

# The Utah Office of the Inspector General



*Committed to safeguarding taxpayer assets through the  
minimization of waste, abuse, and fraud*

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*Inspector General*

## Questions from LFA:

- *What Impact did the 2013 General Session have on the OIG?*
- *Does the OIG have any unmet needs?*

# What Impact did the 2013 General Session have on the OIG?

**House Bill 106, 3rd Sub.:**

OIG became an independent entity  
within DAS

# HB 106 Unintended Consequences

## Line 417:

*“Balance efforts to reduce costs and avoid or minimize increased costs of the state Medicaid program with the need to encourage robust health care professional and provider participation in the state Medicaid Program”*

One rural provider (hospital) arguing to keep \$27K in improper overpayments because “the OIG will be forcing us out of business and to not accept Medicaid payments.”

## **Does the OIG have any unmet needs?**

- Time to continue our work
- Continued support from the Legislature
- When issues elevate to the legislature, contact the OIG for additional perspective

# Example Investigations

- Residential Treatment Center
- Mental Health Provider
- Community Support Provider

Three cases from over 500 cases currently open

# Residential Treatment Center

- **How Identified:** DCFS canceled contract and contacted OIG requesting further investigation
- **Allegations:** Billing for services not provided
- **OIG Actions:** Assigned a team to complete a medical records review
- **OIG Findings:** Provider billed approximately \$381K without appropriate documentation
- **Actions Taken:** Collecting money owed to Medicaid and the taxpayers

# Mental Health Provider

- **How Identified:** Received a Program Integrity tip regarding provider fraud
- **Allegations:** Provider “leased” her clinical license to a non-licensed provider
- **OIG Actions:** Assigned a team to investigate the allegation
- **OIG Findings:** Provider took 10% of Medicaid payments received. Found that the contract revenue had increased more than ten times the prior year
- **Actions Taken:** Attempting to recover \$200,000 in inappropriate payments through legal proceedings

# Community Support Provider

- **How Identified:** A concerned citizen brought a Medicaid recipient into the OIG office
- **Allegation:** Recipient stated that provider did not provide services billed to Medicaid
- **OIG Actions:** Conducted an investigation into allegations
- **OIG Findings:** Determined the case involved false claims of approximately \$12,000
- **Actions Taken:** Collection of false claims initiated and company will be audited as high risk for all transactions

**Questions?**

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