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Puerto Rico Medicaid Fraud Control Unit: 2024 Onsite Review

REPORT HIGHLIGHTS



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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 reviews of Units and issues public reports of its findings. This was the first onsite inspection of the Puerto Rico MFCU since it was certified to operate in FY 2019.

What OIG Found

The Puerto Rico MFCU reported 24 indictments; 11 convictions; 9 civil settlements and judgments; and nearly \$4.6 million in recoveries during our review period of FYs 2021–2023. The MFCU undertook several efforts to build strong relationships with Federal partners and other agencies; increase awareness of its mission in the community; and improve its operations. However, the Unit did not always adhere to the MFCU performance standards or comply with applicable requirements.



The Unit made several efforts to increase fraud referrals from managed care organizations (MCOs), including conducting outreach with partner agencies and requesting updates to the MCO contract, yet it received few MCO referrals during our review period.



Despite the Unit implementing an electronic case management system in FY 2023, limitations of the system hindered efficient access to case information and case outcome data, causing the Unit to rely on other case repositories.



Half of the Unit's case files lacked documentation of any supervisory reviews, and the Unit's policies and procedures manual did not specify a frequency for conducting and documenting such reviews.



The Unit did not submit its convictions to OIG within the required timeframe due to delays in translating court documents from Spanish to English, and, during part of our review period, it was not registered with the National Practitioner Data Bank.

What OIG Recommends

To address the findings, we recommend that the MFCU (1) build upon its efforts to increase referrals from MCOs; (2) update its electronic case management system to address the system's limitations and provide further training on the system to Unit staff; (3) implement a process to ensure that periodic supervisory case file reviews are conducted and documented on a consistent basis; and (4) take steps to ensure that it reports all convictions and adverse actions to Federal partners within the appropriate timeframes. The MFCU concurred with all four recommendations.

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BACKGROUND

OBJECTIVE

To examine the performance and operations of the Puerto Rico Medicaid Fraud Control Unit (MFCU or Unit).

Medicaid Fraud Control Units

MFCUs investigate Medicaid provider fraud and patient abuse or neglect, and prosecute those cases under State law or refer them to other prosecuting offices.^{1, 2, 3} Under the Social Security Act (SSA), a MFCU must be a “single identifiable entity” of State government, “separate and distinct” from the State Medicaid agency, and employ one or more investigators, attorneys, and auditors.⁴ Each State must operate a MFCU or otherwise receive a waiver.⁵ Currently, 50 States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands operate MFCUs.⁶

MFCUs are funded jointly by Federal and State governments. Each Unit receives a Federal grant award equivalent to 90 percent of total expenditures for new Units and 75 percent for all other Units.⁷ In Federal fiscal year (FY) 2024, combined Federal and State expenditures for the MFCUs totaled approximately \$396 million, of which approximately \$297 million represented Federal funds.⁸

¹ Social Security Act (SSA) § 1903(q)(3)-(4). Regulations at 42 CFR § 1007.11(b)(1) clarify that a Unit’s responsibilities include the review of complaints of misappropriation of patients’ private funds in health care facilities.

² As of December 27, 2020, MFCUs may also receive Federal financial participation to investigate and prosecute abuse or neglect of Medicaid beneficiaries in a noninstitutional or other setting. Consolidated Appropriations Act, 2021, Pub. L. 116-260, Division CC, Section 207.

³ References to “State” in this report refer to the States, the District of Columbia, and the U.S. territories.

⁴ SSA § 1903(q).

⁵ SSA § 1902(a)(61).

⁶ The territories of American Samoa, Guam, and the Northern Mariana Islands have not established Units.

⁷ SSA § 1903(a)(6). For a Unit’s first 3 years of operation, the Federal government contributes 90 percent of funding and the State contributes 10 percent. Thereafter, the Federal government contributes 75 percent and the State contributes 25 percent.

⁸ OIG analysis of MFCU annual statistical reporting data for FY 2024. The Federal FY 2024 was from October 1, 2023, through September 30, 2024.

OIG Grant Administration and Oversight of Medicaid Fraud Control Units

The Office of Inspector General (OIG) administers the grant award to each Unit and provides oversight of Units.^{9, 10} As part of its oversight, OIG conducts a desk review of each Unit during the annual recertification process. OIG also conducts periodic inspections and reviews. Finally, OIG provides ongoing training and technical support to the Units.

In its annual recertification review, OIG examines the Unit's reapplication materials, case statistics, and questionnaire responses from the Unit's external partners, including the State Medicaid agency's program integrity unit (PIU) and a representative from OIG's Office of Investigations. Through the recertification review, OIG assesses a Unit's performance and operations, as measured by the Unit's adherence to published performance standards;¹¹ the Unit's compliance with applicable laws, regulations, and adherence to OIG guidance;¹² and the Unit's case outcomes.

OIG further assesses Unit performance by conducting inspections and reviews on selected Units. These inspections and reviews result in public reports of findings and recommendations for improvement. OIG reports may also include observations regarding Unit operations and practices, including beneficial practices that may be useful to share with other Units. Finally, OIG provides training and technical assistance to Units during inspections and reviews, as appropriate.

Puerto Rico MFCU

The Puerto Rico MFCU, located within the Puerto Rico Department of Justice (DOJ) in San Juan, was first certified to operate as a MFCU in FY 2019. At the time of our onsite review, the Unit had 15 employees—6 investigators (including a supervisory investigator), 4 attorneys (including the Unit director), 1 clinical auditor, 2 data analysts, and 2 administrative assistants. During our review period of FYs 2021–2023, the Unit spent approximately \$3.3 million (including Puerto Rico's share of \$821,864).

