

Quarterly Report
FY25-Q1

Office of Medicaid Inspector General



Department of Inspector General

Secretary Allison Bragg

Quarterly Report

This quarterly report serves as “an accountability statement providing a statistical profile of the referrals made to the Medicaid Fraud Control Unit of the office of the Attorney General, audits, investigations, and recoveries” in compliance with Ark. Code Ann. § 20-77-2509(e).

Total financial recoveries from quarter one of state fiscal year 2024 are **\$1,068,169**, which comes from the below sources:

MFCU Fraud Referrals	2
Desk Audits	78
False Claims Act Compliance Reviews	0
Provider Self-Audit Requests	0
Recoupment Letters	35

Recoveries: From July 1, 2024, to September 30, 2024, OMIG identified and reported 35 recoveries and overpayments to the Division of Medical Services Finance Group Gainwell Technologies.

Audits and Investigations: From July 1, 2024, to September 30, 2024, OMIG conducted 78 audits and reviews/investigations and reported overpayment to the Division of Medical Services Finance Group Gainwell Technologies.

Fraud Referrals and Prosecutions:

Arkansas Attorney General’s Medicaid Fraud Control Unit

According 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. OMIG makes referrals to MFCU when there is a credible allegation of fraud. *See* 42 CFR § 455.23. From July 1, 2024, to September 30, 2024, 2 Medicaid provider investigations were referred to MFCU.

Other 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, 2024, to September 30, 2024, zero Medicaid recipients have been referred to outside agencies for further investigation.