



**Department of Inspector General
Office of Medicaid Inspector General**

**Quarterly Report
FY20Q1
October 1, 2019**

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Quarterly Report Statistics and Information

This quarterly report contains a statistical profile of the Medicaid fraud referrals, audits, investigations, recoveries, and initiatives from the Office of the Medicaid Inspector General (OMIG) for quarter one of the 2020 fiscal year.

Recoveries/Recoupments/Initiatives

July 1, 2019 to September 30, 2019 recoveries and recoupments sent to DHS Accounts Receivable for collection, and OMIG Initiatives where overpayments were identified and reported to the Division of Medical Services and DXC.

\$674,915.65

Audits and Investigations

July 1, 2019 to September 30, 2019 Audits/Reviews

Onsite Audit/Reviews	11
Desk Audits	77
Provider Self Audit Requests	0
Recoupment Letters	79
	167

Referrals of Fraud and Prosecutions

A. Arkansas Attorney General's Medicaid Fraud Control Unit

Pursuant to Ark. Code Ann. § 20-77-2506, the Medicaid Inspector General shall work with the Medicaid Fraud Control Unit (MFCU) of the Office of the Arkansas Attorney General, prosecuting attorneys, and law enforcement agencies. The Medicaid Inspector General refers audit investigations to MFCU when there is a credible allegation of fraud. *See 42 CFR § 455.23.*

From July 1, 2019 to September 30, 2019, **five (5)** Medicaid provider investigations have been referred to the Medicaid Fraud Control Unit of the Attorney General's Office.

From July 1, 2019 to September 30, 2019, the Attorney General's Office obtained **three (3)** convictions in which the defendants were ordered to pay restitution. The total restitution from these three convictions equals \$34,300.25.

B. Other Suspected Fraud Referrals

In addition to referrals of suspected fraud to the Arkansas Attorney General's Office, OMIG shall also make referrals and coordinate efforts with other federal, state and local law enforcement agencies. *See Ark. Code Ann. §20-77-2506(2).*

From July 1, 2019 to September 30, 2019, **eleven (11)** Medicaid recipients have been referred to the appropriate agency for further investigation.