

**WEST VIRGINIA LEGISLATURE**  
*Performance Evaluation and Research Division*

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John Sylvia  
Director

Date: May 28, 2014

To: Honorable Herb Snyder  
Honorable Jim Morgan  
Co-Chairs, Joint Committee on Government Organization

From: John Sylvia, Director  
Performance Evaluation and Research Division

Subject: Update of the October 2013 Report on the West Virginia Department of Health and Human Resources, Bureau for Medical Services

## **Background**

During the October 2013 interim meeting of the Joint Committee on Government Operations, and Joint Committee on Government Organization, the Performance Evaluation and Research Division (PERD) conducted a performance review of the Bureau for Medical Services (BMS). We reported that the BMS was not adhering to the 2011 amendment of the Affordable Care Act (ACA) which requires a suspension of Medicaid payment to a provider once the Medicaid agency determines an allegation of fraud is credible and refers the case to the Medicaid Fraud Control Unit (MFCU). However, the BMS disagreed and reported that there are two separate and distinct referrals and in one instance there does not have to be a credible allegation of fraud to exist prior to a referral to the MFCU.

The BMS contends that referring a case to the MFCU under 42 C.F.R. §455.15 allows the BMS to not suspend payment because there is no discussion of credible allegation of fraud, nor suspension of payments contained within the statutory language. However, the BMS' justification for not suspending Medicaid payment to a provider after a referral to the MFCU goes against the United States Centers for Medicare and Medicaid Services' (CMS) description of the process. According to the CMS, once a referral is made to the MFCU, the suspension of payment is "...triggered..." The PERD requested a legal opinion from Legislative Services to clarify BMS' claims. According to the legal opinion, the BMS' assertion that there are two

separate and distinct referrals, thus allowing them to not suspend payments to Medicaid providers upon a referral to the MFCU is “...not the case.” Legislative Services also reported, “Federal law requires that BMS or OQPI suspend all Medicaid payments to a provider after the agency has referred a matter to the MFCU, in accordance with 42 C.F.R. §455.15, unless the agency documents a good cause not to suspend payments only in part.”

PERD reviewed 65 referrals made by the BMS to the MFCU since the ACA effective date of the final rule, March 25, 2011 (see attachment 1). Of the 65 referrals, 58 cases had no documentation of a reason not to suspend the payments to the Medicaid providers by the MFCU. Therefore, if proper protocol was followed, and BMS or OQPI were not notified by the MFCU that there was a good cause not to suspend payment, a suspension was to occur. According to an amended section of the Social Security Act, as of March 25, 2011, those states that do not conform to suspending payments to providers after the state determines that an allegation of fraud exists and refers the case to the MFCU, are at risk of losing its Federal Financial Participation matching funds on amounts paid to those providers who continue to serve Medicaid recipients during the pendency of an investigation for a credible allegation of fraud. In order to comply with federal regulations, the Legislative Auditor recommended that once a referral was made to the MFCU by the OQPI, the BMS should suspend further payments to the provider until the investigation of the file is complete or a good cause exception has been initiated by MFCU or the State.

At the conclusion of the presentation, the Committee requested that the PERD obtain from the BMS the total amount of money paid for the 65 referrals that were referenced in the October 2013 report to Medicaid providers for medical services who were referred to the MFCU for investigation but did not have their payments suspended.

## **Update**

PERD requested from the BMS the amount of money that had been paid to Medicaid providers for medical services who were referred to the MFCU and did not have their payment suspended. PERD and the BMS agreed to use June 30, 2013 as an end date for those referrals that have yet to be closed. The BMS was provided the referenced report with the attached Appendix that contained the 65 referrals from which they would run the query. The BMS responded with the information requested by the Committee on March 10, 2014. The BMS provided a follow-up letter on March 31, 2014 (see attachment 2) to clarify questions from the previous document.

