



These slides  
accompany the 2024  
UOIG FWA Prevention  
Training.

Please attend the  
training to fulfil your  
training requirement for  
Medicaid Fraud, Waste,  
and Abuse Prevention.



Utah Office of  
Inspector General

# Outline

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UOIG Overview

FWA Improper Payments

Common FWA Schemes

High Risk Program Areas

The False Claims Act

Payment Suspensions

Reporting FWA to the UOIG

Tips for Providers

UOIG Contact Information

UOIG Goal

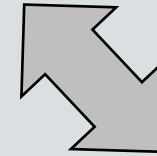
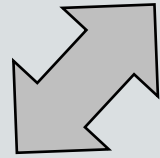
Eliminate  
Medicaid Fraud,  
Abuse,  
and Waste



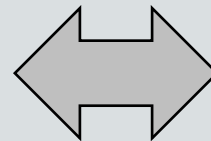


The Office of Inspector General of Medicaid Services will protect taxpayer dollars by identifying fraud, abuse, and waste risks and vulnerabilities in the State Medicaid Program and by taking action to mitigate or eliminate those risks.

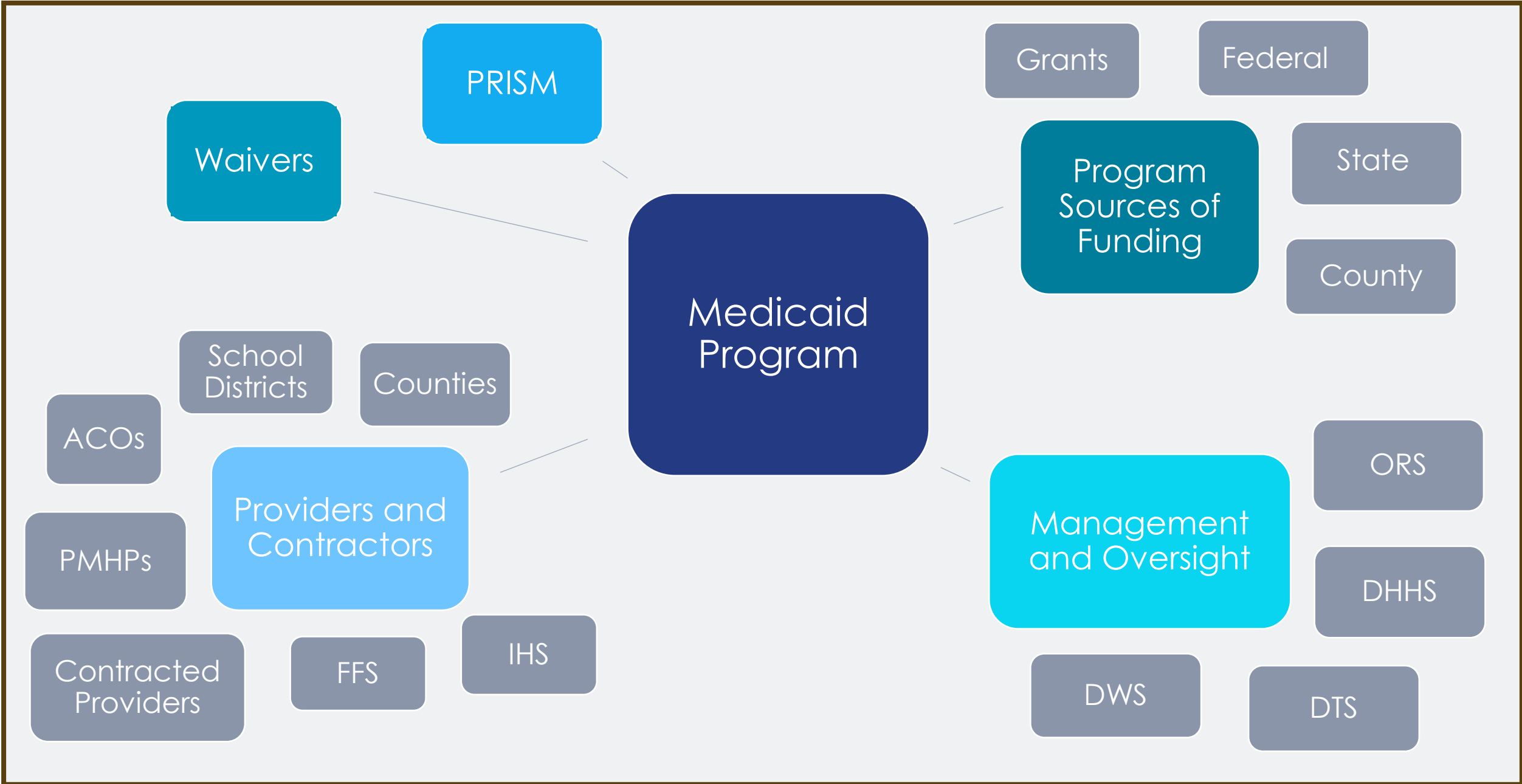
UOIG Mission



Policy  
Recommendations  
& Procedural  
Opportunities



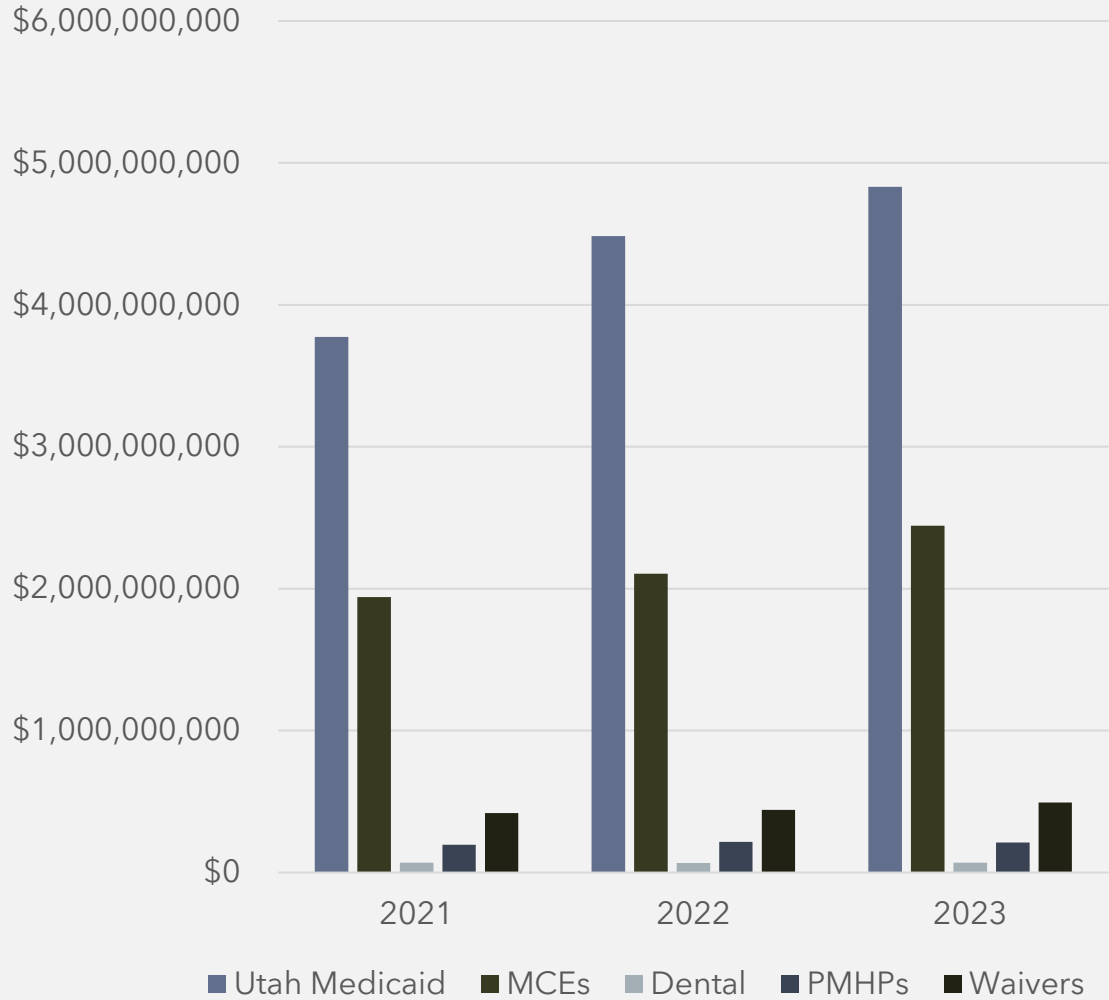
Review of Claims  
History



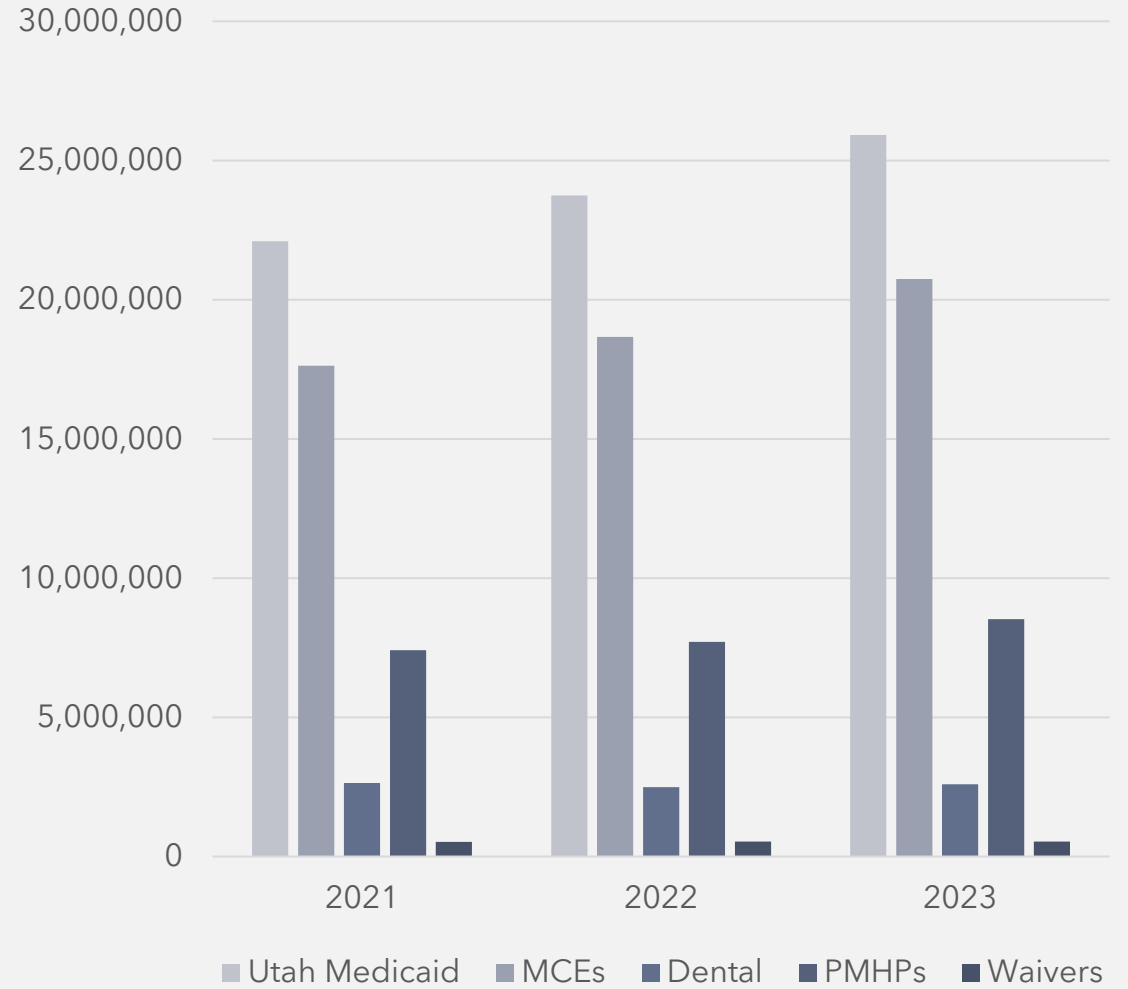
UOIG Oversight Universe

# Utah Medicaid

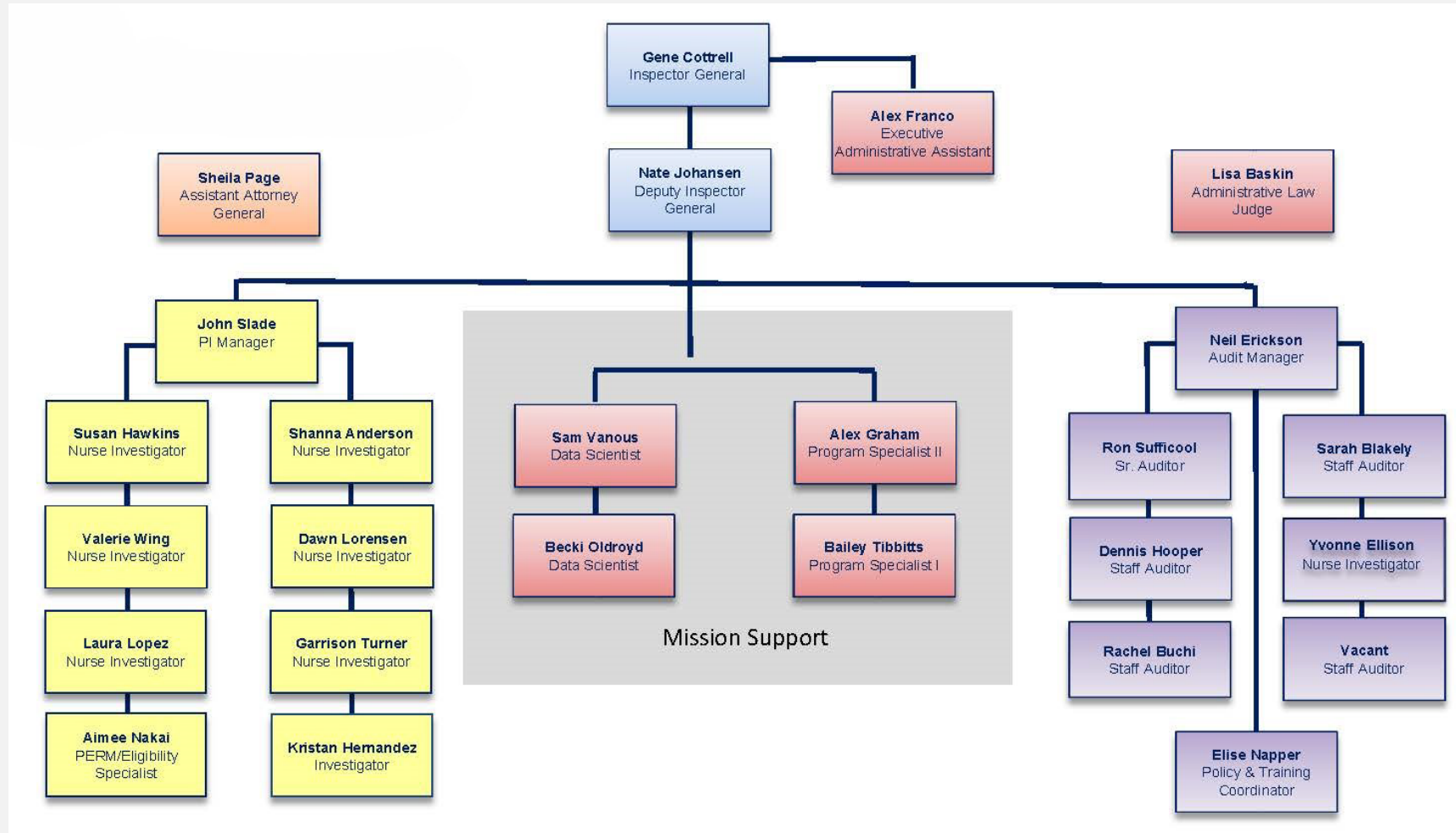
## Total Expenditures



## Number of Claims/Capitations



# UOIG Org Chart





A person in a white shirt is working at a desk. They are holding a pen in their right hand and using a calculator with their left hand. The desk is covered with various documents, including a laptop, a calculator, and several sheets of paper with charts and graphs. A pair of black-rimmed glasses is resting on the desk in the foreground. The background is bright and out of focus, suggesting a window or a well-lit office space.

