



To: Assemblymember Blayne Osborne

From: Public Information Office, Nevada Health Authority

Re: July 6, 2026, Letter regarding Medicaid fraud recoveries

Please see below responses to the information requested in your July 6, 2026 letter to NVHA regarding data and information for Medicaid fraud recoveries over the last 7 years.

1. What is the historical percentage of fraud referrals from Nevada Medicaid that are accepted by MFCU (preferably this percentage would be based on the percentage of acceptances for cases by MFCU that were pending as of January 1, 2019 until June of 2026)?

Between 2019 and 2026, the average annual rate of acceptance by MFCU is approximately **40 percent**.

Calendar Year	OMIG Case Referrals	MFCU Cases Accepted	% of Accepted
2019	38	13	34%
2020	25	10	40%
2021	55	19	35%
2022	34	15	44%
2023	42	10	24%
2024	53	30	57%
2025	44	22	50%
2026 – as of June	60	23	38%
Grand Total	351	142	40%

2. Can you please provide a brief description of the state's process for receiving recovered monies for Medicaid fraud referrals for cases accepted by MFCU at AGO and how the federal remittance is determined?

Nevada Medicaid does not directly receive recoveries awarded to the state of Nevada for Medicaid-fraud cases led by the Attorney General's (AG's) Office. Instead, Medicaid-fraud recoveries from criminal defendants are received (or recovered) directly by the AG's Office from defendants.

Recoveries awarded in a criminal Medicaid-fraud case may include attorney fees, fines/damages, asset forfeiture, or restitution. Restitution generally represents the amount stolen by the defendant from the state Medicaid program in Medicaid provider payments. Fines awarded by courts can add up to three times the amount stolen by the defendant from the state Medicaid program.

All recovered monies for Nevada Medicaid related to provider fraud must be divided with the federal government based on the state's federal share percentage (which varies semi-annually). In Nevada, typically, the federal share is 60%-65% of funds with the remaining 35%-40% being the state share of the total money recovered with respect to Medicaid-related payments and recoveries.



Each fiscal year, the AG’s Office typically sends Nevada Medicaid’s fiscal team multiple journal vouchers (JVs), which represent financial transactions between the AG’s Office and Medicaid. The JVs include the amount that the AG’s Office has determined to be the federal or state share for the Medicaid-fraud recovery that their office has collected or recovered from convictions or settlements with defendants for Medicaid fraud.

Nevada Medicaid is responsible for processing all federal funds submitted from the AG’s Office for transmittal to CMS for Medicaid fraud in accordance with state and federal law. The information shared in this memo reflects the information Nevada Medicaid has available, which primarily reflects the financial transactions (JVs) submitted by the AG’s Office to Nevada Medicaid for processing. Additional information regarding total settlements or monies awarded in damages or fines in the aggregate would be available from the AG’s Office.

3. To the extent such information is available, can you please estimate the total recoveries received by Nevada Medicaid from AGO transmittals for SFY 20, SFY21, SFY 22, SFY 23, SFY24, SFY25, and SFY26?

See table below for the fraud recovery monies Nevada Medicaid has received from MFCU/AGO for Nevada Medicaid to process as explained above. The table does not include information regarding the total amount that courts have awarded in damages, restitution, or attorney fees pursuant to a conviction or settlement agreement for Medicaid criminal fraud cases led by MFCU.

Share	FY20	FY21	FY22	FY23	FY24	FY25*	FY26*	TOTAL
Fed. \$	(178,725.26)	(542,975.58)	(3,414,143.25)	(620,151.44)	(93,520.96)	(108,693.74)	(13,438.16)	(4,971,648.39)
State \$	(424,923.68)	(678,002.14)	(7,449.65)	(294,442.46)	(58,854.45)	(229,603.18)	(59.74)	(1,693,335.30)
Total	(603,648.94)	(1,220,977.72)	(3,421,592.90)	(914,593.90)	(152,375.41)	(338,296.92)	(13,497.90)	(6,664,983.69)

**This table reflects the best data available to Nevada Medicaid currently through DAWN and state accounting/fiscal systems. It does not reflect any MFCU/AGO fund transmittals yet to be received or processed by Nevada Medicaid or funds retained by MFCU/AGO.*

4. What portion of those recoveries per SFY were remitted to the federal government?

Based on the information available through state fiscal and accounting systems, Nevada Medicaid has remitted a **total of \$4,971,648.39** to the federal government on behalf of MFCU/AGO for criminal fraud recoveries since FY 2020. See table above for information by FY.

