

Luz Escamilla proposes the following substitute bill:

Office of Inspector General of Medicaid Services Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Luz Escamilla

House Sponsor: Norman K Thurston

LONG TITLE

General Description:

This bill addresses oversight of the Office of Inspector General of Medicaid Services.

Highlighted Provisions:

This bill:

- ▶ establishes the Office of Inspector General of Medicaid Services (office) as an office within the Department of Government Operations (department);
- ▶ removes the office as an independent entity subject to Title 63H, Independent State Entities;
- ▶ amends the office's audit and other responsibilities;
- ▶ requires the office to submit a budget for the office to the department;
- ▶ requires the executive director of the department (executive director) to:
 - establish performance metrics for the office;
 - establish a process for employees and members of the public to report concerns to the executive director;
 - report the concerns to an advisory board; and
 - report to the advisory board on the office's performance based on performance metrics;
- ▶ requires the inspector general of Medicaid services (inspector general) to:
 - submit an annual report to the Social Services Appropriations Subcommittee;
 - collaborate with the Office of the Legislative Auditor General; and
 - present certain information at meetings of the Social Services Appropriations Subcommittee and the Health and Human Services Interim Committee;
- ▶ requires the executive director to create an advisory board to:
 - promote coordination of Medicaid program integrity activities;
 - make recommendations regarding audit prioritization to the office and the department;
 - review employee concerns reported to the executive director;

- 29 • make recommendations regarding improving the office's performance to the inspector
30 general, the executive director, and the Legislature;
- 31 • review the office's annual risk assessment and the office's annual audit plan;
- 32 • review limitations that impede the office's ability to appropriately conduct audits; and
- 33 • review agencies' implementation of the office's audit recommendations;
- 34 ▸ provides a sunset date for the advisory board and related provisions;
- 35 ▸ defines terms; and
- 36 ▸ makes technical and conforming changes.

37 **Money Appropriated in this Bill:**

38 None

39 **Other Special Clauses:**

40 None

41 **Utah Code Sections Affected:**

42 AMENDS:

43 **63A-1-109**, as last amended by Laws of Utah 2022, Chapter 169

44 **63A-1-111**, as last amended by Laws of Utah 2016, Chapters 193, 298

45 **63A-13-102**, as last amended by Laws of Utah 2023, Chapter 329

46 **63A-13-201**, as last amended by Laws of Utah 2021, Chapter 344

47 **63A-13-202**, as last amended by Laws of Utah 2024, Chapter 178

48 **63A-13-204**, as last amended by Laws of Utah 2023, Chapter 329

49 **63A-13-205**, as renumbered and amended by Laws of Utah 2013, Chapter 12

50 **63A-13-301**, as last amended by Laws of Utah 2024, Chapter 277

51 **63A-13-303**, as renumbered and amended by Laws of Utah 2013, Chapter 12

52 **63A-13-502**, as last amended by Laws of Utah 2025, Chapter 271

53 **63A-13-602**, as last amended by Laws of Utah 2013, Chapter 359 and renumbered and
54 amended by Laws of Utah 2013, Chapter 12

55 **63H-9-101**, as last amended by Laws of Utah 2025, First Special Session, Chapters 9, 11

56 **63I-1-263**, as last amended by Laws of Utah 2025, Chapters 391, 512

57 ENACTS:

58 **63A-13-701**, Utah Code Annotated 1953

59

60 *Be it enacted by the Legislature of the state of Utah:*

61 Section 1. Section **63A-1-109** is amended to read:

62 **63A-1-109 . Divisions of department -- Administration.**

- 63 (1) The department is composed of:
- 64 (a) the following divisions:
- 65 (i) the Division of Purchasing and General Services, created in Section 63A-2-101;
- 66 (ii) the Division of Finance, created in Section 63A-3-101;
- 67 (iii) the Division of Facilities Construction and Management, created in Section
- 68 63A-5b-301;
- 69 (iv) the Division of Fleet Operations, created in Section 63A-9-201;
- 70 (v) the Division of Archives and Records Service, created in Section 63A-12-101;
- 71 (vi) the Division of Technology Services, created in Section 63A-16-103;
- 72 (vii) the Division of Human Resource Management, created in Section 63A-17-105;
- 73 and
- 74 (viii) the Division of Risk Management, created in Section [~~63A-16-201~~] 63A-4-101.5;
- 75 ~~and~~
- 76 (b) the Office of Administrative Rules, created in Section 63G-3-401[-] ; and
- 77 (c) the Office of Inspector General of Medicaid Services, created in Section 63A-13-201.

- 78 (2) Each division described in Subsection (1)(a) shall be administered and managed by a
- 79 division director.

80 Section 2. Section **63A-1-111** is amended to read:

81 **63A-1-111 . Service plans established by each division -- Contents -- Distribution.**

- 82 (1) Each division and each office of the department described in Subsections
- 83 63A-1-109(1)(a) and (b) shall formulate and establish service plans for each fiscal year.
- 84 (2) The service plans shall describe:
- 85 (a) the services to be rendered to state agencies;
- 86 (b) the methods of providing those services;
- 87 (c) the standards of performance; and
- 88 (d) the performance measures used to gauge compliance with those standards.
- 89 (3) Before the beginning of each fiscal year, the service plans shall be distributed to each
- 90 state agency that uses the services provided by that division.