The letter dated March 31, 2014 provided PERD with the total amount of money that was paid to the 65 Medicaid providers referenced in the report. The BMS provided two sets of referrals for review, a provider referral and a caseworker referral. The BMS defined provider referrals as agency-based referrals that could be enrolled individual practitioners or facilities such as hospitals. A caseworker referral is defined as one in which a specific person, either employed by an agency or by the Medicaid member, is the subject of the referral. After review, since the ACA ruling became effective on March 25, 2011 until the agreed upon closure date for open files of June 30, 2013, Medicaid providers who have been referred to the MFCU for investigation have been paid \$17.9 million. Medicaid providers who are affiliated with case

worker referrals have been paid over \$211 million. Therefore, during the time frame reviewed by PERD, if federally audited because of a lack of adherence to the federal mandate, the State's Medicaid agency could be at risk of losing its FFP from \$17.9 to \$211 million.

## **Conclusion**

A provision of the Patient Protection and Affordable Care Act prohibits Federal Financial Participation in the Medicaid program with respect to any amount expended for items or services furnished by a provider to whom the State has failed to suspend Medicaid payments during the period when there is a pending investigation of a credible allegation of fraud against the provider. Since the inception of the language on March 25, 2011, the BMS has not suspended payments to Medicaid providers during a pending investigation of a credible allegation of fraud. Utilizing only the cases reviewed during PERD's performance review, there has been over \$17 million paid to Medicaid providers who have investigations pending. It is the Legislative Auditor's opinion that until the BMS begins to adhere to the federal language and suspend Medicaid payments during periods of investigation, it could be at risk of losing its Federal Financial Participation.

## Appendix C

### Referrals from OQPI to MFCU March 2011 Through May 2013

<b>Referrals from OQPI to MFCU March 2011 Through May 2013</b>					
<b>Referral Number</b>	<b>Complaint Date</b>	<b>Referral Close Date</b>	<b>Case #</b>	<b>Status</b>	<b>Date of Notice to OQPI Not to Suspend</b>
11-0034R	3/31/2011	5/7/2012			
11-0043R	4/15/2011	5/21/2013			
11-0046R	4/15/2011				
11-0048R	4/15/2011	8/3/2011	11-F-HOM-003	Open	
11-0157R	4/15/2011	6/27/2013			
11-0184R	4/15/2011	6/27/2013			
11-0071R	5/9/2011	6/27/2013			
11-0086R	5/19/2011	5/21/2013			
11-0077R	5/20/2011				
11-0089R	5/23/2011	5/21/2013			
11-0105R	6/27/2011	5/21/2013			
11-0158R	7/18/2011	11/14/2011	11-F-LAB-001	Open	9/5/2012
11-0155R	8/12/2011	4/18/2012	11-F-DOC-004	Open	9/5/2012
11-0235R	9/22/2011	5/21/2013			
11-0247R	10/19/2011				
11-0261R	10/21/2011	6/27/2013			
11-0254R	11/4/2011				9/5/2012
11-0263R	11/7/2011				
11-0245R	11/8/2011	6/27/2013			
11-0255R	11/21/2011	4/17/2012	12-F-HOM-006	Open	
12-0029R	1/10/2012				
12-0008R	1/17/2012	6/27/2013			
12-0140R	1/26/2012	7/16/2013			
12-0030R	1/27/2012	7/8/2013			
12-0031R	2/21/2012	7/8/2013			
12-0067R	3/26/2012	10/18/2012	12-F-HOM-017	Open	
12-0166R	3/26/2012	10/25/2012			
12-0073R	4/11/2012	6/28/2012			
12-0090R	5/2/2012				
12-0112R	5/14/2012				
12-0076R	5/15/2012	5/16/2012			
12-0077R	5/15/2012	2/15/2013			
12-0092R	5/17/2012				
12-0093R	5/17/2012				
12-0091R	5/18/2012				
12-0096R	5/18/2012				
12-0110R	5/30/2012				

