A Performance Audit of
The Medicaid Fraud Control Unit (MFCU)

A Report by the
Office of the Utah
Legislative Auditor General
October 4, 2012
Introduction

- Federal Gov’t requires each state to have a MFCU
- MFCUs investigate and prosecute Medicaid provider fraud as well as patient abuse and neglect
Chapter II

Utah MFCU Recoveries Are Comparatively Strong

See Figure 2.2, Page 4
Outcomes on Local Provider Medicaid Fraud Have Been Less Impactful

- Utah MFCU is dependent on referrals—which have lacked substance in the past.
- Utah’s outcomes look less significant than those of Virginia—a state known as a lead pursuer of Medicaid fraud.
# Chapter III

Virginia’s Cases Appear to Be More Substantial than Utah’s

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Restitution</th>
<th>Restitution Medicaid Portion</th>
<th>Fines Paid</th>
<th>Number Incarcerated</th>
<th>Number Excluded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia</td>
<td>6</td>
<td>$1,728,480</td>
<td>$1,515,610</td>
<td>$25,500</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Utah</td>
<td>20</td>
<td>768,090</td>
<td>291,990</td>
<td>2,270</td>
<td>10</td>
<td>5</td>
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</tbody>
</table>
Case Management Needs Improvement

- Of 15 closed cases that were sampled, 2 were closed because the statute of limitations expired before concluding the case.

- Large gaps of time often exist between investigative activities—sometimes in excess of one or two years.
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