⁹ As part of grant administration, OIG receives and examines financial information from Units, such as budgets and quarterly and final Federal Financial Reports that detail MFCU income and expenditures.

¹⁰ The SSA authorizes the Secretary of Health and Human Services to award grants (SSA § 1903(a)(6)) and to certify and annually recertify the Units (SSA § 1903(q)). The Secretary delegated these authorities to OIG in 1979.

¹¹ The most recent version of the MFCU performance standards is published at [89 Fed. Reg. 76431 \(September 18, 2024\)](#). The previous version of these standards was applicable to the review period for this inspection and can be found at 77 Fed. Reg. 32645 (June 1, 2012). This is the version that we applied and cite to for the findings and observations in this review. The performance standards were originally published at 59 Fed. Reg. 49080 (September 26, 1994).

¹² OIG occasionally issues transmittals to provide guidance and instruction to MFCUs. Transmittals are located at <https://oig.hhs.gov/fraud/medicaid-fraud-control-units-mfcu/index.asp>, under the "Policy Guidance" heading.

Referrals

During FYs 2021–2023, the Unit reported receiving referrals of Medicaid provider fraud from the Puerto Rico Department of Health (DOH), OIG, and managed care organizations (MCOs), among other sources. The Unit received referrals of patient abuse or neglect primarily from the Puerto Rico Department of the Family.¹³ See Appendix A for a list of Unit referrals by source for FYs 2021–2023.

When the Unit receives a referral of fraud or patient abuse or neglect, an administrative assistant enters the referral information into the Unit’s electronic case management system and the Unit’s intake team (consisting of the Unit director, the supervisory investigator, and an attorney) reviews the information to determine whether to accept or decline the referral. If the intake team opens a referral for a preliminary investigation, the team then assigns an investigator and an attorney to obtain more information on the matter to determine whether to proceed with a full investigation. The Unit has up to 120 days to conduct a preliminary investigation to determine whether a full investigation is warranted. If the Unit declines a referral, the Unit director enters an explanation for the declination into the case management system and works with the supervisory investigator to identify the appropriate organization to receive the referral.

Investigations and Prosecutions

If the intake team opens a referral for a full investigation, the Unit director and supervisory investigator assign the case to an investigator; an attorney; and, if needed, an auditor or data analyst. Once the Unit opens a case, an administrative assistant assigns a case number, enters the case information into the electronic case management system, and notifies the referring agency of the intake team’s decision. During the investigation, the supervisory investigator or the Unit director reviews the case periodically to ensure case progression.

After completing the investigation, the assigned attorney coordinates with the Unit director to determine whether to proceed with a criminal prosecution. If the Unit does not proceed with a criminal prosecution, it may pursue the case as a civil matter. If the Unit decides not to pursue the investigation further, it declines the case for prosecution and may refer the case to another agency.

Puerto Rico Medicaid Program

DOH administers the Puerto Rico Medicaid program. Puerto Rico operates its Medicaid program entirely through managed care.¹⁴ As of June 2024, the program

¹³ The Puerto Rico Department of the Family provides services for older adults and adults with disabilities, among other programs.

¹⁴ Like Puerto Rico, Hawaii, Nebraska, and New Jersey operate their Medicaid programs entirely through managed care. Kaiser Family Foundation, [Total Medicaid Managed Care Organization Enrollment](#), 2022. Accessed on January 15, 2025.

served almost 1.4 million enrollees, nearly half of Puerto Rico’s population, through Puerto Rico’s four managed care organizations.^{15, 16} In FY 2024, Puerto Rico’s Medicaid expenditures were approximately \$4.9 billion.

The Puerto Rico Medicaid program has several key differences from those in the 50 U.S. States and the District of Columbia. For example, Puerto Rico does not provide all mandatory Medicaid benefits, such as nursing facility services, due to insufficient funding and lack of infrastructure.^{17, 18, 19} Further, Puerto Rico receives Federal funding up to an annual ceiling and must use territory funds once it meets that ceiling to cover any additional Medicaid expenses. In the 50 States and the District of Columbia, Federal Medicaid spending is open-ended based on a designated rate, known as the Federal Medical Assistance Percentage.²⁰

Medicaid Program Integrity

DOH’s PIU is responsible for Puerto Rico’s Medicaid program integrity efforts. The PIU identifies Medicaid fraud by reviewing complaints received on its website, by telephone, or by data analysis. It investigates the complaints to determine their credibility. If the PIU identifies suspected fraud through its complaint investigations or claims analysis, it refers the complaint to the MFCU.

Methodology

OIG conducted the onsite inspection of the Puerto Rico MFCU in July and August 2024. This was the first inspection of the Unit since it was certified in FY 2019 and covered the 3-year period of FYs 2021 through 2023. We based our inspection on an analysis of data and information from seven sources: (1) Unit documentation; (2) financial documentation; (3) structured interviews with external partners; (4) structured interviews with the Unit’s managers and selected staff; (5) a review of a random sample of 62 case files from the 124 nonglobal case files that were open at

¹⁵ CMS, [Medicaid Enrollment – New Adult Group](#), December 2024. Accessed on February 14, 2025.

¹⁶ The U.S. Census Bureau estimated that Puerto Rico’s population was more than 3.2 million in July 2024. U.S. Census Bureau, [Puerto Rico Commonwealth Population Totals and Components of Change: 2020-2024](#). Accessed on January 15, 2025.

¹⁷ Medicaid and CHIP Payment and Access Commission (MACPAC), [Medicaid and CHIP in Puerto Rico](#), February 2021. Accessed on April 17, 2024.