**Referrals from OQPI to MFCU  
March 2011 Through May 2013**

Referral Number	Complaint Date	Referral Close Date	Case #	Status	Date of Notice to OQPI Not to Suspend
12-0108R	6/1/2012				
12-0095R	6/7/2012				
12-0133R	6/18/2012	2/22/2013			
12-0145R	7/6/2012				
12-0116R	7/17/2012	2/15/2013			
12-0131R	7/31/2012	2/15/2013			
12-0196R	8/2/2012	4/23/2013			
12-0165R	8/8/2012	10/15/2012	12-F-HOM-016	Open	
12-0158R	8/15/2012				
12-0156R	8/17/2012	12/20/2012	12-F-HOM-020	Open	
12-0154R	8/22/2012	4/10/2013			
12-0161R	8/31/2012	9/6/2012			
12-0181R	9/28/2012				
12-0210R	10/1/2012				
12-0219R	10/1/2012				
12-0221R	10/3/2012	4/10/2013	13-F-HOM-003	Open	
12-0184R	10/3/2012	5/16/2013	13-F-HOM-005	Closed	
13-0001R	1/8/2013				1/11/2013
13-0020R	2/5/2013	3/6/2013			
13-0039R	2/26/2013				3/1/2013
13-0041R	3/8/2013				3/22/2013
13-0053R	4/4/2013				
13-0049R	4/8/2013				
13-0050R	4/9/2013				
13-0051R	4/17/2013				
13-0052R	4/19/2013				
13-0054R	5/7/2013				5/7/2013
13-0057R	5/14/2013	5/14/2013			

Source: West Virginia Bureau for Medical Services and the Medicaid Fraud Control Unit.



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin  
Governor

Bureau for Medical Services  
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Karen L. Bowling  
Cabinet Secretary

March 31, 2014

Mr. Brian Armentrout, Research Manager  
West Virginia Performance Evaluation and Research Division  
Office of the Legislative Auditor  
Building 1, Room W-314, State Capitol Complex  
Charleston, West Virginia 25305-0610



Dear Mr. Armentrout:

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) offers the following responses to your questions regarding the data submitted to address Senator Jenkins request:

1. A provider referral is an agency based referral that could be an enrolled individual practitioner or a facility such as a hospital. A caseworker referral is one in which a specific person, either employed by an agency or by the Medicaid member, is the subject of the referral.
2. For fourteen of the fifteen referrals noted, the total payments associated with that billing entity had already been reported under one case specifically included in the report provided. For example, while cases 11-0157R, 11-0184R, 11-0261R, 12-0008R, 12-0133R, 12-0145R, 12-0158R, 12-0161R, and 13-0051R are specific to individual caseworkers, one billing entity was responsible for their claim submissions. The total amount paid to that billing entity that spanned the longest period for all cases was reported as 11-0245R/12-0165R/12-0156R in the report provided. This was necessary as the claim forms do not specifically identify the individual caseworker. To report the same total amounts paid to the billing entity for each case would overinflate estimate and provide an amount that was not reasonable nor would the department be liable for such a liability. Case number 12-0031R was reported with 12-0030R; case number 12-0181R was omitted from the report as there were no provider payments found during the period but has been added to report to indicate such; case 13-0053R was reported with 13-0050R; case number 13-0057R was reported with case 12-0140R and case 11-0086R was reported with 11-0077R. Case number 12-0154R was omitted in error and has been added to the report.

Brian Armentrout  
March 31, 2014  
Page 2

3. The amounts have been updated in the attached report.

Please let me know if you have additional questions or concerns.

Sincerely,



Nancy Atkins, MSN, APRN, WHNP-BC  
Commissioner



Tina Bailes,  
Deputy Commissioner

NVA/TB/ko

Attachment

cc: Brian Cassis, Director, DHHR Office of Internal Control and Policy Development