91 Section 3. Section **63A-13-102** is amended to read:

92 **63A-13-102 . Definitions.**

93 As used in this chapter:

- 94 (1) "Abuse" means:
- 95 (a) an action or practice that:
- 96 (i) is inconsistent with sound fiscal, business, or medical practices; and

- 97 (ii) results, or may result, in unnecessary Medicaid related costs; or
- 98 (b) reckless or negligent upcoding.
- 99 (2) "Advisory board" means the Office of Inspector General of Medicaid Services Advisory
- 100 Board created under Section 63A-13-701.
- 101 [~~(2)~~] (3) "Claimant" means a person that:
- 102 (a) provides a service; and
- 103 (b) submits a claim for Medicaid reimbursement for the service.
- 104 [~~(3)~~] ~~"Department" means the Department of Health and Human Services created in Section~~
- 105 ~~26B-1-201.]~~
- 106 (4) "Division" means the Division of Integrated Healthcare, created in Section 26B-3-102.
- 107 (5) "Extrapolation" means a method of using a mathematical formula that takes the audit
- 108 results from a small sample of Medicaid claims and projects those results over a much
- 109 larger group of Medicaid claims.
- 110 (6) "Fraud" means an intentional or knowing:
- 111 (a) deception, misrepresentation, or upcoding in relation to Medicaid funds, costs, a
- 112 claim, reimbursement, or services; or
- 113 (b) violation of a provision of Sections 26B-3-1102 through 26B-3-1106.
- 114 (7) "Fraud unit" means the Medicaid Fraud Control Unit of the attorney general's office.
- 115 (8) "Health care professional" means a person licensed under:
- 116 (a) Title 58, Chapter 5a, Podiatric Physician Licensing Act;
- 117 (b) Title 58, Chapter 16a, Utah Optometry Practice Act;
- 118 (c) Title 58, Chapter 17b, Pharmacy Practice Act;
- 119 (d) Title 58, Chapter 24b, Physical Therapy Practice Act;
- 120 (e) Title 58, Chapter 31b, Nurse Practice Act;
- 121 (f) Title 58, Chapter 40, Recreational Therapy Practice Act;
- 122 (g) Title 58, Chapter 41, Speech-Language Pathology and Audiology Licensing Act;
- 123 (h) Title 58, Chapter 42a, Occupational Therapy Practice Act;
- 124 (i) Title 58, Chapter 44a, Nurse Midwife Practice Act;
- 125 (j) Title 58, Chapter 49, Dietitian Certification Act;
- 126 (k) Title 58, Chapter 60, Mental Health Professional Practice Act;
- 127 (l) Title 58, Chapter 67, Utah Medical Practice Act;
- 128 (m) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
- 129 (n) Title 58, Chapter 69, Dentist and Dental Hygienist Practice Act;
- 130 (o) Title 58, Chapter 70a, Utah Physician Assistant Act; and

- 131 (p) Title 58, Chapter 73, Chiropractic Physician Practice Act.
- 132 (9) "Inspector general" means the inspector general of the office, appointed under Section
133 63A-13-201.
- 134 (10) "Medicaid program" means the state program for medical assistance for persons who
135 are eligible under the state plan adopted pursuant to Title XIX of the federal Social
136 Security Act.
- 137 [(10)] (11) "Office" means the Office of Inspector General of Medicaid Services, created in
138 Section 63A-13-201.
- 139 [(11)] (12) "Provider" means a person that provides:
- 140 (a) medical assistance, including supplies or services, in exchange, directly or indirectly,
141 for Medicaid funds; or
- 142 (b) billing or recordkeeping services relating to Medicaid funds.
- 143 (13) "Retaliatory action" means the same as that term is defined in Section 67-19a-101.
- 144 [(12)] (14) "Upcoding" means assigning an inaccurate billing code for a service that is
145 payable or reimbursable by Medicaid funds, if the correct billing code for the service,
146 taking into account reasonable opinions derived from official published coding
147 definitions, would result in a lower Medicaid payment or reimbursement.
- 148 [(13)] (15)(a) "Waste" means the act of using or expending a resource carelessly,
149 extravagantly, or to no purpose.
- 150 (b) "Waste" includes an activity that:
- 151 (i) does not constitute abuse or necessarily involve a violation of law; and
- 152 (ii) relates primarily to mismanagement, an inappropriate action, or inadequate
153 oversight.
- 154 Section 4. Section **63A-13-201** is amended to read:
- 155 **63A-13-201 . Creation of office -- Inspector general -- Appointment -- Term.**
- 156 (1) There is created [~~an independent entity~~] within the [~~department~~] Department of
157 Government Operations an office known as the "Office of Inspector General of
158 Medicaid Services."
- 159 (2) The governor shall:
- 160 (a) appoint the inspector general of Medicaid services with the advice and consent of the
161 Senate; and
- 162 (b) establish the salary for the inspector general of Medicaid services based upon a
163 recommendation from the Division of Human Resource Management which shall be
164 based on a market salary survey conducted by the Division of Human Resource