5. What portion of those recoveries per SFY were retained by Nevada Medicaid as the state share of the recovery? If the recovery was not retained, could you please share why?

Based on the information available through fiscal and accounting systems, since SFY 2020, the AG’s Office has sent a **total of \$1,693,335.30** to Nevada Medicaid, which it has determined to be recoveries that Nevada Medicaid can retain for Medicaid criminal fraud convictions won by the AG’s Office. See table above for information by SFY.

6. AG Ford's Office stated recently that they have recovered more than \$40.9 million for Nevada Medicaid criminal fraud restitution and won 36 convictions in SFY 2025. Could you confirm how much of these recovered funds Nevada Medicaid has received for these recoveries and convictions and how much was



remitted to the federal government and how much was retained by the state Medicaid program as state restitution or recovery?

Nevada Medicaid cannot confirm whether the state has received recoveries related to these 36 cases or the referenced \$40.9 million in funds related to state Medicaid provider fraud recoveries collected by the AG's Office.

As previously stated, Nevada Medicaid has received a total of approximately \$1.6 million from the AG's Office for its Medicaid fraud recovery collections. Nevada Medicaid does not have enough information to determine whether the referenced \$40.9 million in Medicaid fraud recoveries may include funds yet to be collected or recovered by the AG's Office from criminal defendants. This question is best answered by the AG's Office.

a. If your office is unable to confirm whether any of these monies have been transmitted to the state Medicaid budget and the federal government, please explain why Nevada Medicaid does not have this information.

This information is unavailable to Nevada Medicaid. This question would be best answered by the Attorney General's Office.

b. Statement from Attorney General Ford: In Fiscal Year 2025, the Nevada Medicaid Fraud Control Unit secured a record 36 criminal convictions, marking the most successful year in the unit's history. Under Attorney General Ford's tenure, the unit has also helped recover more than \$40.9 million through criminal fraud restitution and worked with state leaders to strengthen anti-fraud safeguards through new laws aimed at improving provider verification and deterring fraudulent enrollment activity.

See answers above.

7. Does Nevada Medicaid recover monies on its own if cases are not accepted by MFCU at NV AGO?

Yes, the Office of Medicaid Inspector General (OMIG) at NVHA has authority on behalf of Nevada Medicaid to detect and investigate providers for fraud, waste, and abuse. It also has authority to "recoup" improper Medicaid payments made to providers due to fraud, waste, and abuse as determined by OMIG. The amount OMIG can recoup from providers is limited, however, to the amount paid in improper payments. (This limitation does not apply to MFCU when pursuing recoveries related to improper provider payments due to fraud. MFCU has authority to seek damages above the amount the state Medicaid program has paid to fraudulent providers in a criminal case (i.e., up to three times the actual amount paid on a fraudulent claim as well as court/attorney costs).)

a. If yes, how much has Nevada Medicaid recovered from its investigations on the civil side from such cases from SFY 20 to SFY 26?



From SFY 20 to SFY 26, approximately **\$38.6 million** has been identified as Medicaid provider overpayments eligible for recoupment by Nevada Medicaid due to credible allegations of provider fraud, waste, and abuse.

When OMIG identifies a credible allegation of fraud (CAF), it is referred to MFCU. If MFCU does not accept a CAF referral, OMIG will continue to pursue the provider’s case and take all appropriate actions, including collecting improper payments to these providers. Cases involving provider waste and abuse that do not rise to the level of CAF are not referred to the MFCU and are handled directly by the OMIG/SUR team.