MFCU Referral Number	Date of Referral	Referral Close Date	Notes	Distinct Claim Count	Total Paid
11-0247R	10/19/2011	6/30/2013	1.)	0	\$0.00
11-0263R	11/7/2011	6/30/2013	1.)	12,284	\$2,204,041.44
11-0263R	11/7/2011	6/30/2013	1.)	16,612	\$1,905,349.96
11-0263R	11/7/2011	6/30/2013	1.)	2,419	\$204,911.43
12-0029R	1/10/2012	6/30/2013	1.)	2,888	\$214,684.18
12-0092R	5/17/2012	6/30/2013	1.)	19,813	\$5,100,408.95
12-0093R	5/17/2012	6/30/2013	1.)	25,453	\$1,495,138.70
12-0091R	5/18/2012	6/30/2013	1.)	0	\$0.00
12-0096R	5/18/2012	6/30/2013	1.)	2,840	\$153,995.51
12-0095R	6/7/2012	6/30/2013	1.)	1,464	\$772,793.70
13-0049R	4/8/2013	6/30/2013	1.)	2,888	\$934,894.12
11-0158R	7/18/2011	9/5/2012	1.), 2.)	21,860	\$2,549,526.60
11-0155R	8/12/2011	9/5/2012	1.), 2.)	1,861	\$101,668.47
11-0254R	11/4/2011	9/5/2012	1.), 2.)	26,418	\$1,061,756.07
12-0073R	4/11/2012	6/28/2012	3.)	87	\$121,387.50
12-0090R	5/2/2012	6/25/2012	3.)	1,249	\$274,148.76
12-0077R	5/15/2012	2/15/2013	3.)	0	\$0.00
13-0041R	3/8/2013	3/22/2013	4.)	9	\$302.99
13-0054R	5/7/2013	5/7/2013	4.)	0	\$0.00
13-0039R	2/26/2013	3/1/2013	4.)	0	\$0.00
13-0039R	2/26/2013	3/1/2013	4.)	2	\$179.20
13-0039R	2/26/2013	3/1/2013	4.)	17	\$1,453.84
13-0039R	2/26/2013	3/1/2013	4.)	0	\$0.00
13-0039R	2/26/2013	3/1/2013	4.)	0	\$0.00
12-0154R	8/22/2012	4/10/2013	4.)	1,565	\$895,633.90

**Notes:**

- 1.) Referral Date of 6/30/2013 is not the referral close date; this is the date agreed to with the Legislative Auditor to provide claims payments when no referral close date was indicated in App. C.
- 2.) Referral Closure Date indicates that MFCU is actively pursuing the case
- 3.) Referral Closure Date indicates a determination was made by MFCU to close referral as further investigation was not warranted.
- 4.) Referral Closure Date indicates the date OQPI received notice NOT to Suspend



MFCU Referral Number	Date of Referral	Referral Close Date	Notes	Distinct Claim Count	Total Paid
11-0046R	4/15/2011	6/30/2013	1.)	0	\$0.00
11-0048R	4/15/2011	6/30/2013	1.), 2.)	71	\$9,100.80
11-0077R	5/20/2011	6/30/2013	1.)	12,274	\$5,374,796.39
11-0077R	5/20/2011	6/30/2013	1.)	14,033	\$3,583,159.65
11-0245R/12-0165R/12-0156R	4/5/2011	6/27/2013	2.) only 12-0165R and 12-0156R	258,737	\$17,777,352.47
11-0245R/12-0165R/12-0156R	4/5/2011	6/27/2013	2.) only 12-0165R and 12-0156R	529,602	\$35,711,066.03
11-0255R/12-0221R/12-0184R	11/21/2011	6/30/2013	1.), 2.), 3.) - only 12-0184R	25,118	\$7,839,548.21
12-0067R	3/26/2012	6/30/2013	1.), 2.)	17,053	\$1,212,326.10
12-0067R	3/26/2012	6/30/2013	1.), 2.)	22,822	\$17,067,019.82
12-0108R	6/1/2012	6/30/2013	1.)	139	\$1,172,497.03
12-0108R	6/1/2012	6/30/2013	1.)	159	\$1,364,778.57
12-0108R	6/1/2012	6/30/2013	1.)	134	\$1,111,971.60
12-0108R	6/1/2012	6/30/2013	1.)	138	\$1,198,795.97
12-0108R	6/1/2012	6/30/2013	1.)	151	\$1,164,093.73
12-0108R	6/1/2012	6/30/2013	1.)	146	\$1,111,366.23
12-0108R	6/1/2012	6/30/2013	1.)	138	\$1,028,422.98
12-0108R	6/1/2012	6/30/2013	1.)	140	\$959,916.27
12-0110R	5/30/2012	6/30/2013	1.)	1,083	\$600,485.50
12-0110R	5/30/2012	6/30/2013	1.)	342	\$26,398.25
12-0110R	5/30/2012	6/30/2013	1.)	395	\$117,803.12
12-0112R	5/14/2012	6/30/2013	1.)	197	\$23,747.84
12-0181R	9/28/2012	6/30/2013	1.)	0	\$0.00
12-0219R	10/1/2012	6/30/2013	1.)	205	\$142,752.46
12-0219R	10/1/2012	6/30/2013	1.)	792	\$1,145,154.82
12-0219R	10/1/2012	6/30/2013	1.)	8,179	\$4,243,751.07
12-0219R	10/1/2012	6/30/2013	1.)	0	\$0.00
12-0219R	10/1/2012	6/30/2013	1.)	5,694	\$1,955,014.41
13-0052R	4/19/2013	6/30/2013	1.)	0	\$0.00
13-0052R	4/19/2013	6/30/2013	1.)	313	\$260,375.80
13-0052R	4/19/2013	6/30/2013	1.)	4,512	\$590,690.15
13-0052R	4/19/2013	6/30/2013	1.)	488	\$33,859.26
13-0052R	4/19/2013	6/30/2013	1.)	2,664	\$886,641.50
12-0076R	5/15/2012	5/6/2012	3.)	0	\$0.00
11-0034R	3/31/2011	5/7/2012	3.)	0	\$0.00
12-0116R	7/17/2012	10/25/2012	3.)	301	\$178,225.45
12-0116R	7/17/2012	10/25/2012	3.)	287	\$228,590.11
12-0166R	3/26/2012	10/25/2012	3.)	8,482	\$603,070.20
12-0166R	3/26/2012	10/25/2012	3.)	11,713	\$8,544,879.05
12-0131R	7/31/2012	2/15/2013	3.)	18,559	\$17,815,327.13
13-0020R	2/5/2013	3/6/2013	3.)	812	\$504,024.62
13-0020R	2/5/2013	3/6/2013	3.)	0	\$0.00
13-0020R	2/5/2013	3/6/2013	3.)	732	\$52,045.20
13-0020R	2/5/2013	3/6/2013	3.)	0	\$0.00

