



## Mission Statement:

The Utah Office of Inspector General of Medicaid Services, on behalf of the Utah Taxpayer, will comprehensively review Medicaid policies, programs, contracts and services in order to identify root problems contributing to fraud, waste, and abuse within the system and make recommendations for improvement to Medicaid management and the provider community.

### ***The Utah OIG accomplishes its mission through three key interactive teams:***

Special Investigations Unit and Medical Review: This team performs post payment reviews, mandated reviews and investigates Medicaid payments to ensure compliance with policy.

Performance Audit: This team focuses on reducing waste, abuse, and fraud through preventive control audits and independent reviews of key Medicaid and related agency processes.

Policy, Training, Data Analytics: Provides critical tools necessary to identify and investigate fraud, waste, and abuse in the Medicaid system.

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The Utah Office of Inspector General (Utah OIG) is an independent government agency tasked by statute to conduct oversight of the Utah Medicaid program. This includes oversight of all programs, funding and services associated directly or indirectly with Medicaid.

The office conducts oversight of the Medicaid program using several diverse and wide-ranging tools and resources:

- Audits
- Inspections
- Investigations
- Utilization Reviews
- Education and Training
- Policy Reviews
- Self-Audits
- Data Analytics and Modeling

**Utah Office of Inspector  
General of Medicaid  
Services**

September 2017



## Balance Billing of Medicaid Patients Prohibited

Medicaid providers are prohibited from billing patients. Providers must accept the payment from Medicaid as payment in full. There are strict exceptions to this policy.

### Utah Medicaid Policy

Utah OIG Enforces Medicaid Policy:

Utah State Medicaid Plan  
[www.health.utah.gov/medicaid/stplan/index.htm](http://www.health.utah.gov/medicaid/stplan/index.htm)

Department Administrative Rules  
<https://rules.utah.gov/publications/utah-admin-code/>

Medicaid Provider Manuals  
<https://medicaid.utah.gov/publications>

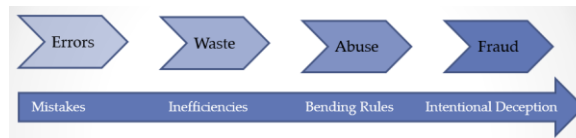
Medicaid Information Bulletins (MIBs)  
<https://medicaid.utah.gov/publications>

### Duty to Report

Utah law requires that providers and government employees who become aware of fraud, waste, or abuse, to report it to the Utah OIG or Medicaid Fraud Control Unit (MFCU).

A person who reports fraud, waste or abuse to Utah OIG may request that their name not be released in connection with the investigation. The person's identity may not be released to any person or entity other than the Utah OIG, MFCU or law enforcement, unless a court orders the identity be released.

### About Fraud, Waste and Abuse



- Errors are simple mistakes made on a claim.
- Waste can be inefficiencies within the submission or processing of claims.
- Abuse is the bending of the rules to achieve a higher than allowed payment. This may be such things as providing unnecessary services.
- Fraud is an intentional act or deception. It is a misrepresentation of the facts.

### Report Fraud

Utah OIG accepts tips and complaints from all sources about potential fraud, waste, abuse and mismanagement in the Utah Medicaid program.

### Types of Provider Fraud

The following are the most common types of provider fraud:

- Billing for Unnecessary Services or Items
- Billing for Services or Items Not Provided
- Unbundling: Billing for multiple codes covered in a global code
- Upcoding: Billing a higher cost code than the service provided.
- Card Sharing: Knowingly treating and claim reimbursement for someone other than the eligible patient
- Collusion: Collaborating with patients to file false claims
- Drug Diversion: Writing or altering prescriptions to obtain drugs for personal use or for selling
- Kickbacks: Offering or receiving payments for patient referrals

### Contact the Utah OIG:

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Public Information Officer:  
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