 4 on the next page for the total number of Part D prescriptions for the 10 selected diabetes drugs. In Rybelsus' first 3 months of coverage in 2019 there were only 399 prescriptions, but by 2023 there were over 1 million. Prescriptions for Ozempic about doubled every year from 2019 (523,225) to 2023 (6,933,461), for an increase of 1,225 percent.

¹² The percentage change for Rybelsus is calculated based on 2020–2023 values since the drug was only available for 3 months of 2019.

Table 4: Number of Nationwide Part D Prescriptions for Selected Diabetes Drugs

Drug Brand Name	2019	2020	2021	2022	2023	% Change 2019 2023
Rybelsus	399	68,046	367,854	686,437	1,075,486	1,481% ¹³
Mounjaro	0	0	0	121,005	1,822,757	1,406%
Ozempic	523,225	1,203,679	2,015,465	3,409,219	6,933,461	1,225%
Farxiga	642,672	858,076	1,541,042	2,665,095	4,299,402	569%
Jardiance	1,812,258	2,676,925	3,825,637	5,653,570	8,154,889	350%
Trulicity	2,137,729	2,821,920	3,704,749	4,611,002	5,317,944	149%
Victoza	1,577,554	1,440,333	1,234,914	1,032,290	867,976	-45%
Invokana	586,221	621,642	468,524	396,359	306,070	-48%
Bydureon	505,105	474,930	371,018	277,784	212,906	-58%
Byetta	52,848	39,773	28,344	19,592	14,044	-73%

Figure 4 below shows the increase in the number of prescriptions for six selected diabetes drugs.

Figure 4: Increasing Number of Nationwide Part D Prescriptions for Six Diabetes Drugs

¹³ The percentage change for Rybelsus is calculated based on 2020–2023 values since the drug was only available for 3 months of 2019.

In addition, more providers were prescribing six of the selected diabetes drugs to Part D enrollees in 2023 than in 2019. The prescribers of Rybelsus increased the most, from only 17,086 in 2020, its first full year of coverage, to 114,115 in 2023, a growth of 568 percent (see Table 5 below). Mounjaro was not covered by Medicare Part D until 2022, and 1 year later experienced an increase of 296 percent. The prescribers of the diabetes drugs came from a broad range of specialties, primarily internal medicine and endocrinologists, but also including dentists, optometrists, chiropractors, and acupuncturists. Like the trends seen above with number of enrollees and number of prescriptions, Victoza, Invokana, Bydureon, and Byetta experienced a decrease in the number of prescribers.

Table 5: Number of Nationwide Part D Prescribers for Selected Diabetes Drugs

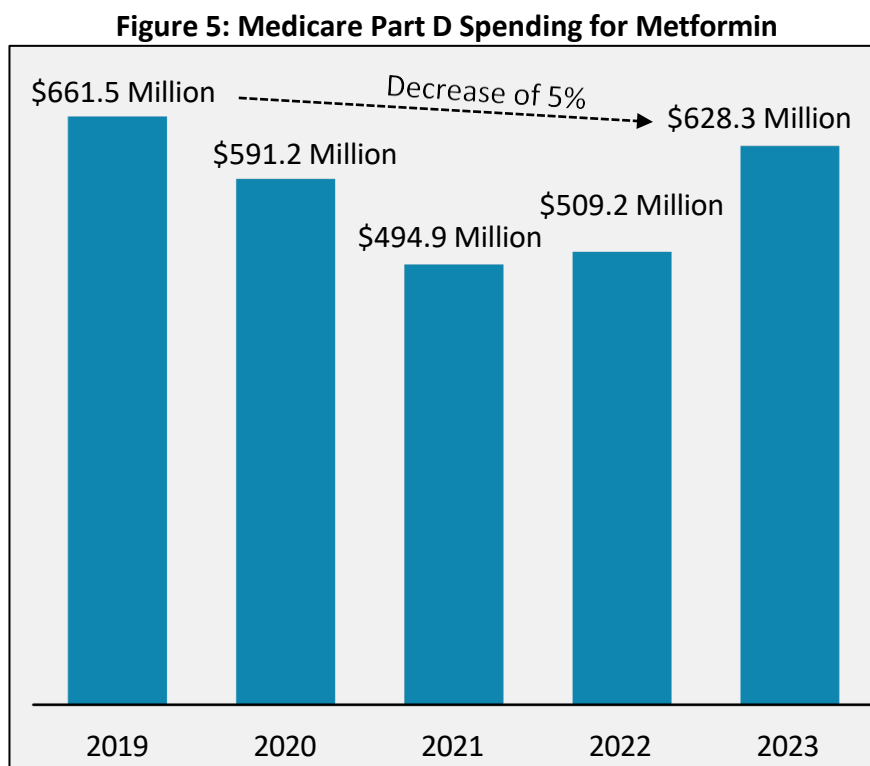
Drug Brand Name	2019	2020	2021	2022	2023	% Change 2019 2023
Rybelsus	276	17,086	51,799	81,142	114,115	568% ¹⁴
Ozempic	49,099	80,173	122,578	179,821	254,567	418%
Mounjaro	0	0	0	29,994	118,922	296%
Farxiga	67,835	84,245	127,708	178,631	230,536	240%
Jardiance	126,629	165,191	215,640	280,061	336,896	166%
Trulicity	119,174	143,140	171,727	199,557	219,946	85%
Invokana	72,294	71,537	65,617	59,846	51,490	(29%)
Victoza	120,272	120,670	119,350	115,225	107,927	(10%)
Bydureon	53,249	51,648	46,515	38,461	34,117	(36%)
Byetta	11,662	8,838	6,675	5,164	3,743	(68%)

