OIG Issues Medicaid Fraud Control Units Annual Report



5/1/2025

In March 2025, the U.S. Department of Health and Human Services, Office of Inspector General, (OIG) issued its annual report on case outcomes of Medicaid Fraud Control Units (Units) for fiscal year 2024. Units investigate and prosecute Medicaid provider fraud and patient abuse or neglect. The report includes the following findings:

• Nurse's aides and nurses were the top two provider types for patient abuse or neglect convictions.

• Pharmaceutical manufacturers accounted for more civil settlement and judgments than any other provider type, followed by durable medical equipment suppliers.

• The amount of annual criminal recoveries increased substantially from $272 million in fiscal year 2023 to $961 million in fiscal year 2024.

• The number of fraud referrals received from managed care organizations, as well the number of managed care organization fraud cases opened by Units, increased.

Ultimately, the Units reported the highest number of criminal recoveries in the past 10 years but a decline in the number of civil recoveries. For 2024, the Units recovered approximately $1.4 billion in criminal and civil settlements, which is roughly 3.5 times the funds spent on their operations.

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