13-0020R	2/5/2013	3/6/2013	3.)	5,052	\$2,622,273.32
12-0154R	8/22/2012	4/10/2013	3.)	1,026	\$72,948.60
12-0154R	8/22/2012	4/10/2013	3.)	539	\$822,685.30
12-0196R	8/2/2012	4/23/2013	3.)	0	\$0.00
11-0043R	4/15/2011	5/21/2013	3.)	4,335	\$1,361,208.67
11-0043R	4/15/2011	5/21/2013	3.)	283	\$26,733.60
11-0089R	5/23/2011	5/21/2013	3.)	1,317	\$962,526.25
11-0089R	5/23/2011	5/21/2013	3.)	0	\$0.00
11-0089R	5/23/2011	5/21/2013	3.)	3,029	\$2,145,632.57
11-0105R	6/27/2011	5/21/2013	3.)	21,881	\$37,226,801.54
11-0235R	9/22/2011	5/21/2013	3.)	26,545	\$8,259,073.18
11-0071R	5/9/2011	6/27/2013	3.)	3,740	\$2,119,705.00
11-0071R	5/9/2011	6/27/2013	3.)	651	\$65,549.82
11-0071R	5/9/2011	6/27/2013	3.)	412	\$111,020.46
11-0071R	5/9/2011	6/27/2013	3.)	1,426	\$100,962.00
12-0140R	1/26/2012	7/6/2013	3.)	22,870	\$7,093,886.52
12-0030R	1/27/2012	7/8/2013	3.)	4,979	\$1,691,159.26
13-0050R	4/9/2013	6/30/2013	1.)	1,538	\$1,011,592.71
13-0050R	4/9/2013	6/30/2013	1.)	0	\$0.00
13-0050R	4/9/2013	6/30/2013	1.)	1,400	\$99,397.80
13-0050R	4/9/2013	6/30/2013	1.)	0	\$0.00
13-0050R	4/9/2013	6/30/2013	1.)	10,407	\$5,437,316.40
12-0210R	10/1/2012	6/30/2013	1.)	8,244	\$4,293,740.43
13-0001R	1/8/2013	1/11/2013	4.)	8	\$2,511.00
<b>12-0181R</b>	<b>9/28/2012</b>	<b>6/30/2013</b>	<b>1.)</b>	<b>0</b>	<b>\$0.00</b>

