


OFFICE OF THE
MEDICAID INSPECTOR GENERAL
JAY SHUE, INSPECTOR GENERAL

Office of the Medicaid Inspector General

**Presentation to Senate and House Public Health
Committee**
July 24, 2014

Jay Shue, Medicaid Inspector General
Bart Dickinson, Chief Counsel



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Federal Regulations Requiring Program Integrity

-Pursuant to 42 CFR §455.1, every state receiving Medicaid funds must have a program to identify, investigate and refer suspected fraud and abuse cases

-The State must also:

- Report fraud and abuse information to the United States Department of Health and Human Services, and
- Have a method to verify whether services reimbursed by Medicaid were actually furnished to beneficiaries.



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OMIG Background

- **April 23, 2013:** Act 1499 was signed into law creating the Arkansas Medicaid Inspector General's Office.
- **June 19, 2013:** Governor Beebe appointed Jay Shue to be Arkansas' first Medicaid Inspector General.
- **July 1, 2013:** Start date for the new Office of Medicaid Inspector General. The Program Integrity Unit of the Arkansas Department of Human Services and its staff were transferred under the supervision and direction of the Arkansas Medicaid Inspector General.
- Ark. Code Ann. §20-77-2501, *et. al.* outlines OMIG's:
 - Purpose
 - Authority
 - Duties



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Mission Statement of the Arkansas Medicaid Inspector General

Pursuant to Ark. Code Ann. §20-77-2505, the Office of the Medicaid Inspector General, (OMIG) shall:

- (1) Prevent, detect, and investigate fraud and abuse within the medical assistance program;
- (2) Refer appropriate cases for criminal prosecution;
- (3) Recover improperly expended medical assistance funds;
- (4) Audit medical assistance program functions; and
- (5) Establish a medical assistance program fraud and abuse prevention.



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OMIG Organization

- Administration (includes Inspector General, Chief Counsel and Program Directors)
- Legal Representation
- Medicaid Audits
- Medicaid Investigations
- Medicaid Education/Prevention Programs
- Claims Identification and Reporting
- Human Resources/CFO/IT*
- Data Analytics



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Program Integrity 2013 Fiscal year Statistics

- Recovery of overpayments: \$1,137,406
- Audits: 556 (Onsite: 134)
- Fraud Referrals to MFCU: 7

OMIG 2014 Fiscal Year Statistics

- Recovery of overpayments: \$1,558,903
 - Claims submitted to DHS A/R: \$2,128,019
- Audits: 354 (Onsite: 77)
- Fraud Referrals to MFCU: 15



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OMIG 2014 Fiscal Year Accomplishments

- Established pre and post audit legal review consultation
- Increased provider education
- Established agency website, which includes Self-Disclosure Protocol
- Focused on provider corrective actions plans and cost avoidance
- Drafted OMIG policy and procedure manual
- Answered deficiencies identified from April 2013 CMS audit of Program Integrity Unit
- Enhanced communication with MFCU and other agencies
- Addressed backlog of old Program Integrity audits and complaints/referrals to OMIG
- Education of staff



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Features of the OMIG Website

- Launched November 21, 2013
- <http://omig.arkansas.gov>
- Includes:
 - Self-Disclosure Protocol
 - Audit Protocol
 - Corrective Action Plans Guidelines
 - Fraud Report Form
 - Agency News and Information
 - OMIG Annual and Quarterly Reports
 - Provider Resources

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REPORT FRAUD | PROVIDERS | MEDICAID LAWS | RESOURCES | NEWS | EMPLOYMENT | ABOUT US

HOTLINE

MEDICAID FRAUD HOTLINE
1-855-527-6644

Report Medicaid Fraud by calling the Arkansas Medicaid Inspector General's Hotline at 1-855-5AR-OMIG or (1-855-527-6644) or simply Report Fraud at the link below.

REPORT FRAUD >>

News | All News >

04.07.14 | Arkansas SMP Newsletter Features Article on Office of Medicaid Inspector General

The Arkansas Office of Medicaid Inspector General was featured in the Spring issue of the Arkansas SMP newsletter. The article highlights the legislative purpose of the agency as well as describes some of OMIG's 2014 initiatives. The Arkansas SMP is an Administration on Aging project focused on educating seniors about fraud in ... [Read More >](#)

Helpful Links
Resources
OMIG Audit Protocol
FAQs

HOTLINE
1-855-527-6644

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OMIG 2015 Fiscal Year Goals

- Enhance the identification and documentation of self-reporting and encourage providers to use that process
- Streamline the complaint/referral investigation process
- Increase provider education programs and compliance
- Release of FY2015 Audit Work Plan
- Launch of OPTUM Fraud Abuse Detection and Case tracking system in February 2015
- Establish Enterprise Fraud Program pursuant to Ark. Code Ann. § 20-77-2513
- Expand website resources for providers, public, and other state agencies



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