¹⁸ Puerto Rico has also experienced provider shortages in some medical specialties. Since 2010, more than 8,000 doctors—approximately 46 percent of the island’s physicians—stopped practicing in Puerto Rico due in part to economic issues and devastation caused by recent hurricanes. See Center for a New Economy, [Exodus of Doctors: A Problem That Defies Simple Solutions](#), March 2023. See also WLRN Public Media, [Why Puerto Rico’s Failing Health Care System Is Driving Health Professionals to Leave the Island](#), December 2023. Accessed on February 27, 2025.

¹⁹ Mandatory Medicaid benefits include nursing facility services; inpatient and outpatient hospital services; and physician services. For more information about mandatory Medicaid benefits, see CMS, [Mandatory & Optional Medicaid Benefits](#). Accessed on January 22, 2025.

²⁰ CMS, [Quality of Care in Puerto Rico](#). Accessed on April 17, 2024.

some point during the review period; (6) a review of all convictions submitted to OIG for program exclusion and all adverse actions submitted to the National Practitioner Data Bank (NPDB) during the review period; and (7) onsite review of Unit operations. See the Detailed Methodology on page 21.

In examining the Unit's operations and performance, we applied the published performance standards, but we did not assess adherence to every performance indicator for every standard.

Standards

We conducted this study in accordance with the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency. These inspections differ from other OIG evaluations in that they support OIG's direct administration of the MFCU grant program, but they are subject to the same internal quality controls as are other OIG evaluations, including internal and external peer review.

PERFORMANCE ASSESSMENT

Case Outcomes

The Unit reported 24 indictments; 11 convictions; and 9 civil settlements and judgments for FYs 2021–2023.

Of the 11 convictions reported by the Unit, 6 involved provider fraud and 5 involved patient abuse or neglect.²¹



24 Indictments



11 Convictions



9 Civil Settlements
& Judgments

The Unit reported combined criminal and civil recoveries of approximately \$4.6 million for FYs 2021–2023.

Criminal

\$172,132

Global Civil

\$2,022,845

Nonglobal Civil

\$2,392,212



Total Recoveries

\$4,587,188

Source: OIG analysis of Unit statistical data, FYs 2021–2023.

Note: “Global” civil recoveries derive from civil settlements or judgments in global cases, which are cases that involve the U.S. Department of Justice and a group of State MFCUs and are facilitated by the National Association of Medicaid Fraud Control Units. Because recoveries are rounded to the nearest dollar, they may not sum exactly.

²¹ OIG provides information on MFCU operations and outcomes but does not require or otherwise establish specific case outcome thresholds that MFCUs must meet. MFCU investigators and prosecutors should apply professional judgment and discretion in determining what criminal and civil cases to pursue.

Performance Standard 1: Compliance with Requirements

A Unit conforms with all applicable statutes, regulations, and OIG policy directives.

Observation: According to the information we reviewed, the Unit did not always comply with applicable standards and Federal regulations.

We identified three areas in which the Unit did not adhere to MFCU performance standards, as described in the findings on pages 9, 11, and 12 (Performance Standards 4 and 7). We also identified two areas in which the Unit did not comply with applicable regulations related to the Unit's reporting of convictions and adverse actions to Federal partners, as described in the findings on page 14 (Performance Standard 8). We identified an additional area of noncompliance related to Unit staff having been employed on 6-month appointments, as described in the observation under Performance Standard 2 on this page; however, the Unit addressed this issue during our review period, in 2021.

Performance Standard 2: Staffing

A Unit maintains reasonable staff levels and office locations in relation to the State's Medicaid program expenditures and in accordance with staffing allocations approved in its budget.

Observation: The Unit maintained adequate staffing levels but had employed most staff on short-term appointments during our review period.

Performance Standard 2(A) states that a Unit should employ the number of staff that is included in the Unit's budget estimate as approved by OIG. We observed that the Unit was either fully staffed or nearly fully staffed during our review period. In FYs 2022–2023, the Unit filled all of its 17 approved positions, and it filled 15 of its 16 approved positions in FY 2021.

Although the Unit maintained adequate staffing levels, we observed that most staff had been employed on short-term appointments during our review period. Federal regulations require MFCUs to hire investigators, attorneys, and auditors with the intent that the employment last at least 1 year.²² In FY 2021, 10 of the Unit's 15 staff were hired on 6-month appointments through agreements with other departments within the Puerto Rico DOJ or outside agencies.²³ The same year, OIG notified the Unit that the short-term appointments did not comply with Federal regulations. To correct the issue and ensure compliance, the Unit coordinated with several Puerto

²² Federal regulations also require that Unit investigators, attorneys, and auditors dedicate exclusive effort to the functions and responsibilities of the Unit. 42 CFR §§ 1007.1, 1007.13(d)(1).

²³ The short-term staff included five investigators, two administrative assistants, an attorney, an analyst, and an auditor.

Rico government agencies to extend staff employments to 1-year appointments, which may be renewed annually.

Several staff expressed concern that the short-term nature of these positions increased the risk of staff turnover and instability in the Unit. The Unit director explained that a Puerto Rico public law prohibits the Unit from creating new government positions, and limitations in Puerto Rico's accounting procedures for grant-funded positions had resulted in the Unit hiring staff on short-term appointments.²⁴ The Unit director reported that, in 2023, the Puerto Rico legislature passed a law that allows the Unit to convert staff to long-term employees if they have been employed by the Unit continuously for at least 4 years. At the time of our onsite review, the Unit director reported that he was working with the Puerto Rico DOJ to be able to convert eligible staff to long-term employees.