**Notes:**

- 1.) Referral Date of 6/30/2013 is not the referral close date; this is the date agreed to with the Legislative Auditor to provide claims payments when no referral close date was indicated in App. C.
- 2.) Referral Closure Date indicates that MFCU is actively pursuing the case
- 3.) Referral Closure Date indicates a determination was made by MFCU to close referral as further investigation was not warranted.
- 4.) Referral Closure Date indicates the date OQPI received notice NOT to Suspend



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin  
Governor

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Karen L. Bowling  
Cabinet Secretary

June 13, 2014

Mr. John Sylvia, Director  
Performance Evaluation and Research Division  
West Virginia Legislature  
Joint Committee on Government and Finance  
Building 1, Room W-314  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0610



Dear Mr. Sylvia:

This letter is in response to your May 28, 2014 exit letter whereby you requested additional information from the Department of Health and Human Resources ("DHHR") as part of your update of the October 2013 Agency Review report ("Agency Review") of the Bureau for Medical Services, Office of Quality and Program Integrity. Specifically, you asked questions regarding Appendix C (*Referrals from OQPI to MFCU: March 2011 Through May 2013*) of the Agency Review.

Upon receipt of your exit letter, the Office of Inspector General, Medicaid Fraud Control Unit ("MFCU") reviewed Appendix C of the Agency Review report and determined that there were 37 cases denoted as pending an initial review or pending further investigation. Attached, please find an amended Appendix C with additional columns added to address your questions. Notably, 17 investigations have been completed and 20 remain open. Of the 17 investigations that have been completed, four were closed with merit, meaning the cases were successfully adjudicated; eight were closed without merit, meaning the allegations were unsubstantiated; and five were referred back to the Office of Program Integrity for possible administrative repayment.

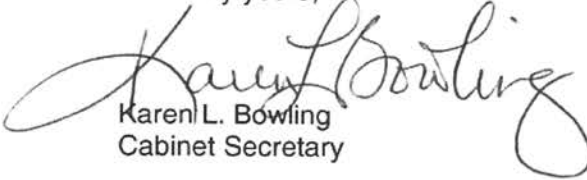
The Agency Review report, on Page 9, states: "*By not initially investigating cases in a timely manner, the MFCU is taking a risk of allowing potentially fraudulent activities to continue.*" The MFCU strives to investigate cases in a timely manner, but staffing shortages continue to impact productivity in an adverse manner. It is working diligently to fill all vacancies and they have hired six new employees since January 2014, with two additional employees slated to begin

work in July 2014. In addition, the MFCU recently modernized its case management system which will provide increased efficiency and automation of processes.

Your May 28, 2014 exit letter also asked whether the DHHR has been able to obtain a written interpretation from the Centers for Medicare and Medicaid Services clarifying the intent of 42 CFR 455.15. DHHR has not yet received a written interpretation, however, it continues to seek clarification and has reason to believe that a document from the Centers for Medicare and Medicaid Services to all 50 states is forthcoming and that document will address these unresolved questions concerning credible allegations of fraud, referrals to Medicaid Fraud Control Units, and the suspension of payments to Medicaid providers. Until such time as the DHHR receives a formal interpretation from the Centers for Medicare and Medicaid Services that refutes our current position on the matter, it will continue with its existing processes as it relates to the suspension of payments to Medicaid providers.

Please contact me should you have additional questions. In the meantime, however, Alva F. Page, III, General Counsel for the Bureau for Medical Services and Trina Crowder, Director, MFCU will attend the Joint Committee meeting on Tuesday, July 17, 2014 in the House Chamber at 12:00 PM, and will be available to answer any questions that you or the committee members may have.