- 165 Management.
- 166 (3) A person appointed as the inspector general shall have the following qualifications:
- 167 (a) a general knowledge of the type of methodology and controls necessary to audit,
- 168 investigate, and identify fraud, waste, and abuse;
- 169 (b) strong management skills;
- 170 (c) extensive knowledge of performance, compliance, and financial audit methodology;
- 171 (d) the ability to oversee and execute an audit; and
- 172 (e) strong interpersonal skills.
- 173 (4) The inspector general of Medicaid services:
- 174 (a) shall serve a term of four years; and
- 175 (b) may be removed by the governor, for cause.
- 176 (5) If the inspector general is removed for cause, a new inspector general shall be
- 177 appointed, with the advice and consent of the Senate, to serve the remainder of the term
- 178 of the inspector general of Medicaid services who was removed for cause.
- 179 (6) The Office of Inspector General of Medicaid Services:
- 180 [~~(a) is not under the supervision of, and does not take direction from, the executive~~
- 181 ~~director, except for administrative purposes;]~~
- 182 [~~(b)~~] (a) shall use the legal services of the state attorney general's office;
- 183 [~~(e)~~] (b) shall submit a budget for the office directly to the [~~department~~] Department of
- 184 Government Operations;
- 185 [~~(d)~~] (c) except as prohibited by federal law, is subject to:
- 186 (i) Title 51, Chapter 5, Funds Consolidation Act;
- 187 (ii) Title 51, Chapter 7, State Money Management Act;
- 188 (iii) Title 63A, Utah Government Operations Code;
- 189 (iv) Title 63G, Chapter 3, Utah Administrative Rulemaking Act;
- 190 (v) Title 63G, Chapter 4, Administrative Procedures Act;
- 191 (vi) Title 63G, Chapter 6a, Utah Procurement Code;
- 192 (vii) Title 63J, Chapter 1, Budgetary Procedures Act;
- 193 (viii) Title 63J, Chapter 2, Revenue Procedures and Control Act;
- 194 (ix) Chapter 17, Utah State Personnel Management Act;
- 195 (x) Title 67, Chapter 16, Utah Public Officers' and Employees' Ethics Act;
- 196 (xi) Title 52, Chapter 4, Open and Public Meetings Act;
- 197 (xii) Title 63G, Chapter 2, Government Records Access and Management Act; and
- 198 (xiii) coverage under the Risk Management Fund created under Section 63A-4-201;

- 199 ~~(e)~~ (d) when requested, shall provide reports to the governor, the president of the
200 Senate, or the speaker of the House of Representatives;~~and]~~
- 201 (e) shall regularly provide the legislative auditor general updates on the office's audit
202 activities authorized under Subsections 63A-13-202(1)(h) and (2); and
- 203 (f) shall adopt administrative rules to establish policies for employees that are
204 substantially similar to the administrative rules adopted by the Division of Human
205 Resource Management.
- 206 (7)(a) The executive director shall establish operational performance metrics for the
207 office, including metrics for:
- 208 (i) key performance indicators to evaluate the office's overall performance;
209 (ii) financial recoveries;
210 (iii) office return on investment;
211 (iv) reporting practices and data presentation;
212 (v) stakeholder communication; and
213 (vi) employee performance.
- 214 (b) The executive director shall report on the office's performance based on the metrics
215 established under this Subsection (7):
- 216 (i) upon request, to the Health and Human Services Interim Committee and Social
217 Services Appropriations Subcommittee; and
218 (ii) at least annually and more frequently upon request to the advisory board.
- 219 (8)(a) The executive director shall establish a process for an employee of the office to
220 report the employee's concerns related to:
- 221 (i) the performance metrics established under Subsection (7); and
222 (ii) other concerns related to the office's duties.
- 223 (b) The process the executive director establishes under Subsection (8)(a) shall provide
224 for an employee or member of the public to report concerns anonymously.
- 225 (c) The executive director shall:
- 226 (i) respond to an employee's concern reported in accordance with the process
227 established under this subsection as soon as reasonably possible; and
228 (ii) submit a written report of the concerns reported according to the process
229 established under this subsection to the advisory board at each meeting of the
230 advisory board, including any actions the executive director has taken to address
231 each concern.
- 232 (d) The executive director or the inspector general may not take retaliatory action against

233 an employee that reports in good faith a concern in accordance with the process
 234 established under this subsection.

235 Section 5. Section **63A-13-202** is amended to read:

236 **63A-13-202 . Duties and powers of inspector general and office.**

237 (1) The inspector general of Medicaid services shall:

238 (a) administer, direct, and manage the office;

239 (b) inspect and monitor the following in relation to the [state-]Medicaid program:

240 (i) the use and expenditure of federal and state funds;

241 (ii) the provision of health benefits and other services;

242 (iii) implementation of, and compliance with, state and federal requirements; and

243 (iv) records and recordkeeping procedures;

244 (c) receive reports of potential fraud, waste, or abuse in the [state-]Medicaid program;

245 (d) investigate and identify potential or actual fraud, waste, or abuse in the [state-]
 246 Medicaid program;

247 (e) consult with the Centers for [~~Medicaid and Medicare~~] Medicare and Medicaid
 248 Services and other states to determine and implement best practices for:

249 (i) educating and communicating with health care professionals and providers about
 250 program and audit policies and procedures;

251 (ii) discovering and eliminating fraud, waste, and abuse of Medicaid funds; and

252 (iii) differentiating between honest mistakes and intentional errors, or fraud, waste,
 253 and abuse, if the office enters into settlement negotiations with the provider or
 254 health care professional;

255 (f) obtain, develop, and utilize computer algorithms to identify fraud, waste, or abuse in
 256 the [state-]Medicaid program;

257 (g) work closely with the fraud unit to identify and recover improperly or fraudulently
 258 expended Medicaid funds;

259 (h) audit, investigate, inspect, and evaluate the functioning of the [~~division for the~~
 260 ~~purpose of making recommendations to the Legislature and the department~~] Medicaid
 261 program to ensure that the [state-]Medicaid program is managed:

262 (i) in the most efficient, accountable, and cost-effective manner possible; and

263 (ii) in a manner that promotes adequate provider and health care professional
 264 participation and the provision of appropriate health benefits and services;

265 (i) identify areas where the Medicaid program can enhance participant health outcomes
 266 while maximizing the prudent use of public funds;

