



Office of Medicaid Inspector General

Quarterly Report FY18Q4 July 16, 2018

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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 four of the 2018 fiscal year.

Recoveries/Recoupments/Initiatives

April 1, 2018 to June 30, 2018 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.

\$2,834,792.00

Audits and Investigations

April 1, 2018 to June 30, 2018 Audits/Reviews

Onsite Audit/Reviews	14
Desk Audits	98
Provider Self Audit Requests	317
Recoupment Letters	<u>180</u>
	296

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 April 1, 2018 to June 30, 2018, **thirteen** Medicaid provider investigations have been referred to the Medicaid Fraud Control Unit of the Attorney General's Office.

From April 1, 2018 to June 30, 2018, the Attorney General's Office obtained **four** convictions in which the defendant was ordered to pay restitution.

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 April 1, 2018 to June 30, 2018, **six** Medicaid recipients have been referred to the appropriate agency for further investigation.