Performance Standard 3: Policies and Procedures

A Unit establishes written policies and procedures for its operations and ensures that staff are familiar with, and adhere to, policies and procedures.

Observation: The Unit maintained a policies and procedures manual, but the manual did not reflect all aspects of Unit operations.

Consistent with Performance Standard 3, the Unit maintained a written policies and procedures manual for its operations, which it updated in April 2024. Unit management and staff reported that staff were familiar with the Unit's policies and procedures and could access the manual electronically on the Unit's shared drive.

However, we observed that the manual did not reflect all aspects of Unit operations. Specifically, although the Unit had written policies for conducting and documenting periodic supervisory case file reviews, it did not specify a frequency for the reviews (see the related finding on page 12 as associated with Performance Standard 7(A)). The Unit director reported that the Unit updated the manual after our onsite inspection, in January 2025, to specify a frequency for conducting periodic supervisory reviews.

Performance Standard 3(A):

The Unit has written guidelines or manuals that contain current policies and procedures, consistent with these performance standards, for the investigation and prosecution of Medicaid fraud and patient abuse and neglect.

²⁴ 3 L.P.R.A. § 9402(b).

Performance Standard 4: Maintaining Adequate Referrals

A Unit takes steps to maintain an adequate volume and quality of referrals from the State Medicaid agency and other sources.

Finding: Despite the Unit’s efforts to increase fraud referrals from managed care organizations, it received few referrals from such sources.

In accordance with Performance Standard 4, we found, the Unit took steps to increase fraud referrals from MCOs. The Unit regularly communicated with partner agencies, such as MCOs, DOH’s PIU, and OIG, regarding fraud trends, managed care referrals, and ongoing investigations. To increase the number of MCO referrals received by the MFCU, the Unit requested that the Puerto Rico Medicaid program amend the MCO contract language to require MCOs to send referrals simultaneously to DOH and the MFCU. The Unit director reported that, in FY 2023, the Puerto Rico Health Insurance Administration amended the contracts to include a requirement for simultaneous referrals.²⁵ At the time of our onsite inspection in 2024, the Unit director told us that the requirement had a positive impact on MCO fraud referrals but noted that there is room for further improvement.

However, we found that during our 3-year review period (FYs 2021–2023), the Unit received 112 fraud referrals and only 8 percent (9 referrals) came directly from an MCO. Given that Puerto Rico’s entire Medicaid population is enrolled in managed care, MCOs should be a primary fraud referral source for the Unit. Yet, Unit management reported that only one of the four MCOs was referring such cases to the Unit at the time of our review. See Appendix A for a list of all referrals by source.



The Unit reported that several factors contributed to the low number of fraud referrals from MCOs during our review period. For example, Unit management and DOH’s PIU noted that MCOs could use additional outreach and guidance about the Unit’s referral process or what information to include in a referral. Further, an official from one of the MCOs reported that the MCO experienced significant staff turnover in its Special Investigations Unit during our review period, which limited the MCO’s ability to submit referrals to the Unit. Additionally, during most of our review period, the MCO contracts with DOH did not authorize MCOs to simultaneously or directly refer potential fraud cases to DOH’s PIU and the MFCU, which may have contributed to the low number of referrals.

Observation: The Unit took steps to educate partner agencies and the public about its mission, encourage referrals, and plan further outreach.

We observed that the Unit took steps, during our review period, to establish itself in the community; increase awareness about its mission; and encourage referrals from

²⁵ The Puerto Rico Health Insurance Administration implements and administers the island-wide health insurance system, including overseeing Medicaid managed care contracts.

partner agencies and other sources. For example, the Unit held monthly meetings with OIG and DOH's PIU, and quarterly meetings with MCOs, to discuss fraud referrals and trends. To encourage referrals of patient abuse or neglect, Unit management reported, it participated in the U.S. Attorney's Office's (USAO's) Elderly Justice Task Force and conducted outreach with the Long-Term Care Facility Owners Association and the Puerto Rico Ombudsman of the Elderly. The Unit also communicated with external partners, such as the Puerto Rico Department of the Family, to increase awareness about the Unit.

In addition to the Unit's internal efforts, the Puerto Rico DOJ's public affairs staff conducted outreach on the Unit's behalf, publishing press releases and setting up media interviews to educate the public about the Unit's mission. Puerto Rico DOJ staff also reported maintaining web content aimed at encouraging the public to refer cases of fraud and patient abuse or neglect to the Unit.

Despite these efforts, Unit staff noted that local police departments, judges, and other community members were not always aware of the Unit's existence or its mission. Instead, many still know OIG as the primary agency with health care fraud jurisdiction in Puerto Rico. The lack of awareness of the Unit among some community members may have resulted in fewer referrals to the Unit during our review period. Unit management and staff acknowledged that additional outreach was needed to increase awareness and encourage referrals, and said that the Unit had plans to conduct more outreach in the future.

Performance Standard 5: Maintaining Continuous Case Flow

A Unit takes steps to maintain a continuous case flow and to complete cases in an appropriate timeframe based on the complexity of the cases.

Observation: The Unit took steps to maintain a continuous case flow and completed cases within appropriate timeframes, despite facing challenges prosecuting criminal cases in local courts.

We observed that the Unit took steps to maintain a continuous case flow and complete cases within appropriate timeframes. To ensure case progression, the Unit director met periodically with the supervisory investigator and attorneys to discuss the progress of open cases. Unit staff described these meetings as helpful in ensuring that cases were moving forward and noted that management was available for case support when needed. Staff also reported that positive collaboration and communication between the Unit's professional disciplines and with management helped maintain the case flow.

