

ARKANSAS DEPARTMENT OF

**INSPECTOR**

**GENERAL**

SECRETARY ALLISON BRAGG

ARKANSAS HFMA

AUGUST 25, 2023

# DEPARTMENT MISSION

## Integrity

DETECT, PREVENT,  
AND INVESTIGATE  
FRAUD, WASTE,  
AND ABUSE  
WITHIN  
STATE GOVERNMENT

## Independence

ACHIEVE ACCOUNTABILITY  
AND EFFICIENCY BY  
SEPARATING AUDITS  
AND APPEALS  
FROM WITHIN  
THEIR OWN AGENCIES

# AGENCIES



**OFFICE OF  
INTERNAL  
AUDIT**



**MEDICAID  
INSPECTOR  
GENERAL**



**TAX  
APPEALS  
COMMISSION**



**FAIR  
HOUSING  
COMMISSION**

# OFFICE OF INTERNAL AUDIT

1

## EXECUTIVE ORDER 21-01

- *Division of Workforce Services*
- *Departments of Corrections, Health, Human Services, and Education*
- *Arkansas Lottery*

2

## ACT 298 OF 2019

*Requires annual ARDOT review, due Oct. 2023  
Approx. 4.5 FTEs (64% of current resources)*

3

## CONTROL SELF ASSESSMENT

*Developing a technical guide for CSA; currently  
support 147 CSA tools for state entities*

**DIRECTOR: RICKY QUATTLEBAUM**



# **TAX APPEALS COMMISSION**

*BEGAN HEARING CASES DEC. 2022*

*MORE THAN 1,500 PETITIONS FILED*

*CLOSED 650+ CASES SO FAR*

*DECISIONS PUBLISHED ONLINE*

*COMMISSIONERS:*

*MATTHEW BOCH*

*JOSEPH SANFORD*

*DAVID CLAY SLOAN*



# FAIR HOUSING COMMISSION

MOSTLY FEDERALLY CONTROLLED  
BY HOUSING & URBAN DEVELOPMENT

PRIMARILY FEDERAL FUNDING

60 ACTIVE CASES;  
50 CASES CLOSED THIS FISCAL YEAR

MOU WITH ATTORNEY GENERAL



DIRECTOR:  
IVERSON JACKSON

**OFFICE OF**  
**MEDICAID**  
**INSPECTOR**  
**GENERAL**

*FISCAL YEAR 2022*

*ACCOUNTS RECEIVABLE CLAIMS:  
\$643,915.36*

*SELF-REPORTED CLAIMS:  
\$58,082.59*

*RESTITUTION AND FALSE CLAIMS:  
\$8,024,035.67*

*MASS ADJUSTMENTS AND REVERSALS:  
\$138,560.41*

*TOTAL:  
\$8,864,594.03*

**OMIG'S  
MISSION**

*TO DETECT  
AND PREVENT  
FRAUD,  
WASTE,  
AND ABUSE*

*WITHIN THE  
MEDICAL ASSISTANCE  
PROGRAM*



# WHO AUDITS MEDICAID?

- OFFICE OF MEDICAID INSPECTOR GENERAL
- LEGISLATIVE AUDIT
- DHS (RETROSPECTIVE REVIEW)
- QLARANT (UNIFIED PROGRAM INTEGRITY CONTRACTOR)
- PASSES

## **WHERE**

# **DO AUDITS ORIGINATE?**

- *FRAUD HOTLINE  
COMPLAINTS AND TIPS*
- *LAW ENFORCEMENT  
REFERRALS*
- *PRIVATE INSURANCE  
PLANS, PASSES, OR OTHER  
STATES*
- *CORRECTIVE ACTION PLAN  
COMPLIANCE REVIEWS*
- *OMIG DATA ANALYTICS*

## **OMIG DATA ANALYTICS**

# **OPTUM FRAUD AND ABUSE DETECTION SYSTEM**

- *PROVIDER SPIKE DETECTION*
- *PEER REVIEW ANALYSIS/  
OUTLIER IDENTIFICATION*
- *ALGORITHMS*
  - *IMPOSSIBLE DATES*
  - *OVERLAPPING SERVICES*
  - *UNBUNDLING PROCEDURES*
- *CLAIMS RISK ANALYSIS*
- *HIGH COST MEMBER REPORTING*

## **MOST FREQUENT FINDINGS**

# **MISSING INFORMATION**

- NO SERVICE LOG/PROGRESS NOTE
- NO IN AND OUT TIME
- NO PROVIDER SIGNATURE
- NO DELINEATION OF SERVICES
- NO BACKGROUND CHECKS
- NO REQUIRED TASK ON NOTE/LOG
- NO DOCUMENTATION TO SUPPORT CPT CODE BILLED

*MISSING, INVALID, INCOMPLETE, OR EXPIRED:*

- *LICENSURE/CERTIFICATION*
- *PERSONAL CARE SERVICE PLAN*
- *INDIVIDUALIZED SERVICE PLAN*
- *PRIMARY CARE PHYSICIAN RX*
- *PRIMARY CARE REFERRAL*
- *TREATMENT PLAN/PLAN OF CARE*
- *EVALUATION*

## **MOST FREQUENT FINDINGS**

# **INCORRECT INFORMATION**

- *SERVICE NOT AUTHORIZED ON  
ARCHOICE PERSONAL CENTER  
SERVICE PLAN*
- *UNITS BILLED EXCEED UNITS  
DOCUMENTED*
- *DOCUMENTATION DOES NOT  
SUPPORT PROCEDURE CODE  
BILLED*
- *DOCUMENTATION DOES NOT  
SUPPORT LEVEL OF E/M  
SERVICES BILLED*
- *DOCUMENTATION DOES NOT  
SUPPORT PLACE OF SERVICE  
BILLED*

# **HOW PROVIDERS CAN AVOID MISTAKES**

**Continued staff training on Medicaid provider manual.**

**Frequent reminders/training for staff on required documentation for each service provided.**

**Quality assurance process and procedures.**

**Management oversight and enforcement of quality assurance process and procedures.**



U.S. Department of Health and Human Services

**Office of Inspector General**

# **ACTIVE WORK PLAN ITEMS**

**CENTERS FOR MEDICARE AND MEDICAID SERVICES – JUNE/JULY 2023**

- MEDICARE PART C HIGH-RISK DIAGNOSIS CODES TOOLKIT
- AUDIT OF AMBULANCE SERVICES SUPPLEMENTAL PAYMENT PROGRAM
- MEDICARE ADVANTAGE PAYMENTS GENERATED BY HEALTH RISK ASSESSMENTS FOR 2022
- STATE MEDICAID AGENCIES' PERSPECTIVES OF MANAGED CARE PLANS' REFERRAL OF FRAUD
- MEDICARE PAYMENTS FOR CLINICAL DIAGNOSTIC LAB TESTS IN 2022
- NATIONWIDE AUDITS OF MEDICARE PART C HIGH-RISK DIAGNOSIS CODES
- AUDIT OF SELECTED HIGH-RISK MEDICARE HOSPICE GENERAL INPATIENT SERVICES

# THANK YOU



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