



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Audit Updates

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Office of Inspector General

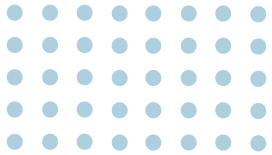
December 11, 2025





Our Purpose

Shaping the future of *A Healthy Georgia* by improving access and ensuring quality to strengthen the communities we serve.





OIG Mission

OIG safeguards the integrity of the DCH from risk internally and externally. Detecting fraud, waste and abuse is the office's clear charge.

OIG rigorously reviews, investigates and audits Medicaid providers and recipients to uncover criminal conduct, administrative wrongdoing, poor management practices, and other waste, fraud, and abuse.





Office of Audits Updates

1. Status of Current & Completed Audits

- Centers for Medicare and Medicaid Services (CMS)
- Governmental Accounting Office (GAO)
- Department of Audits & Accounts (DOAA)

2. CMS Audit Update

- Georgia Focused Program Integrity Review



Current Audits

CMS/GAO

- CMS: Home and Community Based Services Assessment (HCBS)
- CMS: Medicaid Managed Care Plan Program Integrity Audit
- GAO: Enhanced Data Matching Could Help Prevent Duplicate Benefits & Yield Substantial Savings

DOAA

- FY2025 Annual Financial Report & Single Audit
- **Hospital Provider Fee Performance Review**
- **New Option Waiver (NOW) & Comprehensive Support Waiver (COMP) Programs Performance Audit**



Completed Audits

CMS

- Georgia Focused Program Integrity Review



Georgia Focused Program Integrity Review Overview

- CMS conducted a focused program integrity review to assess Georgia's program integrity oversight efforts of its Medicaid managed care program for Fiscal years 2020 – 2022.
- Results:
 - Recommendations: 6
 - Observations: 4
 - Prior Year Review: 5





MCO Contract Compliance	Action Taken
<p>Recommendation 1: Georgia should amend the Managed Care Organization (MCO) general contract to contain language regarding a method to verify whether services that have been represented to have been delivered by network providers were received by enrollees.</p>	<p>MCO contract language is being updated.</p>
<p>Recommendation 2: Georgia should amend the MCO general contract to contain language requiring the development and maintenance of written policies for all employees and agents. Additionally, Georgia should establish a documented process of how it verifies MCOs have written policies to comply with 42 C.F.R. § 438.608(a)(6).</p>	<p>MCO contract language is being updated.</p>



Recommendations



MCO Contract Compliance

Action Taken

Recommendation 3: Georgia should include language in the MCO general contract requiring MCOs to develop policies and procedures requiring the suspension of payments to a network provider for which DCH or Medicaid Fraud & Patient Protection Division (MFPPD)¹ determines there is a credible allegation of fraud in accordance with 42 C.F.R. § 455.23.

MCO contract language is being updated.

¹The Medicaid Fraud Control Unit changed its name to Medicaid Fraud and Patient Protection Division.



MCO Contract Compliance

Action Taken

Recommendation 4: Georgia should develop written policies and procedures for ensuring MCOs annually report recoveries of overpayments to the state. In addition, the state should ensure the MCO general contract requires MCOs to promptly report all overpayments identified or recovered, specifying the overpayments due to potential fraud, to the state. Additionally, in accordance with 42 C.F.R. § 438.608(a)(2), the state should develop a process to ensure MCOs have an internal overpayment tracking systems to better account for and report overpayment information.

MCO contract language is being updated.



MCO Contract Compliance

Action Taken

Recommendation 5: Georgia should amend the general contract to include language requiring MCOs to establish a mechanism for network providers to report and return identified overpayments to the MCO within 60 calendar days as well as to notify the MCO in writing of the reason for the overpayments.

MCO contract language is being updated.



Recommendations



MCO Investigations of Fraud, Waste, and Abuse

Action Taken

Recommendation 6: In accordance with 42 C.F.R. § 438.608(a)(7) and 42 C.F.R. § 455.13-17, Georgia should include language in the MCO general contract on prompt referral of potential fraud, waste, and abuse that the MCO identifies to the state.