In our review of the Unit's case files, we found that the Unit completed nearly all of its investigations and prosecutions in a timely manner and most of its case files contained appropriate documentation of supervisory approval for case openings and closings. Specifically, an estimated 95 percent of case files contained supervisory

approval to both open and, as appropriate, close the case. See Appendix B for point estimates and confidence intervals for our case file review.

Although the Unit took steps to maintain a continuous case flow, it encountered challenges during criminal prosecutions.

The Unit and its Federal and program integrity partners stated that the Puerto Rico court system was difficult to navigate. An OIG official explained that the Puerto Rico courts require a witness for every claim the Unit brings, which increases the amount of paperwork and coordination necessary for the case. Further, a staff

member noted that the amount of documentation the court requires for witnesses can be taxing, particularly for the Unit's sole clinical auditor, who must sometimes assist with preparing files for dozens of witnesses simultaneously. Unit staff, an OIG official, and DOH's PIU also reported that local courts require more evidence and appearances than Federal courts, which can lengthen the prosecution stage.

"If you want to prove 500 claims, you need witnesses for all 500 claims... [A]t the end of the day, the [court] system is hard."

-OIG Official

Performance Standard 6: Case Mix

A Unit's case mix, as practicable, covers all significant provider types and includes a balance of fraud and, where appropriate, patient abuse and neglect cases.

Observation: The Unit's caseload included fraud and patient abuse or neglect cases and covered a broad mix of provider types.

Of the Unit's 124 nonglobal cases that were open at any point during FYs 2021–2023, 56 percent (70 cases) involved provider fraud and 44 percent (54 cases) involved patient abuse or neglect. The Unit's cases covered 42 different provider types, including personal care aides, retail pharmacies, and pharmaceutical manufacturers.

Performance Standard 7: Maintaining Case Information

A Unit maintains case files in an effective manner and develops a case management system that allows efficient access to case information and other performance data.

Finding: The Unit's case management system did not allow for efficient access to case information or case outcome data.

We found that the Unit's electronic case management system, implemented in FY 2023, posed challenges and did not meet the Unit's needs for effectively maintaining and accessing case information. As a result, the Unit relied on multiple alternative repositories, which sometimes caused confusion and made monitoring and reporting of case information difficult.

Several Unit staff reported that the electronic case management system was slow and unreliable, and would sometimes delete files or entire cases without warning, which discouraged staff from using it. They explained that the system was cumbersome to use, as it would not support all file types or allow multiple files to be uploaded at once, requiring staff to scan documents into the system one page at a time. Staff also said that they needed more training on the system and only used it periodically to comply with Unit policy. Our review of the case management system also found that it lacked several basic features, such as the ability to indicate whether a case was a civil or criminal matter; whether it was a joint investigation; if so, who the joint partners were; and whether there were any secondary subjects involved in the case.

As a result of the challenges with the Unit's electronic case management system, staff reported, they relied on other repositories to manage their work, including a shared network drive and paper files maintained separately by Unit investigators and attorneys. However, staff noted that having case information spread across multiple repositories created its own challenges, as it duplicated work and made it difficult to locate information, which sometimes caused confusion. The use of paper files also increased the amount of physical storage space that the Unit needed to maintain those files.

Additionally, relying on repositories other than the electronic case management system made it difficult to track annual case statistics. The Unit reported tracking its annual case statistics manually in a separate file outside of the system. This practice of the Unit storing case information in several locations and manually tracking case statistics raises concerns, as it could increase the risk for discrepancies across files and result in the Unit reporting inaccurate data to OIG.

Performance Standard 7(F):

The Unit has an information management system that allows for the monitoring and reporting of case information.

Unit management acknowledged that there were opportunities to improve the electronic case management system. The Unit director noted that the system has the capability to meet the Unit's needs, and that the Unit needed to work with the system provider to address the issues. At the time of our onsite review, the Unit director stated that he planned to gather feedback from staff to make the necessary changes to the system.

Finding: Half of the Unit's case files lacked documentation of any periodic supervisory reviews.

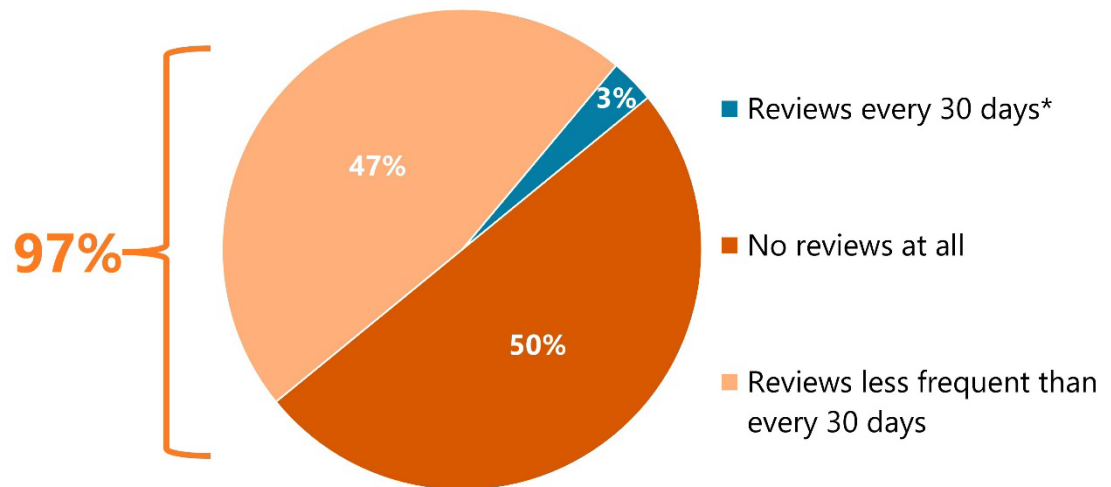
We found that 50 percent of the Unit's cases lacked documentation of any periodic supervisory reviews during our review period. The Unit's policies and procedures manual stated that case reviews would take place periodically, but did not specify a frequency for the reviews, as noted on page 8. The Unit director explained that, while it was not memorialized in the Unit's policies and procedures manual, supervisors were required to review case files every 30 days during our review period. As such, we evaluated the Unit's case files for documentation of a supervisory