- 267 (j) identify opportunities for innovation and transformation within the Medicaid program
 268 to maximize effectiveness and efficiency;
- 269 (k) establish a list of high-risk Medicaid program audit areas the office may use to
 270 prioritize the office's audit work;
- 271 [(+)] (l) regularly advise the department and the division of an action that could be taken
 272 to ensure that the [state-]Medicaid program is managed in the most efficient and
 273 cost-effective manner possible;
- 274 [(+)] (m) refer potential criminal conduct, relating to Medicaid funds or the [state-]
 275 Medicaid program, to the fraud unit;
- 276 [(+)] (n) refer potential criminal conduct, including relevant data from the controlled
 277 substance database, relating to Medicaid fraud, to law enforcement in accordance
 278 with Title 58, Chapter 37f, Controlled Substance Database Act;
- 279 [(+)] (o) determine ways to:
- 280 (i) identify, prevent, and reduce fraud, waste, and abuse in the [state-]Medicaid
 281 program; and
- 282 (ii) balance efforts to reduce costs and avoid or minimize increased costs of the [state-]
 283 Medicaid program with the need to encourage robust health care professional and
 284 provider participation in the [state-]Medicaid program;
- 285 [(+)] (p) recover improperly paid Medicaid funds;
- 286 [(+)] (q) track recovery of Medicaid funds by the state;
- 287 [(+)] (r) in accordance with Section 63A-13-502:
- 288 (i) report on the actions and findings of the inspector general; and
- 289 (ii) make recommendations to the Legislature and the governor;
- 290 [(+)] (s) provide training to:
- 291 (i) agencies and employees on identifying potential fraud, waste, or abuse of
 292 Medicaid funds; and
- 293 (ii) health care professionals and providers on program and audit policies and
 294 compliance; and
- 295 [(+)] (t) develop and implement principles and standards for the fulfillment of the duties
 296 of the inspector general, based on principles and standards used by:
- 297 (i) the [Federal] federal Offices of Inspector General;
- 298 (ii) the Association of Inspectors General; and
- 299 (iii) the United States Government Accountability Office.
- 300 (2)(a) The office may, in fulfilling the duties under Subsection (1), conduct a

- 301 performance, compliance, or financial audit of:
- 302 (i) a state executive branch entity or a local government entity, including an entity
- 303 described in Section 63A-13-301, that:
- 304 (A) manages or oversees a [state-]Medicaid program; or
- 305 (B) manages or oversees the use or expenditure of state or federal Medicaid funds;
- 306 or
- 307 (ii) Medicaid funds received by a person by a grant from, or under contract with, a
- 308 state executive branch entity or a local government entity.
- 309 (b)(i) The office may not, in fulfilling the duties under Subsection (1), amend the [
- 310 state-]Medicaid program or change the policies and procedures of the [state-]
- 311 Medicaid program.
- 312 (ii) The office shall identify conflicts between the state Medicaid plan, [department]
- 313 Department of Health and Human Services administrative rules, Medicaid
- 314 provider manuals, and Medicaid information bulletins and recommend that the [
- 315 department] Department of Health and Human Services reconcile inconsistencies.
- 316 If the [department] Department of Health and Human Services does not reconcile
- 317 the inconsistencies, the office shall report the inconsistencies to the Legislature's
- 318 Rules Review and General Oversight Committee created in Section 36-35-102.
- 319 (iii) [~~Beginning July 1, 2013, the~~] The office shall review a Medicaid provider manual
- 320 and a Medicaid information bulletin in accordance with Subsection (2)(b)(ii),
- 321 prior to the [department] Department of Health and Human Services making the
- 322 provider manual or Medicaid information bulletin available to the public.
- 323 (c) [~~Beginning July 1, 2013, the~~] The Department of Health and Human Services shall
- 324 submit a Medicaid provider manual and a Medicaid information bulletin to the office
- 325 for the review required by Subsection [~~(2)(b)(ii)~~] (2)(b)(iii) prior to releasing the
- 326 document to the public. The [department] Department of Health and Human Services
- 327 and the Office of Inspector General of Medicaid Services shall enter into a
- 328 memorandum of understanding regarding the timing of the review process under
- 329 Subsection (2)(b)(iii).
- 330 (3)(a) The office shall, in fulfilling the duties under this section to investigate, discover,
- 331 and recover fraud, waste, and abuse in the Medicaid program, apply the state
- 332 Medicaid plan, [department] Department of Health and Human Services
- 333 administrative rules, Medicaid provider manuals, and Medicaid information bulletins
- 334 in effect at the time the medical services were provided.

- 335 (b) A health care provider may rely on the policy interpretation included in a current
336 Medicaid provider manual or a current Medicaid information bulletin that is available
337 to the public.
- 338 (4) The inspector general of Medicaid services, or a designee of the inspector general of
339 Medicaid services within the office, may take a sworn statement or administer an oath.
340 Section 6. Section **63A-13-204** is amended to read:
341 **63A-13-204 . Selection and review of claims.**
- 342 (1)(a) The office shall periodically select and review a representative sample of claims
343 submitted for reimbursement under the [state-]Medicaid program to determine
344 whether fraud, waste, or abuse occurred.
- 345 (b) The office shall limit [its] the office's review for waste and abuse under Subsection
346 (1)(a) to 36 months prior to the date of the inception of the investigation or 72
347 months if there is a credible allegation of fraud. In the event the office or the fraud
348 unit determines that there is fraud as defined in Section 63A-13-102, then the statute
349 of limitations defined in Section 26B-3-1115 shall apply.
- 350 (2) The office may directly contact the recipient of record for a Medicaid reimbursed
351 service to determine whether the service for which reimbursement was claimed was
352 actually provided to the recipient of record.
- 353 (3) The office shall:
- 354 (a) generate statistics from the sample described in Subsection (1) to determine the type
355 of fraud, waste, or abuse that is most advantageous to focus on in future audits or
356 investigations;
- 357 (b) ensure that the office, or any entity that contracts with the office to conduct audits:
- 358 (i) has on staff or contracts with a medical or dental professional who is experienced
359 in the treatment, billing, and coding procedures used by the type of provider being
360 audited; and
- 361 (ii) uses the services of the appropriate professional described in Subsection (3)(b)(i)
362 if the provider that is the subject of the audit disputes the findings of the audit;
- 363 (c) ensure that a finding of overpayment or underpayment to a provider is not based on
364 extrapolation, unless:
- 365 (i) there is a determination that the level of payment error involving the provider
366 exceeds a 10% error rate:
- 367 (A) for a sample of claims for a particular service code; and
368 (B) over a three year period of time;

