U.S. Department of Justice

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Washington, D.C.

15 October 2026

NATIONAL FRAUD ENFORCEMENT DIVISION AND HHS-OIG POLICY ON COORDINATION OF VOLUNTARY SELF-DISCLOSURE IN HEALTH CARE FRAUD MATTERS[1]

I. Introduction

On October 1, 2026, the Justice Department's National Fraud Enforcement Division (Fraud Division) issued a directive adopting a transparent approach to corporate fraud enforcement and emphasizing accountability, cooperation, and consistent application of Department policies.

The Fraud Division's Health Care Fraud Section has long recognized that an effective way to combat corporate health care fraud is to encourage companies to identify misconduct, disclose it to the Department, cooperate fully, and remediate. There are clear and transparent benefits available to companies that do so under the Department's Corporate Enforcement and Voluntary Self-Disclosure Policy (CEP).[2]

In the health care fraud context, a single course of conduct - *e.g.*, an illegal remuneration arrangement, a scheme to bill for medically unnecessary services, or a scheme involving an excluded person - frequently gives rise to overlapping criminal, civil, and administrative matters involving the Health Care Fraud Section and the Department of Health and Human Services Office of Inspector General (HHS-OIG). Given the potential for different types of consequences for a single course of conduct,

[1] This Policy is not intended to, does not, and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents or any person.

[2] The CEP is available at: *https://www.justice.gov/dag/media/1430731/dl?inline*.

a company that identifies potentially criminal conduct must therefore decide not only *whether* to disclose but *where* to disclose.

This Policy clarifies where criminal matters should be disclosed to avoid delay of disclosure when federal health care program funds, patients, consumers, and investors can still be protected by prompt law enforcement action, and before evidence against culpable individuals becomes stale.

This Policy, issued in conjunction with HHS-OIG, establishes the following:

1. A company making a voluntary self-disclosure to the Health Care Fraud Section[3] within the meaning of the CEP related to conduct involving a Federal health care program (as defined in 42 U.S.C. § 1320a-7b(f)) shall receive the benefits of HHS-OIG Health Care Fraud Self-Disclosure Protocol (HHS-OIG SDP or SDP).[4] A company is required to make only one disclosure to the Health Care Fraud Section to obtain the benefits of both the CEP and the HHS-OIG SDP.

2. Consistent with footnote 5 of the CEP, a disclosure made only to HHS-OIG under its SDP generally does not qualify as a voluntary self-disclosure to the Fraud Division. The HHS-OIG SDP is available for conduct that potentially violates laws for which Civil Monetary Penalties (CMP) under 42 U.S.C. § 1320a-7a are authorized. A party in the health care industry that seeks to benefit from both the CEP and HHS-OIG SDP should make its initial disclosure of potentially criminal conduct to the Fraud Division. In any case, such disclosures to either government agency may be considered as part of a company's cooperation and remediation.[5]

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[3] The CEP states: "Good faith disclosure to one component where the matter is later brought to another appropriate component for investigation will also qualify." Pursuant to the CEP, good faith disclosures to others in the Fraud Division or other Department of Justice components will also qualify.

[4] Benefits of the HHS-OIG SDP do not include resolution of mandatory exclusion under 42 U.S.C. § 1320a-7(a).

[5] Consistent with the CEP, Fraud Division prosecutors retain the discretion to recommend a declination based on weighing the severity of those circumstances and the company's voluntary self-disclosure, cooperation and remediation.

II. Background and Scope

A. The CEP

The CEP provides that, among other things, when a company has voluntarily self-disclosed misconduct to the Department, fully cooperated, and timely and appropriately remediated (all in accordance with the standards set forth in the Policy), the Department will decline to prosecute the company absent aggravating circumstances.

A disclosure discussed herein constitutes a voluntary self-disclosure to the Fraud Division only if it is made to the Fraud Division (*see also*, *supra*, FN 3) and satisfies each element of the definition of voluntary self-disclosure in the CEP.

B. HHS-OIG's Health Care Fraud Self-Disclosure Protocol

HHS-OIG's SDP provides a process to voluntarily identify, disclose, and resolve liability under HHS-OIG's CMP authorities. The SDP provides significant benefits to disclosing potential fraud to HHS-OIG, including a speedy resolution, lower multiplier, and an exclusion release without integrity agreement obligations.

III. Coordination of Voluntary Self-Disclosures

A. Effect of Qualifying Disclosure

Pursuant to this Policy, a voluntary self-disclosure to the Health Care Fraud Section within the meaning of the CEP related to conduct involving a Federal health care program shall receive the benefits of the HHS-OIG SDP from HHS-OIG. This Policy applies to any voluntary self-disclosure of potential criminal violations of Federal law affecting one or more Federal health care programs, as defined in 42 U.S.C. § 1320a-7b(f), made to the Fraud Division on or after the effective date of this Policy.

No duplicate submission through the HHS-OIG SDP web portal is required.

B. Transmission of Disclosure and Subsequent Events

Promptly upon receipt of a disclosure, the Health Care Fraud Section will provide HHS-OIG with a copy of the disclosure.

C. Submission to the SDP Generally Will Not Constitute a VSD for the CEP

As discussed above, the HHS-OIG SDP is available for conduct that potentially violates CMP authorities. In connection with the issuance of this Policy, HHS-OIG is updating the HHS-OIG SDP to clarify that it is not available for criminal law violations.

Submission under the HHS-OIG SDP generally does not qualify as a voluntary self-disclosure within the meaning of the CEP and therefore would generally not satisfy the criteria necessary for a Part I declination under the CEP. However, as the CEP provides, disclosures to a federal regulatory agency, state and local government, or civil enforcement agency may may be considered as part of a company's cooperation and remediation. Nothing in this Policy limits the availability of credit for cooperation, remediation, or any other mitigating consideration under the CEP, the Principles of Federal Prosecution of Business Organizations, JM § 9-28.000, or the United States Sentencing Guidelines.

Concur



October 15, 2026

/S/ T. March Bell
Inspector General
Department of Health and Human Services

Date