Performance Standard 7(A):

Reviews by supervisors are conducted periodically, consistent with MFCU policies and procedures, and are noted in the case file.

review every 30 days. In addition to half of the case files lacking documentation of any supervisory reviews, we found that another 47 percent of cases did not contain documentation of supervisory reviews every 30 days (see Exhibit 1 below). See Appendix B for the point estimates and confidence intervals for the case file reviews.

Exhibit 1: Nearly all of the Unit’s case files were missing required documentation of periodic supervisory reviews



*This includes one case that was not eligible for supervisory review because it had not been open for 30 days.
Source: OIG analysis of Unit case files, FYs 2021–2023.

Unit staff explained that they discussed their cases regularly with their supervisors during their periodic team meetings and other informal conversations, often more frequently than monthly. However, the supervisors did not consistently document these conversations in the case files. After our review period but prior to our onsite review, in April 2024, the Unit updated its policies and procedures manual to include a case status report form for supervisors to use to document their reviews, but the update did not include a frequency for the reviews.²⁶ Documentation of periodic supervisory reviews of cases during the investigation and prosecution phases can help ensure that case progression is appropriately memorialized, so that staff and management can quickly become familiar with the status of cases and more easily monitor their progress.

²⁶ After our onsite review, the Unit director reported updating the manual in January 2025 to reflect a requirement of quarterly supervisory case reviews.

Performance Standard 8: Cooperation with Federal Authorities on Fraud Cases

A Unit cooperates with OIG and other Federal agencies in the investigation and prosecution of Medicaid and other health care fraud.

Finding: The Unit did not submit its convictions to OIG within the required timeframe due to delays in translating court documents from Spanish to English.

Federal regulations and Performance Standard 8(F) require Units to submit to OIG—within 30 days of sentencing, or as soon as practicable if the Unit encounters delays in receiving the necessary information from the court—reports of all MFCU convictions for the purpose of enabling OIG to exclude the convicted parties from Federal health care programs.²⁷ We found that the Unit did not submit any of its convictions to OIG within the 30-day timeframe during our review period. Specifically, of the nine submissions that the Unit made to OIG, three convictions were submitted between 31–60 days after sentencing and six convictions more than 90 days after sentencing.²⁸

Unit staff largely attributed the late submissions to the lengthy process of translating court documents from Spanish to English before submitting them to OIG for exclusion. They explained that translating the documents was not only time-consuming, involving many staff hours, but also an expensive process. In 2024, the Unit director worked with OIG to develop a process for improving the timeliness of the Unit's submissions. To make an initial determination on whether a conviction is excludable, the Unit submits to OIG a case summary in English containing relevant information (e.g., subjects of the case, statutes under which the convictions were obtained). If OIG determines that the subject is potentially excludable, the Unit will translate the remaining documents and submit them to OIG for a final determination.

Finding: During part of our review period, the Unit was not registered with the National Practitioner Data Bank.

Federal regulations, consistent with Performance Standard 8(G), require Units to report any adverse actions against health care providers resulting from investigations or prosecutions to the NPDB within 30 days of the final adverse action.^{29, 30} We found that the Unit was not registered with the NPDB until FY 2022 and did not submit any

²⁷ 42 CFR § 1007.11(g). Performance Standard 8(F) also states that Units should transmit to OIG, for purposes of program exclusions, all pertinent information on MFCU convictions within 30 days of sentencing, including charging documents, plea agreements, and sentencing orders.

²⁸ One of the nine submissions was submitted as soon as practicable after delays in receiving the necessary information from the court.

²⁹ 45 CFR § 60.5. Examples of adverse actions include, but are not limited to, health care-related criminal convictions and civil judgments (but not civil settlements), and program exclusions. In addition, Performance Standard 8(G) specifies that the Unit should report qualifying cases to the NPDB.

³⁰ The NPDB is intended to restrict the ability of health care practitioners to move from State to State without disclosure or discovery of previous medical malpractice and adverse actions. For general information about the NPDB, see NPDB, [About Us](#). Accessed on January 22, 2025.

adverse actions until FY 2024. In March 2024, OIG identified through NPDB records that the Unit had not submitted any adverse actions to the NPDB and alerted Unit management to the issue. Subsequently, the Unit began submitting its adverse actions to the NPDB.

Observation: The Unit maintained collaborative relationships with Federal law enforcement partners, including OIG and the U.S. Attorney's Office.

We observed that the Unit had a strong partnership with OIG's Office of Investigations (OI), jointly investigating 24 cases during our review period. An OI official reported communicating daily with the Unit's supervisory investigator and described the relationship with the Unit as "outstanding." Unit and OI staff also communicated regularly to share updates on investigative activities and to coordinate joint investigations. The OI manager also reported that the Unit and OIG met monthly with DOH's PIU to discuss cases.

Performance Standard 8(A):
The Unit communicates on a regular basis with OIG and other Federal agencies investigating or prosecuting health care fraud in the State.