- 369 (ii) documented education intervention has failed to correct the level of payment
 370 error; and
- 371 (iii) the value of the claims for the provider, in aggregate, exceeds \$200,000 in
 372 reimbursement for a particular service code on an annual basis; and
- 373 (d) require that any entity with which the office contracts, for the purpose of conducting
 374 an audit of a service provider, shall be paid on a flat fee basis for identifying both
 375 overpayments and underpayments.
- 376 (4)(a) If the office, or a contractor on behalf of the [~~department~~] Department of Health
 377 and Human Services:
- 378 (i) intends to implement the use of extrapolation as a method of auditing claims, the [
 379 ~~department~~] office or the Department of Health and Human Services shall, prior to
 380 adopting the extrapolation method of auditing, report its intent to use
 381 extrapolation:
- 382 (A) to the Social Services Appropriations Subcommittee; and
 383 (B) as required under Section 63A-13-502; and
- 384 (ii) determines Subsections (3)(c)(i) through (iii) are applicable to a provider, the
 385 office or the contractor may use extrapolation only for the service code associated
 386 with the findings under Subsections (3)(c)(i) through (iii).
- 387 (b)(i) If extrapolation is used under this section, a provider may, at the provider's
 388 option, appeal the results of the audit based on:
- 389 (A) each individual claim; or
 390 (B) the extrapolation sample.
- 391 (ii) Nothing in this section limits a provider's right to appeal the audit under Title
 392 63G, Chapter 4, Administrative Procedures Act, the Medicaid program and its
 393 manual or rules, or other laws or rules that may provide remedies to providers.
- 394 Section 7. Section **63A-13-205** is amended to read:
- 395 **63A-13-205 . Placement of hold on claims for reimbursement -- Injunction.**
- 396 (1) The inspector general or the inspector general's designee may, without prior notice,
 397 order a hold on the payment of a claim for reimbursement submitted by a claimant if
 398 there is reasonable cause to believe that the claim, or payment of the claim, constitutes
 399 fraud, waste, or abuse, or is otherwise inaccurate.
- 400 (2) The office shall, within seven days after the day on which a hold described in
 401 Subsection (1) is ordered, notify the claimant that the hold has been placed.
- 402 (3) The inspector general or the inspector general's designee may not maintain a hold longer

- 403 than is necessary to determine whether the claim, or payment of the claim, constitutes
 404 fraud, waste, or abuse, or is otherwise inaccurate.
- 405 (4) A claimant may, at any time during which a hold is in place, appeal the hold under Title
 406 63G, Chapter 4, Administrative Procedures Act.
- 407 (5) If a claim is approved or denied before a hearing is held under Title 63G, Chapter 4,
 408 Administrative Procedures Act, the appeal shall be dismissed as moot.
- 409 (6) The inspector general may request that the attorney general's office seek an injunction to
 410 prevent a person from disposing of an asset that is potentially subject to recovery by the
 411 state to recover funds due to a person's fraud or abuse.
- 412 (7) The [department] Department of Health and Human Services and the division shall fully
 413 comply with a hold ordered under this section.

414 Section 8. Section **63A-13-301** is amended to read:

415 **63A-13-301 . Access to records -- Retention of designation under Government**
 416 **Records Access and Management Act.**

- 417 (1) In order to fulfill the duties described in Section 63A-13-202, and in the manner
 418 provided in Subsection (4), the office shall have unrestricted access to all records of
 419 state executive branch entities, all local government entities, and all providers relating,
 420 directly or indirectly, to:
- 421 (a) the [state-]Medicaid program;
 422 (b) state or federal Medicaid funds;
 423 (c) the provision of Medicaid related services;
 424 (d) the regulation or management of any aspect of the [state-]Medicaid program;
 425 (e) the use or expenditure of state or federal Medicaid funds;
 426 (f) suspected or proven fraud, waste, or abuse of state or federal Medicaid funds;
 427 (g) Medicaid program policies, practices, and procedures;
 428 (h) monitoring of Medicaid services or funds; or
 429 (i) a fatality review of a person who received Medicaid funded services.
- 430 (2) The office shall have access to information in any database maintained by the state or a
 431 local government to verify identity, income, employment status, or other factors that
 432 affect eligibility for Medicaid services.
- 433 (3)(a) The records described in Subsections (1) and (2) include records held or
 434 maintained by the department, the division, the Department of Health and Human
 435 Services, the Department of Workforce Services, a local health department, a local
 436 mental health authority, or a school district. The records described in Subsection (1)