Part D Spending on Metformin Decreased

As previously mentioned, metformin is one of the first-line medications used as treatment for type 2 diabetes. We observed that Part D spending for metformin did not increase as it did for most of the drugs selected. In fact, Part D spending for metformin decreased by 5 percent overall, from \$661 million in 2019 to \$628 million in 2023 (see Figure 5 on the next page). During that same period, Part D spending for the 10 selected diabetes drugs increased 364 percent. Also, the number of prescriptions of metformin increased, but at a lower rate than the increase for other selected diabetes drugs. The number of metformin prescriptions went from

¹⁴ The percentage change for Rybelsus is calculated based on 2020–2023 values since the drug was only available for 3 months of 2019.

almost 30.5 million in 2019 to 31.2 million in 2023. In addition, the number of prescribers of metformin increased 10 percent in the 5-year period, growing from 429,457 to 472,367.



Projected Demand for Diabetes Drugs

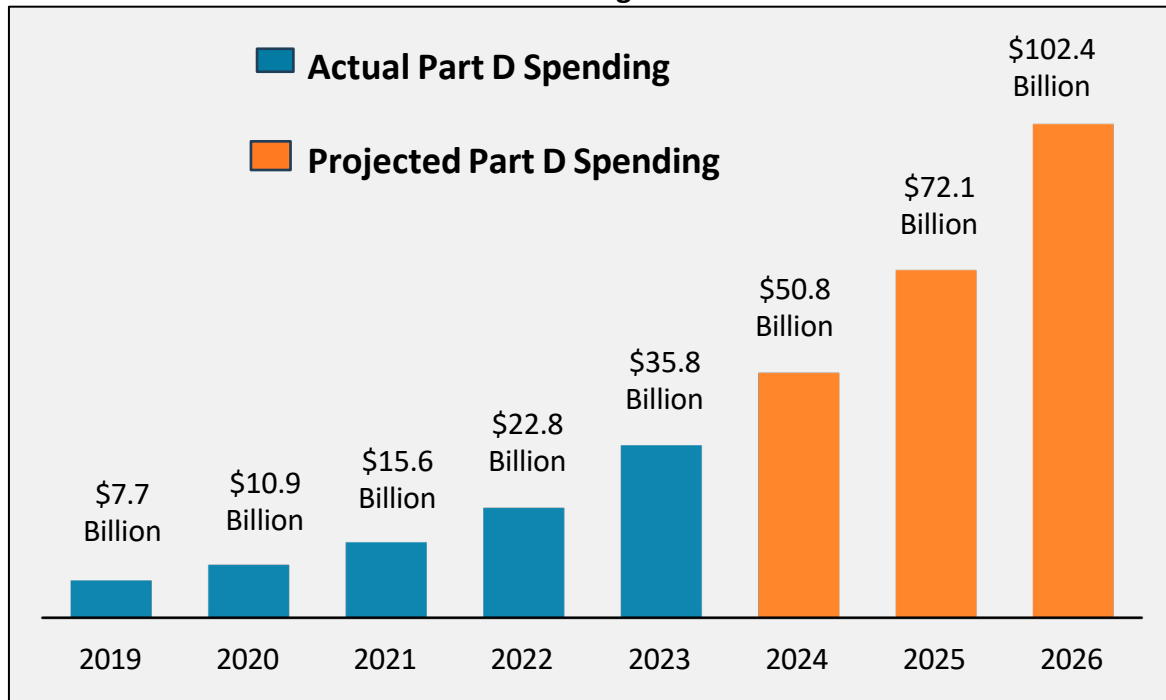
While the spending on and number of prescriptions for metformin fluctuated over the last 5 years, both GLP-1 drugs and SGLT-2 drugs are experiencing very high demand. The side effect of weight loss, among others, from diabetes drugs has been featured in national newspapers and advertised through television commercials for these brand-name drugs. Diabetes drugs are raising healthcare spending. An article in “Reuters” mentioned one in eight adults reported using GLP-1 drugs at some point.¹⁵