Additionally, we observed that the Unit maintained a positive working relationship with the USAO in Puerto Rico. USAO staff reported a collaborative relationship with the Unit director and that they met on a biweekly or monthly basis. The Unit and USAO staff also participated in an Elderly Justice Task Force during our review period. The task force was led by the USAO and focused on patient abuse and neglect investigations. The task force was inactive at the time of our onsite review due to staffing changes.

Performance Standard 9: Program Recommendations

A Unit makes statutory or programmatic recommendations, when warranted, to the State government.

Observation: The Unit made recommendations to the Puerto Rico Medicaid agency during our review period.

Performance Standard 9(B) states that, when it is warranted and appropriate, the MFCU should make recommendations regarding program integrity issues to the State Medicaid agency. The Unit made two written program recommendations to DOH during our review period. The Unit recommended that the Medicaid program, in its contracts with MCOs, specify what recoveries MCOs may receive based on their participation in fraud investigations and extend the MCOs' deadlines for providing information to DOH on fraud investigations. In addition to the two written recommendations, the Unit requested that the Medicaid program require MCOs to submit fraud referrals simultaneously to DOH and the MFCU. In FY 2023, the Puerto Rico Health Insurance Administration updated its MCO contracts to include a simultaneous referral requirement but had not implemented the two other recommendations at the time of our onsite review.

Performance Standard 10: Agreement with Medicaid Agency

A Unit periodically reviews its Memorandum of Understanding (MOU) with the State Medicaid agency to ensure that it reflects current practice, policy, and legal requirements.

Observation: The Unit had an MOU with the Puerto Rico Medicaid agency and the Puerto Rico Health Insurance Administration, which reflected current practice, policy, and legal requirements.

The Puerto Rico MFCU had a current MOU with DOH and the Puerto Rico Health Insurance Administration, amended in November 2023. The MOU reflected current practices, policy, and legal requirements.

Performance Standard 11: Fiscal Control

A Unit exercises proper fiscal control over its resources.

Observation: From our limited review, we identified no deficiencies in the Unit's fiscal control of its resources.

From the Unit's responses to a detailed fiscal controls questionnaire and from follow-up with fiscal staff and Unit officials, we identified no issues related to the Unit's budget process, accounting system, property, or personnel. In our inventory review, we located 30 of the 30 sampled inventory items.

Performance Standard 12: Training

A Unit conducts training that aids in the mission of the Unit.

Observation: The Unit maintained a training plan that included minimum training hour requirements for each professional discipline.

The Unit maintained a training plan in accordance with Performance Standard 12(A) that required investigators, attorneys, and auditors to complete 16 hours of training per year. We observed that all Unit staff met the requirement during our review period, with most staff exceeding the requirement.

CONCLUSION AND RECOMMENDATIONS

This was OIG's first onsite review of the Puerto Rico Unit since it began its operations in FY 2019. We observed that the Unit undertook several efforts to establish itself in the community. The Unit held routine meetings with its Federal partners and other agencies, including MCOs, and conducted community outreach to raise awareness of the Unit's mission and to encourage referrals. The Unit also made recommendations to the Medicaid program to improve program integrity in Puerto Rico.

However, we found that the Unit did not always adhere to the MFCU performance standards or comply with applicable requirements, which limited the Unit's operations. The Unit received few fraud referrals from MCOs during our review period, despite efforts to increase such referrals. The Unit's electronic case management system, implemented in FY 2023, was cumbersome and unreliable—resulting in staff using multiple alternative repositories to find and store information—and made monitoring and reporting of case information difficult. Half of the Unit's case files lacked documentation of any supervisory reviews, and the Unit's policies and procedures manual did not specify a frequency for conducting and documenting such reviews. Further, the Unit did not submit any of its convictions to OIG within the appropriate timeframe, and was not registered with the NPDB during part of our review period. Improving processes for case management and reporting would strengthen the Unit's efficiency and effectiveness.

To address the findings identified in this report, we made the following recommendations to the Puerto Rico Unit.

We recommend that the Puerto Rico Unit:

Build upon its efforts to increase referrals from managed care organizations

The Unit should expand upon its current efforts to collaborate with DOH's PIU and OIG to conduct outreach and training with Puerto Rico's MCOs. As part of these efforts, the Unit should provide periodic feedback to the MCOs on the quality of their referrals, including the types of referrals and information the Unit would like to receive. The Unit should conduct outreach to each MCO in Puerto Rico to ensure that they are all aware of the Unit's mission and understand the referral process. The Unit should also continually assess whether its efforts are helping increase referrals and if there are other ways to enhance its relationships with the MCOs. Additionally, the Unit could consult with other MFCUs that have had success in receiving referrals from MCOs and explore beneficial practices that the Puerto Rico Unit could implement.

Update its electronic case management system to address the system's limitations and provide further training on the system to Unit staff

The Unit should work with the provider of its electronic case management system to address the issues that we identified in this report, such as files being erroneously deleted, the system running slowly, and difficulty uploading files. The Unit should also work to add features to the case management system that would aid in accessing and reporting case information. Additionally, the Unit should provide comprehensive training to Unit staff on how to use the case management system, including any changes made after coordinating with the system provider. The Unit could also consider designating a staff member to provide ongoing support to other staff as they fully transition to the system. Once the Unit updates the case management system to adequately meet its needs for accessing and maintaining case information, the Unit should eliminate duplicative case files and use the electronic case management system for all casework and annual statistical reporting to OIG.

Implement a process to ensure that periodic supervisory case file reviews are conducted and documented on a consistent basis

The Unit should implement a process to ensure that supervisors conduct reviews of cases on a consistent basis and document those reviews in the case files. As part of this effort, the Unit should also update its policies and procedures manual to include current practices for conducting and documenting supervisory reviews of case files. Once the Unit has formal policies and procedures in place for conducting and documenting these reviews, the Unit should take steps to ensure that it adheres to those policies and procedures.

