

# FACT SHEET

## Office of Inspector General

### Overview

The Office of the Inspector General (OIG) is committed to protecting the taxpayers of Georgia by detecting, preventing and/or eliminating all forms of fraud, waste, and abuse associated with the operation of the Medicaid Program.

### Division Sections

The OIG oversees:

#### The Medicaid Program Integrity Unit

The Medicaid Program Integrity Unit performs utilization reviews and investigates providers suspected of overbilling or defrauding Georgia's Medicaid program, recovers overpayments, and where appropriate, refers cases of suspected fraud for criminal investigation and prosecution to federal, state and local officials.

#### The Special Investigations Unit

The Special Investigations Unit upholds the best interest and confidence of the public by ensuring that Department policy and procedures are followed and that all Department employees, including contractors and vendors, adhere to Department standards of professionalism. The Unit's charge includes conducting objective and independent investigations involving alleged violations of Standards of Conduct, Ethics and Conflict of Interest policy and claims of fraud, waste and abuse.

#### The Provider Enrollment Unit

The Provider Enrollment Unit is committed to enrolling qualified providers and practitioners to receive Medicaid reimbursement for services rendered to Medicaid recipients in the Georgia Medicaid and PeachCare for Kids® programs. As the programs' gatekeeper, the Unit is responsible for monitoring the review and processing of practitioner applications, conducted by the Department's fiscal agent, and for coordinating the enrollment process, which consists of credentialing and licensure verification to ensure that all providers are in good standing and in compliance with State and Federal regulations.

#### The Office of Audits

The Office of Audits performs independent, objective assurance and consulting activities intended to enhance the Department's operations to ensure compliance with State and Federal regulations in all areas of performance, including procedural and financial activities.

#### The Third-Party Liability Unit

The Third-Party Liability Unit is responsible for identifying Medicaid beneficiaries who are dually-covered by Medicaid and any other medical insurance plans, which are legally responsible for paying the beneficiaries' claims, and when necessary, ensuring that the Medicaid program is the payer of last resort by pursuing the liable third parties for reimbursement.



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## The Background Investigations Unit

The Background Investigations Unit performs State and Federal criminal history background investigations and financial background checks on behalf of the Department, including the Office of Health Care Facility Regulation and the Office of Human Resources. It is also responsible for the proper access, maintenance, storage and use of all criminal history record information obtained by the Department.

## The Data Integrity and Analysis Unit

The Data Integrity and Analysis Unit is responsible for using data analytics and predictive modeling in the detection of fraud, waste and abuse, including identification of patterns of suspicious behavior or billing anomalies. Additionally, the Unit monitors Medicaid claims data from the Medicaid Management Information System and in doing so ensures data integrity.

## The OIG Legal/State Health Benefit Plan Fraud Unit

The OIG Legal/State Health Benefit Plan Fraud Unit provides advice and representation for the Division on all legal matters and is responsible for coordinating inquiries related to allegations of fraud, waste and abuse within the State Health Benefit Plan.

## Contact OIG

- Office of Inspector General (OIG): 404-463-7481
- Medicaid Fraud and Abuse Hotline (Toll-free): 1-800-533-0686
- Special Investigations Unit: 404-232-1656
- Provider Enrollment Unit: 404- 651-5191

Office of Inspector General  
2 Peachtree Street, NW - 5th Floor  
Atlanta, GA 30303

E-mail: [oiganonymous@dch.ga.gov](mailto:oiganonymous@dch.ga.gov) or [ReportMedicaidFraud@dch.ga.gov](mailto:ReportMedicaidFraud@dch.ga.gov).