- 437 include records held or maintained by a provider.
- 438 (b) When conducting an audit of a provider, the office shall, to the extent possible, limit
439 the records accessed to the scope of the audit.
- 440 (4) A record, described in Subsection (1) or (2), that is accessed or copied by the office:
- 441 (a) may be reviewed or copied by the office during normal business hours, unless
442 otherwise requested by the provider or health care professional under Subsection
443 (4)(b);
- 444 (b) unless there is a credible allegation of fraud, shall be accessed, reviewed, and copied
445 in a manner, on a day, and at a time that is minimally disruptive to the health care
446 professional's or provider's care of patients, as requested by the health care
447 professional or provider;
- 448 (c) may be submitted electronically;
- 449 (d) may be submitted together with other records for multiple claims; and
- 450 (e) if it is a government record, shall retain the classification made by the entity
451 responsible for the record, under Title 63G, Chapter 2, Government Records Access
452 and Management Act.
- 453 (5) Except as provided in Subsection (7), notwithstanding any provision of state law to the
454 contrary, the office shall have the same access to all records, information, and databases
455 to which the [department] Department of Health and Human Services or the division has
456 access.
- 457 (6) The office shall comply with the requirements of federal law, including the Health
458 Insurance Portability and Accountability Act of 1996 and 42 C.F.R., Part 2, relating to
459 the office's:
- 460 (a) access, review, retention, and use of records; and
- 461 (b) use of information included in, or derived from, records.
- 462 (7) The office's access to data held by the Department of Health and Human Services under
463 Title 26B, Chapter 8, Part 5, Utah Health Data Authority:
- 464 (a) is not subject to this section; and
- 465 (b) is subject to Title 26B, Chapter 8, Part 5, Utah Health Data Authority.
- 466 Section 9. Section **63A-13-303** is amended to read:
- 467 **63A-13-303 . Cooperation and support.**
- 468 The [department] Department of Health and Human Services, the division, each
469 consultant or contractor of the [department] Department of Health and Human Services or
470 division, and each provider shall provide its full cooperation and support to the inspector

471 general and the office in fulfilling the duties of the inspector general and the office.

472 Section 10. Section **63A-13-502** is amended to read:

473 **63A-13-502 . Report and recommendations to governor and General**
474 **Government Appropriations Subcommittee.**

475 (1) The inspector general of Medicaid services shall, on an annual basis, prepare an
476 electronic report on the activities of the office for the preceding fiscal year.

477 (2) The report shall include:

478 (a) non-identifying information, including statistical information, on:

479 (i) the items described in Subsection 63A-13-202(1)(b) and Section 63A-13-204;

480 (ii) action taken by the office and the result of that action;

481 (iii) fraud, waste, and abuse in the [state-]Medicaid program, including emerging
482 trends of Medicaid fraud, waste, and abuse and the office's actions to identify and
483 address the emerging trends;

484 (iv) the recovery of fraudulent or improper use of state and federal Medicaid funds,
485 including total dollars recovered through cash recovery, credit adjustments, and
486 rebilled claims;

487 (v) measures taken by the state to discover and reduce fraud, waste, and abuse in the [
488 state-]Medicaid program;

489 (vi) audits conducted by the office, including performance, compliance, and financial
490 audits;

491 (vii) investigations conducted by the office and the results of those investigations,
492 including preliminary investigations;

493 (viii) administrative and educational efforts made by the office and the division to
494 improve compliance with Medicaid program policies and requirements;

495 (ix) total cost avoidance attributed to an office policy or action;

496 (x) the number of complaints against Medicaid recipients received and disposition of
497 those complaints;

498 (xi) the number of educational activities that the office provided to a provider or a
499 state agency;

500 (xii) the number of credible allegations of fraud referred to the Medicaid fraud
501 control unit under Section 63A-13-501; and

502 (xiii) the number of data pulls performed and general results of those pulls;

503 (b) recommendations on action that should be taken by the Legislature or the governor
504 to:

- 505 (i) improve the discovery and reduction of fraud, waste, and abuse in the [state-]
 506 Medicaid program;
- 507 (ii) improve the recovery of fraudulently or improperly used Medicaid funds; and
 508 (iii) reduce costs and avoid or minimize increased costs in the [state-]Medicaid
 509 program;
- 510 (c) recommendations relating to rules, policies, or procedures of a state or local
 511 government entity; and
- 512 (d) services provided by the [state-]Medicaid program that exceed industry standards.
- 513 (3) The report described in Subsection (1) may not include any information that would
 514 interfere with or jeopardize an ongoing criminal investigation or other investigation.
- 515 (4) On or before November 1 of each year, the inspector general of Medicaid services shall
 516 provide the electronic report described in Subsection (1) to the General Government
 517 Appropriations Subcommittee and the Social Services Appropriations Subcommittee of
 518 the Legislature and to the governor.
- 519 (5) In addition to the report described in Subsection (1), the inspector general shall present
 520 the information described in Subsections (2)(a)(iii) and (vii):
- 521 (a) at the first interim meeting each year of the Health and Human Services Interim
 522 Committee and the Social Services Appropriations Subcommittee; and
- 523 (b) at subsequent meetings at the request of the chairs of the Health and Human Services
 524 Interim Committee or the Social Services Appropriations Subcommittee.
- 525 Section 11. Section **63A-13-602** is amended to read:
- 526 **63A-13-602 . Rulemaking authority.**
- 527 The office may make rules, [~~pursuant to~~] in accordance with Title 63G, Chapter 3, Utah
 528 Administrative Rulemaking Act, and Section 63A-13-305, that establish policies, procedures,
 529 and practices, in accordance with the provisions of this chapter, relating to:
- 530 (1) inspecting and monitoring the [state-]Medicaid [~~Program~~] program;
- 531 (2) discovering and investigating potential fraud, waste, or abuse in the [State-]Medicaid
 532 program;
- 533 (3) developing and implementing the principles and standards described in Subsection [
 534 ~~63A-13-202(1)(q)~~] 63A-13-202(1)(t);
- 535 (4) auditing, investigating, inspecting, and evaluating the functioning of the ~~Ĥ~~ → **[division]**
 535a **Medicaid program** ← ~~Ĥ~~ under
 536 Subsection 63A-13-202(1)(h);
- 537 (5) conducting [~~a~~] a performance, compliance, or financial audit under Subsection

538 63A-13-202(1)(h) or (2); or
 539 (6) ordering a hold on the payment of a claim for reimbursement under Section 63A-13-205.

