

Compliance Today – July 2022

Meet Inspector General Christi A. Grimm: Never lose sight of the vital role compliance plays

Christi A. Grimm, Inspector General, U.S. Department of Health & Human Services

This interview with **Christi A. Grimm** was conducted in April 2022 by **Adam Turteltaub** (adam.turteltaub@corporatecompliance.org), Chief Engagement & Strategy Officer, SCCE & HCCA.

AT: Thank you for taking the time to speak with us. I know all of us in the healthcare compliance community truly appreciate the willingness of the Office of Inspector General (OIG) to engage with us. Let's start with your background. While a lot of us have come to know you well at OIG during the 22 years you've worked there, can you share what led you to OIG in the first place, and to your appointment as Inspector General of the United States Department of Health & Human Services (HHS)?

CG: It is my pleasure to connect with HCCA and compliance professionals, who play an essential role in promoting integrity in the healthcare system. I look forward to continued productive dialogue with the association about empowering compliance professionals.

As I shared at the 2022 Compliance Institute, I was influenced at an early age by my grandfather, Albert Mackenson, who was the head of the Public Works Department in Edgewater, Colorado, where I grew up. Mack, as my grandfather was known, oversaw quite a bit. He ensured that the parking lots at City Hall were striped so people knew where to park. He helped residents understand city codes for raking leaves and garbage removal. He responded to unplanned incidents like broken water pipes. He made sure streets were salted before a snowstorm that could quickly turn into a blizzard. His focused and practical work allowed the town to run effectively and efficiently, and his work ultimately served to improve the lives of the people who lived there. That made a big impression on me and generally inspired me to enter public service. Academically, I have always been interested in health policy—how policy shapes healthcare and health outcomes—and the real-world implications for access to care, public health, patient safety, and healthcare financing.

These influences and interests shaped the trajectory of my public service career. They drew me to HHS and to a career focused on detecting and preventing fraud, waste, and abuse and on generally improving the efficiency and effectiveness of programs that touch the lives of all Americans.

I started by performing audits of Medicare contractors at the Health Care Financing Administration, which later became Centers for Medicare & Medicaid Services (CMS). I joined OIG as a program analyst in our Office of Evaluation and Inspections in New York, where I learned the craft of evaluation—careful analysis of factual data to gain a full picture of how HHS programs and operations are performing, and then constructing practical recommendations to address vulnerabilities.

During more than 20 years, and in a variety of positions at OIG, I became steeped in the disciplines central to the work of an inspector general. And I gained understanding of HHS's more than 100 programs. I would like to think that having held multiple roles at HHS and OIG, I understand the everyday challenges of the people at OIG who



Christi A.
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Adam
Turteltaub

conduct the oversight work and the challenges faced by those whose work we oversee. When the vacancy arose, I was prepared to serve and honored to be nominated and confirmed to lead an organization to which I am deeply committed and connected.

AT: What were some of the priorities when you first joined the OIG?

CG: OIG has always had a clear and compelling mission. I joined OIG after the passage of the Health Insurance Portability and Accountability Act (HIPAA), which infused OIG with fraud-combating resources and new enforcement authorities. Then-Inspector General June Gibbs Brown launched a national campaign to eliminate fraud and abuse from Medicare, Medicaid, and other HHS programs using new resources and authorities we gained from that legislation in close partnership with the Health Care Financing Administration, the Department of Justice, and other law enforcement agencies. A key component was encouraging voluntary compliance efforts by healthcare providers. We held meetings with provider groups, established general guidelines for good compliance practices, established the advisory opinion process, and began work on sector-specific guidance. We could not know then how these initial steps would snowball into the robust healthcare compliance activities of today.

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