



June 2026 | OEI-06-25-00150

Florida Medicaid Fraud Control Unit: 2025 Inspection

Why OIG Did This Review

OIG administers the Medicaid Fraud Control Unit (MFCU or Unit) grant awards, annually recertifies each Unit, and oversees the Units' performance in accordance with the requirements of the grant. As part of this oversight, OIG conducts periodic inspections of Units and issues public reports of its findings.

What OIG Found

From total Federal and State operational expenditures of approximately \$62.1 million, the Florida MFCU reported 217 indictments, 170 convictions, 39 civil settlements and judgments, and nearly \$182.9 million in recoveries during our review period of FYs 2022–2024. The Unit maintained strong working relationships with Federal partners, took steps to address vacancies and staff turnover, and maintained a continuous case flow. However, the Unit did not always adhere to the MFCU performance standards or comply with applicable requirements. We found:



The Unit took steps to improve the quality of referrals of fraud and patient abuse and neglect from its primary referral sources but further action is needed.



The Unit did not consistently report adverse actions to the National Practitioner Data Bank (NPDB) within the appropriate timeframe but had improved its reporting since the last OIG inspection.



The Unit's training plan lacked annual minimum training hour requirements for some of its investigators, although all staff received, on average, more than 30 hours of training each year.

What OIG Recommends

To address the findings, we recommend that the Florida MFCU:

1. Build upon its efforts to improve the quality of referrals from its primary referral sources.
2. Take steps to ensure that it reports all adverse actions to the NPDB within the required timeframe.
3. Update its training plan to include annual minimum training hour requirements for each professional discipline.

The Unit concurred with all three recommendations.