540 Section 12. Section **63A-13-701** is enacted to read:

541 **Part 7. Office of Inspector General of Medicaid Services Advisory Board**

542 **63A-13-701 . Office of Inspector General of Medicaid Services Advisory Board.**

543 (1) In consultation with the inspector general, the executive director or the executive
 544 director's designee shall create an advisory board known as the "Office of Inspector
 545 General of Medicaid Services Advisory Board," to:

546 (a) promote coordination of Medicaid program integrity activities between the office, the
 547 Department of Health and Human Services, the division, the Legislature, and other
 548 federal, state, and local entities;

549 (b) make recommendations to the office and the Department of Government Operations
 550 regarding prioritization of the office's financial audit activities;

551 (c) review employee concerns reported in accordance with the process the executive
 552 director establishes under Subsection 63A-13-201(8);

553 (d) make recommendations to the inspector general, the executive director, and the
 554 Legislature for improving the office's operations;

555 (e) review the office's annual risk assessment and the office's annual audit plan;

556 (f) review limitations that impede the office's ability to appropriately conduct audits; and

557 (g) review agencies' implementation of the office's audit recommendations.

558 (2) The Department of Government Operations shall make rules to establish:

559 (a) composition of the advisory board, which shall include:

560 (i) the executive director of the Department of Health and Human Services or the
 561 executive director's designee; and

562 (ii) the state Medicaid director appointed under Section 26B-3-103;

563 (b) the method of selection or appointment of advisory board members, including for the
 564 selection of an advisory board chair;

565 (c) terms of service for members of the advisory board;

566 (d) quorum requirements; and

567 (e) voting requirements.

568 (3) Members of the advisory board shall be qualified by training, education, and experience.

569 (4) The advisory board chair shall call meetings of the advisory board:

570 (a) at least two times each year; and

571 (b) in addition to the meetings described in Subsection (4)(a), at the request of the

572 executive director.

573 (5) In carrying out the advisory board's duties, the advisory board shall coordinate with the
574 legislative auditor general.

575 (6) The advisory board is subject to Title 52, Chapter 4, Open and Public Meetings Act.

576 (7) A member of the advisory board may not receive compensation or benefits for the
577 member's service, but may receive per diem and travel expenses in accordance with:

578 (a) Section 63A-3-106;

579 (b) Section 63A-3-107; and

580 (c) rules made by the Division of Finance in accordance with Sections 63A-3-106 and
581 63A-3-107.

582 Section 13. Section **63H-9-101** is amended to read:

583 **63H-9-101 . Definitions.**

584 As used in this chapter:

585 (1) "Best practices toolbox" means the collection of resources for governmental entities
586 provided on the website of the Office of the Legislative Auditor General that includes a
587 best practice self-assessment and other resources, tools, surveys, and reports designed to
588 help government organizations better serve the citizens of the state.

589 (2) "Consensus group" means the Office of Legislative Research and General Counsel, the
590 Office of the Legislative Auditor General, and the Office of the Legislative Fiscal
591 Analyst.

592 (3)(a) "Independent entity" means an entity that:

593 (i) has a public purpose relating to the state or its citizens;

594 (ii) is individually created by the state;

595 (iii) is separate from the judicial and legislative branches of state government; and

596 (iv) is not under the direct supervisory control of the governor.

597 (b) "Independent entity" does not include an entity that is:

598 (i) a county;

599 (ii) a municipality as defined in Section 10-1-104;

600 (iii) an institution of higher education as defined in Section 53H-1-101;

601 (iv) a public school as defined in Section 53G-8-701;

602 (v) a special district as defined in Section 17B-1-102;

603 (vi) a special service district as defined in Section 17D-1-102;

604 (vii) created by an interlocal agreement as described in Section 11-13-203; or

605 (viii) an elective constitutional office, including the state auditor, the state treasurer,

- 606 and the attorney general.
- 607 (c) Independent entities that are subject to the provisions of this chapter include the:
- 608 (i) Career Service Review Office created in Section 67-19a-201;
- 609 (ii) State Capitol Preservation Board created in Section [~~63C-9-201~~] 63O-2-201;
- 610 (iii) Heber Valley Historic Railroad Authority created in Section 63H-4-102;
- 611 (iv) Military Installation Development Authority created in Section 63H-1-201;
- 612 [~~(v) Office of Inspector General of Medicaid Services created in Section 63A-13-201;~~]
- 613 [~~(vi)~~] (v) Point of the Mountain State Land Authority created in Section 11-59-201;
- 614 [~~(vii)~~] (vi) Public Service Commission created in Section 54-1-1;
- 615 [~~(viii)~~] (vii) School and Institutional Trust Fund Office created in Section [~~53C-1-201~~]
- 616 53D-1-201;
- 617 [~~(ix)~~] (viii) School and Institutional Trust Lands Administration created in Section [~~53D-1-201~~]
- 618 53C-1-201;
- 619 [~~(x)~~] (ix) Utah Beef Council created in Section 4-21-103;
- 620 [~~(xi)~~] (x) Utah Capital Investment Corporation created in Section 63N-6-301;
- 621 [~~(xii)~~] (xi) Utah Communications Authority created in Section 63H-7a-201;
- 622 [~~(xiii)~~] (xii) Utah Dairy Commission created in Section 4-22-103;
- 623 [~~(xiv)~~] (xiii) Utah Education and Telehealth Network created in Section 53H-4-213.4;
- 624 [~~(xv)~~] (xiv) Utah Housing Corporation created in Section 63H-8-201;
- 625 [~~(xvi)~~] (xv) Utah Inland Port Authority created in Section 11-58-201;
- 626 [~~(xvii)~~] (xvi) Utah Lake Authority created in Section 11-65-201;
- 627 [~~(xviii)~~] (xvii) Utah Retirement Systems created in Section 49-11-201; and
- 628 [~~(xix)~~] (xviii) [~~Utah~~]State Fair Park Authority created in Section 11-68-201.