# UOIG Audits

Must Remain Independent

Reviews Policy & Procedure

Reviews What Has Occurred

Makes Recommendations

Tests Controls

# UOIG Program Integrity & Investigations

Receives Complaints

Conducts Preliminary Reviews

Identifies Overpayment Amounts

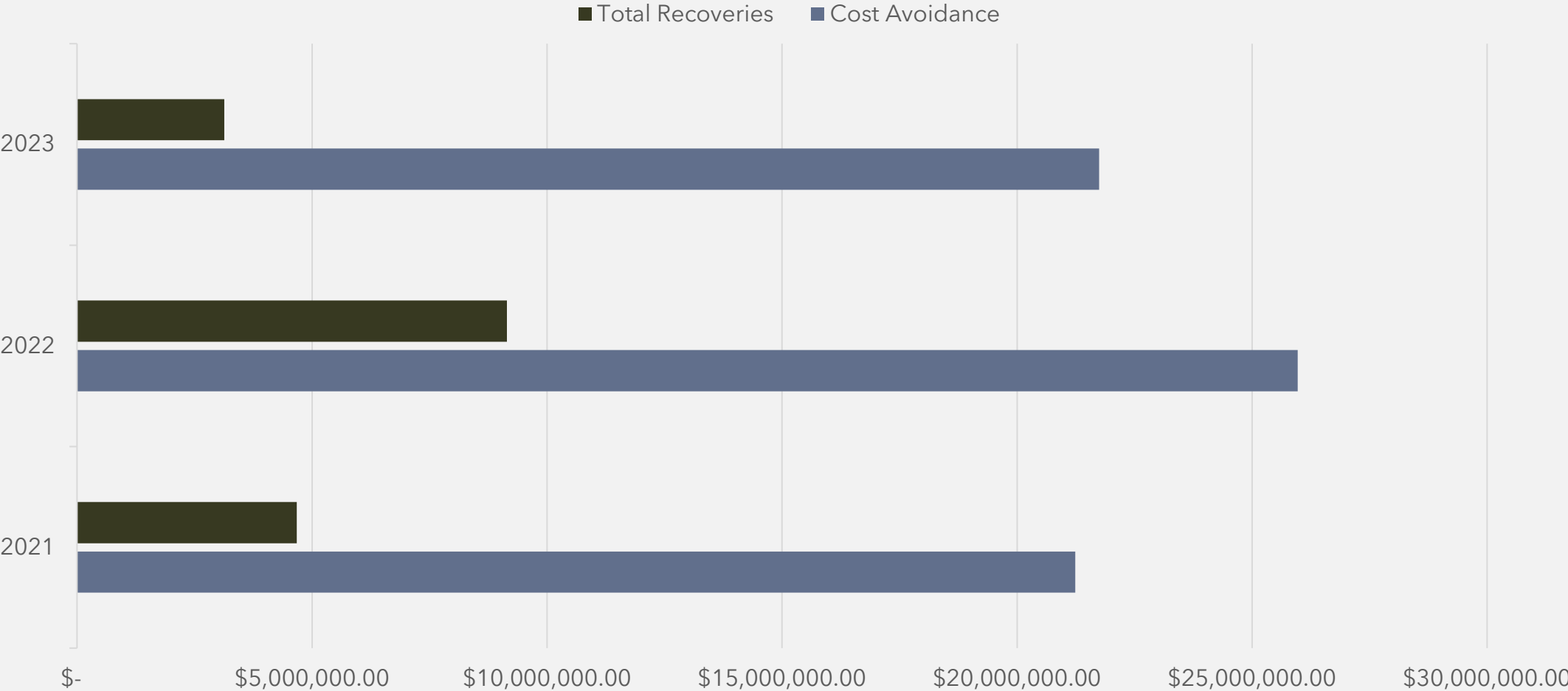
Issues Notices of Recovery

Program Integrity Functions

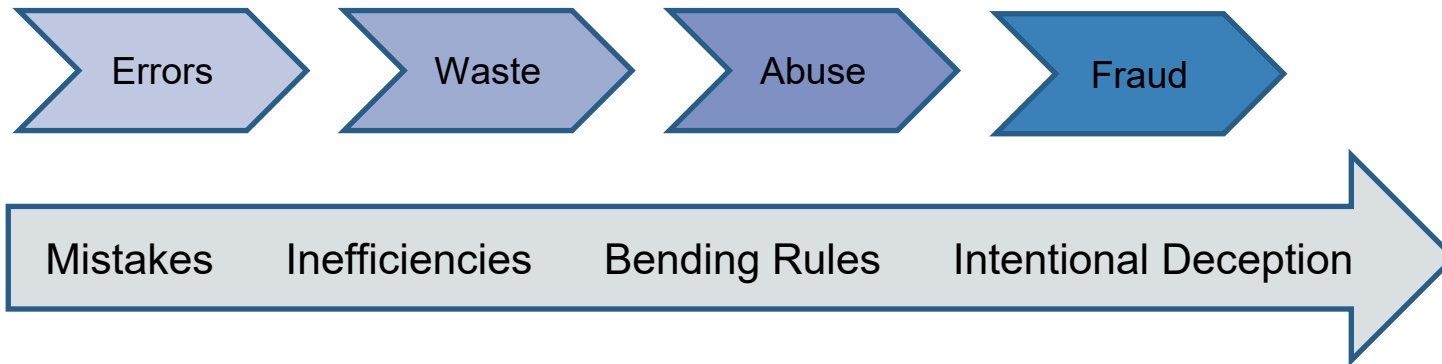


**INVESTIGATION**

# UOIG Recent Recoveries



# Causes of Improper Payments



Most common payment errors:

- Insufficient documentation
- Unintentional billing errors



Q. Who might perpetrate fraud against Medicaid?

A. Anyone who can influence the outcome of service provision, billing, records and documentation, or eligibility



# Common Provider FWA Examples

Billing for services not rendered  
and/or supplies not provided

Double billing

Coding schemes:

- Unbundling
- Upcoding

Altering medical documentation  
or claim forms

Misrepresentation of medical  
conditions or services

Soliciting, offering or receiving a  
kickback, bribe or rebate

Failure to report third party liability  
in billing

A close-up photograph of a medical professional's workspace. A silver stethoscope is positioned over a calculator and a medical form. The calculator has dark grey keys with white numbers and a red 'C' key. The medical form is partially visible, showing fields for 'Date of Birth', 'City', and 'GROUP #'. The background is a blurred document with some text and a large circular graphic element.

# Balance Billing

“A provider who accepts a member as Medicaid patient must accept the Medicaid or state payment as reimbursement in full”

# Unlikely Hours

“...services must be administered by agency staff only as ordered by a physician and approved in the plan of care.”





The background of the slide features a series of blurred, blue-tinted silhouettes of people walking away from the viewer. The silhouettes are out of focus, creating a sense of movement and depth. The lighting is soft and diffused, with a gradient from light blue on the left to white on the right.

# Ghost Employees

“Providers are prohibited from submitting inaccurate Medicaid claims.”

# Drug Diversion

“The Medicaid Pharmacy program reimburses for covered outpatient drugs dispensed to eligible Medicaid members by a pharmacy enrolled with Utah Medicaid pursuant to a prescription from an enrolled prescriber...”

