



# **Office of Medicaid Inspector General**

## **Quarterly Report April 2016**

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## Quarterly Report Statistics and Information

This quarterly report, submitted April 1, 2016, contains a statistical profile of the Medicaid fraud referrals, audits, investigations, recoveries, and initiatives from the Office of the Medicaid Inspector General (OMIG) for the Fiscal Year 2016 (July 1, 2015 to March 31, 2016).

For the purposes of this report, the information is divided in the following manner: July 1, 2015 through September 30, 2015; October 1, 2015 through December 31, 2015; and January 1, 2016 through March 31, 2016.

### Recoveries/Recoupments/Initiatives

July 1, 2015 to September 30, 2015 recoveries by OMIG and recoupments sent to DHS Accounts Receivable for collection

\$516,210.15

October 1, 2015 to December 31, 2015 recoveries by OMIG, recoupments sent to DHS Accounts receivable for collection, and OMIG Initiatives where overpayments were identified and reported to the Division of Medical Services and Hewlett Packard Enterprises

\$649,237.56

January 1, 2016 to March 31, 2016 recoveries by OMIG, recoupments sent to DHS Accounts receivable for collection, and OMIG Initiatives where overpayments were identified and reported to the Division of Medical Services and Hewlett Packard Enterprises

\$427,528.79

**Total Fiscal Year 2016 recoupments sent to DHS Accounts receivable for collection and Initiatives where overpayments were identified and reported to the Division of Medical Services and Hewlett Packard Enterprises**

**\$1,592,976.50**

### Audits and Investigations

July 1, 2015 to September 30, 2015 Audits/Reviews

Onsite Audits/Reviews	19
Desk Audits	38
Medicaid Integrity Contractor Reviews	<u>2</u>
	<b>59</b>

October 1, 2015 to December 31, 2015 Audit/Reviews

Onsite Audit/Reviews	15
Desk Audits	<u>51</u>
	<b>66</b>

January 1, 2016 to March 31, 2016 Audit/Reviews	
Onsite Audit/Reviews	22
Desk Audits	48
Provider Self Audit Requests	30
False Claims Act Compliance Reviews	<u>124</u>
	<b>224</b>

## **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 January 1, 2016 to March 31, 2016, **four** Medicaid provider investigations have been referred to the Medicaid Fraud Control Unit of the Attorney General’s Office.

From January 1, 2016 to March 31, 2016, **one** Medicaid provider investigation has been referred to federal law enforcement.

From January 1, 2016 to March 31, 2016, the Attorney General’s Office obtained **five** 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 January 1, 2016 to March 31, 2016, **eleven** Medicaid recipients were referred to the appropriate agency for further investigation.