629 Section 14. Section **63I-1-263** is amended to read:

630 **63I-1-263 . Repeal dates: Titles 63A to 63O.**

- 631 (1) Subsection 63A-13-102(2), defining the term "advisory board," is repealed July 1, 2029.
- 632 (2) Subsections 63A-13-201(7)(b)(ii) and (8)(c)(ii), regarding reports to the Office of
- 633 Inspector General of Medicaid Services Advisory Board, is repealed July 1, 2029.
- 634 (3) Title 63A, Chapter 13, Part 7, Office of Inspector General of Medicaid Services
- 635 Advisory Board, is repealed July 1, 2029.
- 636 (4) Title 63C, Chapter 4a, Constitutional and Federalism Defense Act, is repealed July 1,
- 637 2028.
- 638 [~~(2)~~] (5) Title 63C, Chapter 18, Behavioral Health Crisis Response Committee, is repealed
- 639 December 31, 2026.

- 640 ~~[(3)]~~ (6) Title 63C, Chapter 25, State Finance Review Commission, is repealed July 1, 2027.
- 641 ~~[(4)]~~ (7) Title 63C, Chapter 27, Cybersecurity Commission, is repealed July 1, 2032.
- 642 ~~[(5)]~~ (8) Title 63C, Chapter 28, Ethnic Studies Commission, is repealed July 1, 2026.
- 643 ~~[(6)]~~ (9) Title 63C, Chapter 31, State Employee Benefits Advisory Commission, is repealed
644 July 1, 2028.
- 645 ~~[(7)]~~ (10) Section 63G-6a-805, Purchase from community rehabilitation programs, is
646 repealed July 1, 2026.
- 647 ~~[(8)]~~ (11) Title 63G, Chapter 21, Agreements to Provide State Services, is repealed July 1,
648 2028.
- 649 ~~[(9)]~~ (12) Title 63H, Chapter 4, Heber Valley Historic Railroad Authority, is repealed July
650 1, 2029.
- 651 ~~[(10)]~~ (13) Subsection 63J-1-602.2(16), related to the Communication Habits to reduce
652 Adolescent Threats (CHAT) Pilot Program, is repealed July 1, 2029.
- 653 ~~[(11)]~~ (14) Subsection 63J-1-602.2(26), regarding the Utah Seismic Safety Commission, is
654 repealed January 1, 2025.
- 655 ~~[(12)]~~ (15) Section 63L-11-204, Canyon resource management plan, is repealed July 1, 2027.
- 656 ~~[(13)]~~ (16) Title 63L, Chapter 11, Part 4, Resource Development Coordinating Committee,
657 is repealed July 1, 2027.
- 658 ~~[(14)]~~ (17) Title 63M, Chapter 7, Part 7, Domestic Violence Offender Treatment Board, is
659 repealed July 1, 2027.
- 660 ~~[(15)]~~ (18) Section 63M-7-902, Creation -- Membership -- Terms -- Vacancies -- Expenses,
661 is repealed July 1, 2029.
- 662 ~~[(16)]~~ (19) Title 63M, Chapter 11, Utah Commission on Aging, is repealed July 1, 2026.
- 663 ~~[(17)]~~ (20) Title 63N, Chapter 2, Part 2, Enterprise Zone Act, is repealed July 1, 2028.
- 664 ~~[(18)]~~ (21) Subsection 63N-2-511(1)(b), regarding the Board of Tourism Development, is
665 repealed July 1, 2030.
- 666 ~~[(19)]~~ (22) Section 63N-2-512, Hotel Impact Mitigation Fund, is repealed July 1, 2028.
- 667 ~~[(20)]~~ (23) Title 63N, Chapter 3, Part 9, Strategic Innovation Grant Pilot Program, is
668 repealed July 1, 2027.
- 669 ~~[(21)]~~ (24) Title 63N, Chapter 3, Part 11, Manufacturing Modernization Grant Program, is
670 repealed July 1, 2028.
- 671 ~~[(22)]~~ (25) Title 63N, Chapter 4, Part 4, Rural Employment Expansion Program, is repealed
672 July 1, 2028.
- 673 ~~[(23)]~~ (26) Section 63N-4-804, Rural Opportunity Advisory Committee, is repealed July 1,

674 2027.
675 [~~(24)~~] (27) Subsection 63N-4-805(5)(b), regarding the Rural Employment Expansion
676 Program, is repealed July 1, 2028.
677 [~~(25)~~] (28) Subsection 63N-7-101(1), regarding the Board of Tourism Development, is
678 repealed July 1, 2030.
679 [~~(26)~~] (29) Subsection 63N-7-102(3)(c), regarding a requirement for the Utah Office of
680 Tourism to receive approval from the Board of Tourism Development, is repealed July
681 1, 2030.
682 [~~(27)~~] (30) Title 63N, Chapter 7, Part 2, Board of Tourism Development, is repealed July 1,
683 2030.
684 Section 15. **Effective Date.**
685 This bill takes effect on May 6, 2026.