A photograph of a row of colorful mailboxes mounted on a wooden post-and-rail structure. The mailboxes are in various colors including white, green, blue, and yellow. Some have numbers like 172, 57, 9A, 117, 102, 134, 26, 37, 153, 47, and 157. The background shows green foliage and a clear sky.

# Eligibility Schemes

“To be eligible for Medicaid, you must meet a program type and meet the rules for Utah residency, income, and citizenship.”

A hand holding a black and gold pen is positioned over a form. The form has several sections with labels like 'Personal Information', 'Gender', 'Age', and 'Date of Birth'. In the background, there is a blue folder with papers inside. The overall scene is a close-up of a person's hand about to write on a document.

# Reassignment of Billing Scheme

“As an approved Medicaid Provider, you are able to manage and update your information in PRISM.”



# Personal Care/ Home Health

Fraud, Waste, and Abuse Prevention



# Transportation

Fraud, Waste, and Abuse Prevention

# Electronic Visit Verification

Fraud, Waste, and Abuse Prevention



# Behavioral Health Related Organizations

Fraud, Waste, and Abuse Prevention





# Telehealth

Fraud, Waste, and Abuse Prevention

# Fiscal Responsibility

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Deficit Reduction Act

Federal False Claims Act

Utah False Claims Act

Qui Tam Incentives &  
Whistleblower Protections

Provider Agreements

Medicaid Contractual  
Obligations

A person who knowingly submits a false claim is liable for up to three times the amount of the federal government's damages, plus penalties of \$13,946 to \$27,894 per claim.



# What is a Whistleblower?

Whistleblower Protection Act  
Qui Tam Incentives



## LEIE

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The LEIE is a regularly updated list of individuals who are excluded from receiving Medicaid payments and reimbursement.

Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties.

The UOIG recommends regular, routine checks of the LEIE, to ensure that staff and contractors are not listed.

<https://exclusions.oig.hhs.gov/>



# Payment Suspension

## 42 CFR §455.23

“The State Medicaid agency must suspend all Medicaid payments to a provider after the agency determines there is a credible allegation of fraud for which an investigation is pending...”



## Utah Code 63A-13-501

“A health care professional, a provider, or a state or local government official or employee who becomes aware of fraud, waste, or abuse shall report the fraud, waste, or abuse to the Office”

# Reporting to the UOIG



Suspected Fraud, Waste or Abuse may be reported to The Utah Office of Inspector General.

Reports can come from anyone and can be anonymous.

Please call the UOIG Hotline:

**(855) 403-7283**

Email a completed UOIG Referral Form:

**MPI@utah.gov**

Or complete a referral online on the UOIG website:

**<https://oig.utah.gov/>**





# Medicaid Policies Change Frequently

Follow the Medicaid policy that is in effect at the time of service provision.

Adhere to Medicaid service record documentation requirements.

# Policy Resources

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Medicaid Information Bulletins  
(MIBS)

Medicaid Provider Manuals

Utah Administrative Rules

Medicaid Contracts

State Plan and Waiver Plans

CMS



# Records Requests

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Records must be submitted within 30 calendar days.

Ensure your contact information in PRISM remains up-to-date.

If you telework, update your contact information and check your office mail and voicemail regularly.

A woman with dark hair in a bun, wearing a grey blazer and hoop earrings, stands with her back to the camera, gesturing towards a diverse group of people seated in front of her. The setting is a bright, modern office with blurred background elements like a whiteboard and other people.

# Training Opportunities

The UOIG is available to provide training directly to professional organizations, and to tailor the content of the training to each audience.

# UOIG Contacts

Gene Cottrell

Inspector General  
[gcottrell@utah.gov](mailto:gcottrell@utah.gov)

John Slade

Program Integrity Manager  
[jslade@utah.gov](mailto:jslade@utah.gov)

Elise Napper

Auditor IV - Policy Analyst & Trainer  
[enapper@utah.gov](mailto:enapper@utah.gov)



Thank you

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<https://oig.utah.gov>