Below is a table outlining the provider payments identified as improper for fraud, waste and abuse by the Surveillance and Utilization Review (SUR) team at OMIG. Once identified as improper by SUR/OMIG, Nevada Medicaid will either offset future payments to the provider to recoup owed monies or actively work to collect monies back from providers.

	SFY 20	SFY 21	SFY22	SFY23	SFY24	SFY25	SFY26	Total
Offsets to Future Provider Payments	\$7,352,199.57	\$4,334,272.92	\$5,620,324.53	\$8,507,491.76	\$1,563,296.70	\$936,158.83	\$1,010,546.90	\$29,324,291.21
Provider Reimbursement Collected	\$713,409.88	\$1,307,876.58	\$993,926.73	\$4,971,377.37	\$221,699.61	\$376,356.14	\$744,373.55	\$9,329,019.86
SUR Identified Owed Monies (TOTAL)	\$8,065,609.45	\$5,642,149.50	\$6,614,251.26	\$13,479,869.13	\$1,784,996.31	\$1,312,514.97	\$1,754,920.45	\$38,654,311.07

*Key terms:

- **SUR Identified Overpayments** – Any overpayment identified through SUR activities, including those related to waste, abuse, improper payments, or credible allegations of fraud not accepted by the MFCU.
- **Identified Offsets** – The reduction of present or future payments owed to a provider in order to satisfy that provider’s outstanding Medicaid debt.
- **Provider Reimbursement** – The amount collected directly from a provider, either instead of offsetting future payments or before offsets are applied.

OMIG’s capacity for detecting these overpayments related to provider fraud, waste, and abuse has significantly improved over the last 12 months with the implementation of new technology—Torch Analytics—which has a claims data analytics tool that provides real-time learning and predictive analysis of provider billing and payment practices.

Note: There may be a portion of provider payments identified as improper in the table above that are due to administrative error and not fraud, waste, or abuse. Improper provider payments due to administrative errors are rare and estimated to be less than 10 percent of the total amounts attributed to improper payments.

B. How many of these recoveries were from cases not accepted by MFCU AGO during that period? If such information is unavailable, please state why.

OMIG estimates that **140 cases** referred to MFCU for fraud investigation were not accepted by the AG’s Office from SFY20-SFY26. As shown in the table below, OMIG estimates that these cases represent approximately **\$5.5 million in Medicaid provider payments** for recoupment related to fraud.

As previously mentioned, OMIG (the state) cannot recoup more than the amount paid in improper payments to a provider identified as having a credible allegation of fraud. Only a criminal court can issue fines and



damages that go above and beyond discrete provider payments identified by OMIG as related to a credible allegation of fraud. Criminal cases are handled solely by the AG’s Office.

SUR Cases and Recoupments Referred to MFCU and not Accepted (Case Count is by Recoupment Year and not Referral Year)								
	SFY 20	SFY 21	SFY 22	SFY 23	SFY 24	SF 25	SFY 26	Total
Case Count	13	17	34	8	12	30	26	140
Offsets to Future Provider Payments	\$291,089.11	\$726,000.68	\$1,543,612.97	\$88,170.95	\$203,855.13	\$823,969.60	\$964,942.69	\$4,641,641.13
Provider Reimbursement Collected	\$41,140.70	\$6,095.88	\$66,451.18	\$610,109.98	\$40,574.10	\$95,351.05	\$44,200.17	\$903,923.06
SUR Identified Owed Monies (TOTAL)	\$332,229.81	\$732,096.56	\$1,610,064.15	\$698,280.93	\$244,429.23	\$919,320.65	\$1,009,142.86	\$5,545,564.19

Note: of the offset monies owed identified in the table above, about \$1.8 million remains as unpaid debt from these CAF cases from providers. In total, OMIG has recovered on its own about 67 percent of the recoupments owed by these providers for these cases as of SFY26.