MCO contract language is being updated.



State Oversight of Managed Care Program Integrity Activities

Action Taken

Observation 1: Based on the quantity and quality of cases investigated and referred during the review period, CMS encourages Georgia to include a Special Investigation Unit (SIU) staffing ratio requirement in the MCO general contract.

MCO contract language is being updated.



MCO Contract Compliance	Action Taken
<p>Observation 2: CMS encourages Georgia to develop formal policies and procedures for the annual review of MCO compliance plans and fraud, waste, and abuse plans. CMS further encourages Georgia to develop an effective monitoring tool for the annual submission, review, and approval of MCO compliance plans. Such a tool may include a template or checklist outlining the required compliance plan requirements under CMS regulations and the Georgia MCO general contract.</p>	<p>Formal policies and procedures have been developed.</p>



Observations



MCO Investigations of Fraud, Waste, and Abuse

Action Taken

Observation 3: CMS encourages Georgia to work with the MCOs to develop more case referrals and routinely provide specific program integrity training aimed at enhancing the identification and quality of case referrals from the MCOs. CMS also encourages Georgia to provide more frequent feedback to the MCOs regarding the quality of case referrals.

Enhanced the quality of the fraud referrals.



Observations



MCO Investigations of Fraud, Waste, and Abuse

Action Taken

Observation 4: CMS encourages Georgia to urge MCOs to resume conducting announced and unannounced investigative provider site visits to oversee network providers more effectively now that the public health emergency has ended.

MCOs have been encouraged to resume conducting on-site investigations.



Prior Year Review



MCO Contract Compliance

Action Taken

Prior Year 1: Refine the fraud, waste, and abuse section of the general MCO contract incorporating the key elements of the program integrity operations, as well as the requirements expected to be performed in order to meet all program integrity federal regulations for the Medicaid managed care program. The fraud, waste, and abuse section of the contract should lay out more specific program integrity requirements in order to avoid misunderstandings due to generalities and ambiguity.

Language has been added to the MCO procurement draft documents.



Prior Year Review



State Oversight of Managed Care Program Integrity Activities

Action Taken

Prior Year 2: Given the limited number of provider investigations and referrals by the MCOs along with the low number of overpayments and terminations that the MCOs reported, the state should ensure that both the DCH/OIG and its MCOs are allocating sufficient resources to the prevention, detection, investigation and referral of suspected provider fraud.

MCO contract language is being updated (current contract).



Prior Year Review



MCO Investigations of Fraud, Waste, and Abuse

Action Taken

Prior Year 3: The DCH/OIG should obtain feedback from the MFPPD regarding the quantity and quality of MCO referrals reviewed and develop a strategy for improving MCO referrals.

Coordinating with MFPPD for annual MCO training.



Prior Year Review



State Oversight of Managed Care Program Integrity Activities

Action Taken

Prior Year 4: The DCH/Office of Inspector General (OIG), in conjunction with the MFPPD when possible, should work with the MCOs to develop and provide program integrity training on a routine basis to enhance case referrals from the MCOs. The state should ensure that MCO staff, primarily the SIU and/or Compliance Officer, is receiving adequate training in identifying, investigating, referring, and reporting potential fraudulent billing practices by providers.

Coordinating with MFPPD for annual MCO training.



Prior Year Review

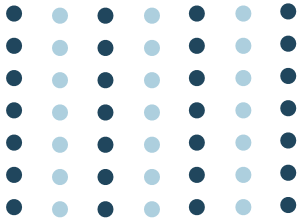


MCO Contract Compliance

Action Taken

Prior Year 5: Amend the general MCO contract language to ensure the appropriate actions are taken by MCOs to suspend, exclude or terminate providers from its Medicaid program in coordination with DCH/OIG when there is cause to do so.

MCO contract language is being updated (current contract).



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THANK YOU!
QUESTIONS /
COMMENTS?