Sincerely yours,



Karen L. Bowling  
Cabinet Secretary

KLB/BC/jar  
Enclosure

cc: Brandon Burton

Follow Up per PERD Request 5/28/14 re: Outstanding Investigations Noted on "Appendix C"  
 Referrals from OQPI to MFCU March 2011 Through May 2013

Referral Number	Complaint Date	Referral Close Date	Case or New Referral Number	Status	Investigation Started (and still ongoing)?	Investigation Completed?	Investigative Findings?	NOTES
11-0046R	4/15/2011		14-164	Open	Yes			
11-0048R	4/15/2011	8/3/2011	14-237	Open	Yes			
11-0077R	5/20/2011	8/30/2013		Closed		Yes	Closed without Merit	
11-0158R	7/18/2011	11/14/2011	14-111	Closed		Yes	Closed with Merit	Civil Settlement \$4,675,154.00
11-0155R	8/12/2011	4/18/2012	14-108	Open	Yes			
11-0247R	10/19/2011		14-279	Open	Yes			
11-0254R	11/4/2011	5/2/2014		Closed		Yes	Closed without Merit	
11-0263R	11/7/2011		14-162	Open	Yes			
11-0255R	11/21/2011	4/17/2012	14-149	Closed		Yes	Closed with Merit	Convicted, \$3536 Restitution
12-0029R	1/10/2012		14-162	Open	Yes			
12-0067R	3/26/2012	10/18/2012	14-194	Closed		Yes	Closed without Merit	
12-0090R	5/2/2012		14-168	Open	Yes			
12-0112R	5/14/2012	8/26/2013	14-201	Open	Yes			"caseworker referral" as defined by BMS
12-0092R	5/17/2012	11/15/2013		Closed		Yes	Closed and referred to OPI	
12-0093R	5/17/2012		14-163	Open	Yes			
12-0091R	5/18/2012	1/22/2014		Closed		Yes	Closed and referred to OPI	
12-0096R	5/18/2012	12/27/2013		Closed		Yes	Closed and referred to OPI	
12-0110R	5/30/2012		14-173	Open	Yes			
12-0108R	6/1/2012	12/27/2013		Closed		Yes	Closed without Merit	
12-0095R	6/7/2012	1/2/2014		Closed		Yes	Closed and referred to OPI	
12-0145R	7/6/2012		14-114	Open	Yes			"caseworker referral" as defined by BMS
12-0165R	8/8/2012	10/15/2012	12-F-HOM-016	Closed		Yes	Closed with Merit	Convicted; 3 defendants. Restitution \$2540
12-0158R	8/15/2012	11/19/2013		Closed		Yes	Closed without Merit	
12-0156R	8/17/2012	12/20/2012	12-F-HOM-020	Closed		Yes	Closed with Merit	Pretrial diversion; Restitution \$219.60
12-0181R	9/28/2012	8/15/2013		Closed		Yes	Closed without Merit	
12-0210R	10/1/2012	2/12/2014	14-155	Open	Yes			
12-0219R	10/1/2012	11/5/2013		Closed		Yes	Closed without Merit	
12-0221R	10/3/2012	4/10/2013	13-F-HOM-003	Closed		Yes	Closed without Merit	
13-0001R	1/8/2013		14-154	Open	Yes			
13-0039R	2/26/2013		14-156	Open	Yes			Per OPI, all money repaid to Medicaid
13-0041R	3/8/2013		14-185	Open	Yes			OPI put on pay hold in May 2013
13-0053R	4/4/2013		14-188	Open	Yes			
13-0049R	4/8/2013		14-160	Open	Yes			
13-0050R	4/9/2013		14-161	Open	Yes			"caseworker referral" as defined by BMS

Follow Up per PERD Request 5/28/14 re: Outstanding Investigations Noted on "Appendix C"  
 Referrals from OQPI to MFCU March 2011 Through May 2013

Referral Number	Complaint Date	Referral Close Date	Case or New Referral Number	Status	Investigation Started (and still ongoing)?	Investigation Completed?	Investigative Findings?	NOTES
13-0051R	4/17/2013	3/18/2014	14-F-HOM-008	Closed		Yes	Closed and referred to OPI	
13-0052R	4/19/2013		14-166	Open	Yes			
13-0054R	5/7/2013		14-169	Open	Yes			
37					20	17		
TOTAL					OPEN	CLOSED		