Type 2 diabetes is a chronic disease in which there is a high level of sugar in the blood. While it is possible to reverse the condition to a point where a person does not need drugs to manage it, most people take diabetes drugs for the rest of their lives. Also, as FDA approves additional medically accepted indications for these drugs, their utilization is expected to expand. Therefore, the total Medicare Part D spending for the 10 selected diabetes drugs is expected to continue increasing.

¹⁵ According to [the May 10, 2024, article by “Reuters,”](#) Kaiser Family Foundation performed a survey of adults and asked about their use of GLP-1 drugs. Accessed Nov. 7, 2024.

Medicare Part D spending for the 10 selected diabetes drugs increased from \$7.7 billion in 2019 to \$35.8 billion in 2023 (a 364-percent increase). The smallest annual percentage increase in spending during this 5-year period was 42 percent. If Medicare Part D spending continues at a similar rate, we estimate that Medicare Part D spending for these 10 selected drugs could potentially amount to over \$102 billion in 2026 (Figure 6 below).¹⁶ Our estimate was based on the spending trends that we observed during our audit period.

Figure 6: Actual and Projected Medicare Part D Spending for 10 Selected Diabetes Drugs From 2019 Through 2026



CONCLUSION

There has been a substantial increase in the use of certain diabetes drugs in recent years. For this data brief, we identified that Medicare Part D spending for 10 selected diabetes drugs increased by 364 percent from 2019 to 2023. Part D spending for these 10 selected drugs was \$35.8 billion in 2023. During the same time period, utilization of six drugs increased substantially.

If the annual percentage increase in spending continues at a rate of 42 percent, the smallest annual rate of increase that we observed during our audit period, it could potentially amount to over \$102 billion in Medicare Part D spending on the 10 selected drugs in 2026. Also, there was

¹⁶ We calculated the total spending on the 10 selected drugs in year 2024 by multiplying the total 2023 spending of \$35,763,182,758 by 142 percent, which equaled \$50,783,719,516. We made similar calculations for 2025 and 2026.

an increase in prescriptions and prescribers who work in a broad range of specialties. These increases merit further inquiry to determine whether PDEs were paid in accordance with Medicare requirements and whether the associated drugs were utilized for medically accepted indications. OIG plans to conduct additional audits related to Medicare Part D utilization of and spending for select diabetes drugs to determine whether diabetes drugs were paid for in accordance with Federal requirements.

Information in this data brief may be beneficial to CMS and other policymakers when developing future program guidance related to these drugs.

We issued a draft of this data brief to CMS. CMS furnished technical comments, which we addressed as appropriate.

APPENDIX: AUDIT SCOPE AND METHODOLOGY

Our audit covered Medicare Part D claim data for 10 selected diabetes drugs from January 1, 2019, through December 31, 2023. We selected 10 common type 2 diabetes drugs for our data brief and identified the unique National Drug Codes associated with 7 selected GLP-1 drugs and 3 SGLT-2 drugs that were approved by FDA. We then obtained Medicare PDE records for the selected drugs in 50 States, D.C., and the 5 major territories: Puerto Rico, Guam, Northern Mariana Islands, American Samoa, and U.S. Virgin Islands. We obtained this data from the IDR. We used this data to identify Part D spending and utilization trends for the selected diabetes drugs. Total Medicare Part D spending is the amount the pharmacy should have received for the Part D prescription from all sources, calculated as the sum of the ingredient cost, sales tax, dispensing fee, and vaccine administration fee. It includes the reported manufacturer coverage gap discount amount (i.e., the reported amount advanced by the plan sponsor at the point of sale for the manufacturer coverage gap discount). It does not include direct and indirect remunerations, such as rebates. We did not independently verify the accuracy of the IDR data. In addition, we did not use medical review to determine whether these drugs were prescribed to Medicare enrollees according to the drugs' medically accepted indication or review any potential health benefits or long-term cost savings associated with these drugs.

Our objective did not require an overall assessment of CMS's internal control structure. Rather, we interviewed CMS officials about the oversight of Part D coverage of the selected diabetes drugs and reviewed CMS requirements and guidance related to these drugs.

We conducted our audit from March 2024 through January 2025, which included discussing the results of our audit with CMS officials.

We issued a draft of this data brief to CMS. CMS furnished technical comments, which we addressed as appropriate.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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