

## Compliance Today – April 2021 Meet Daniel Levinson: Insights from the former HHS IG

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Daniel Levinson, former Inspector General, U.S. Department of Health & Human Services

This interview with the former U.S. Department of Health & Human Services Inspector General **Daniel Levinson** was conducted by **Gabriel Imperato** ([gabriel.imperato@nelsonmullins.com](mailto:gabriel.imperato@nelsonmullins.com)), member of the HCCA Board of Directors and Managing Partner at the Fort Lauderdale office of Nelson Mullins.

**GI: What was your background and experience that led to your appointment as the inspector general (IG) of the United States Department of Health & Human Services (HHS)?**

**DL:** I entered the HHS IG position after a professional career in Washington that included a decade in private law practice and two decades in public law and policy, the majority of which was devoted to the labor management field. Early in my career, I served a seven-year term as chairman of the U.S. Merit Systems Protection Board, a quasi-judicial agency that monitors the integrity of the merit-based civil service and adjudicates personnel appeals from the two-million-member federal career workforce. At the time I was selected to be the HHS IG, however, I was serving as inspector general of the U.S. General Services Administration, an office that oversees the integrity of the federal civilian procurement process. While there, I also qualified as a Certified Fraud Examiner.

**GI: How does the process of appointment actually work? Do you apply? Are you nominated? Who decides? Is it approved by Congress?**

**DL:** This type of executive position requires presidential nomination and Senate confirmation. Selection is typically overseen by the White House Office of Presidential Personnel. Each administration has the discretion to structure this office however it chooses. In my experience with several nominations over the course of my career, interviews happen only after that office gathers information about appropriate candidates from multiple sources. As I suspect is true for many nominees, I did not apply for consideration.

**GI: Did you have any particular experience, training, or education that was suitable for assuming the responsibilities as the HHS IG, or did you have to learn what was unique about that role on the job? If so, tell us your experience with learning what was important for the HHS IG.**

**DL:** The Inspector General Act does not require that an IG have subject matter expertise.<sup>[1]</sup> Rather, it considers qualifying experience to include “demonstrated ability in accounting, auditing, financial analysis, law, management analysis, public administration, or investigations.” Perhaps this simply reflects my bias based on my own career experience, but I think an IG should specifically bring considerable familiarity with the internal workings of the executive branch as spelled out in 5 U.S.C. That law’s complexity is on a level with the Tax Code (26 U.S.C.) and the Public Health and Welfare law (42 U.S.C.) and gives the IG an essential framework for structuring office operations. On a more personal level, I believe my managerial experience across a handful of federal agencies addressed the statutory categories of qualifying criteria. That would include, in addition to the U.S. Merit Systems Protection Board chairmanship, my service as deputy general counsel of the U.S. Office of Personnel Management, general counsel of the U.S. Consumer Product Safety Commission, and the U.S. General Services Administration IG. Of course, there were many subject-specific aspects to the HHS IG role that were new

to me and that I needed to understand. The HHS is among the largest departments of government, and, as I've already implied, its programs are administered in the context of an extraordinarily wide and complex array of authorities and accompanying practices and procedures unique to it. As I worked to become familiar with these new areas, it was clear to me that the success of the office would depend in considerable part on maintaining and recruiting a highly skilled and motivated staff of experts across both core and supplementary disciplines.

**GI: When you first took the position as the HHS IG, did you consult with prior individuals who had experience in this role? Whom did you consider a mentor during your years as inspector general?**

**DL:** After my nomination but before my appointment, I consulted with the then-acting inspector general, Dara Corrigan. She generously shared her insights about the office and the position. I also quickly discovered that the office already had many outstanding staff members who, while technically my subordinates, quickly became, if not mentors, guides and counselors whose advice was invaluable in maintaining a high degree of office productivity and achievement.

**GI: What did you identify as your priorities when initially assuming your responsibilities at the HHS Office of Inspector General (OIG)?**

**DL:** Shortly after my initial nomination in mid-2004, I assumed the post on an acting basis pending confirmation. As I continued to perform my "day job" as IG of the U.S. General Services Administration, I enlisted HHS senior staff to assist me in getting up to speed with the broad range of portfolios that comprise HHS OIG oversight responsibilities. By the time I was confirmed in mid-2005, it was clear to me that in addition to ensuring that the office maintain its robust regulatory, investigative, auditing, and evaluative work, special attention needed to be devoted to preparing for oversight of the new Part D prescription drug benefit scheduled to launch in 2006.

**GI: Did those priorities change over time? If so, what were those changes, and why did they occur?**

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