Take steps to ensure that it reports all convictions and adverse actions to Federal partners within the appropriate timeframes

In 2024, OIG worked with the Unit to develop a process for improving the timeliness of the Unit's exclusions submissions by making an initial determination on excludability prior to translating court documents. Consistent with that process, the Unit should ensure that it submits case summaries of all convictions to OIG within 30 days of sentencing, or as soon as practicable.

Although the Unit registered with the NPDB, additional action is needed to ensure that the Unit adheres to the reporting requirements. For example, in addition to the Unit taking steps to ensure that future adverse actions are reported to the NPDB within 30 days of the adverse action, the Unit should evaluate whether there are applicable adverse actions from our review period that have not been reported to the

NPDB and report such actions. Additionally, the Unit should develop and implement quality assurance methods to ensure that staff adhere to the procedures for making timely submissions.

UNIT COMMENTS AND OIG RESPONSE

The Puerto Rico MFCU concurred with all four of our recommendations.

First, the Unit concurred with our recommendation to build upon its efforts to increase referrals from MCOs. The Unit reported that it continues to take steps to increase referrals from MCOs through routine meetings and education on the referral process. The Unit also noted that it made several formal recommendations to the Puerto Rico Health Insurance Administration to add language in the contract with MCOs to allow MCOs to refer fraud directly to the MFCU. The Unit reported that it plans to follow up on any unimplemented recommendations as part of its ongoing meetings with the Puerto Rico Health Insurance Administration and the PIU.

Second, the Unit concurred with our recommendation to update its electronic case management system to address the system's limitations and provide further training on the system to Unit staff. The Unit reported that it is conducting an internal evaluation to assess what modifications are needed and whether it should migrate to a different case management system, if appropriate. In the meantime, the Unit reported that it continues to train staff on the system.

Third, the Unit concurred with our recommendation to implement a process to ensure that it conducts and documents periodic supervisory case file reviews on a consistent basis. The Unit reported that it updated its policies and procedures manual in January 2025 to specify that periodic supervisory reviews be held on a quarterly basis. In addition, Unit supervisors now document these reviews in the electronic case management system rather than in a separate spreadsheet.

Fourth, the Unit concurred with our recommendation to take steps to ensure that it reports all convictions and adverse actions to Federal partners within the appropriate timeframes. The Unit reported that it has taken steps within the last year to ensure that convictions and adverse actions are submitted in a timely manner. For example, the Unit developed a process in which OIG conducts a preliminary assessment to determine whether a case is potentially excludable before the Unit proceeds with translating all case documents, as explained in the finding on page 14.

We appreciate the steps the Unit has taken and plans to take to address the recommendations in this report. We believe that these steps will improve the Unit's adherence to performance standards and program requirements and will strengthen its operations. To close these recommendations, the Unit should submit to OIG documentation of its implementation of each recommendation within 6 months of the issuance of this report.

For the full text of the Unit's comments, see Appendix C.

DETAILED METHODOLOGY

Data Collection and Analysis

We collected and analyzed data from the seven sources described below to identify any opportunities for improvement and instances in which the Unit did not adhere to the MFCU performance standards or was not operating in accordance with laws, regulations, or OIG guidance. We also used the data sources to make observations about the Unit's case outcomes as well as the Unit's operations and practices concerning the performance standards.

Review of Unit Documentation

Before the inspection, we reviewed the Unit's recertification materials for FYs 2021–2023, including (1) the Unit director's recertification questionnaires, (2) the Unit's MOU with the State Medicaid agency, (3) the program integrity director's questionnaires, and (4) the OIG Special Agent in Charge questionnaires. We also reviewed the Unit's policies and procedures manual and the Unit's self-reported case outcomes and referrals included in its annual statistical reports for FYs 2021–2023.

Review of Unit Financial Documentation

We conducted a limited review of the Unit's control over its fiscal resources. Before the onsite inspection, we analyzed the Unit's responses to a questionnaire about internal controls and reviewed the Unit's final financial reports. We followed up with Puerto Rico DOJ and Unit officials to clarify any issues identified in the questionnaire about internal controls. We also selected a purposive sample of 30 items from the Unit's inventory list of 144 items maintained by the Unit and verified those items onsite.

Interviews with External Partners

In July 2024, we conducted virtual interviews with external partners, including officials in DOH's PIU, the Puerto Rico Department of the Family, an MCO, and the U.S. Attorney's Office.³¹ We also interviewed an Assistant Special Agent in Charge from OIG's Office of Investigations. We focused these interviews on the Unit's relationships and interactions with the partner agencies, as well as opportunities for improvement. We used the information collected from these interviews to develop subsequent interview questions for Unit management and staff.

³¹ We conducted our interview with the Department of the Family in Spanish via a written questionnaire due to language barriers.

Onsite Interviews with Unit Management and Selected Staff

We conducted structured onsite interviews with the Unit's management and selected staff in July and August 2024. We interviewed the director, the supervisory investigator, three investigators, three attorneys, the auditor, and a data analyst. In addition, we interviewed the supervisor of the Unit—the Puerto Rico Attorney General. These interviews focused on (1) Unit operations; (2) Unit practices that contributed to the effectiveness and efficiency of Unit operations and/or performance; (3) opportunities for the Unit to improve its operations and/or performance; (4) clarification regarding information obtained from other data sources; and (5) the Unit's training and technical assistance needs.

Onsite Review of Case Files

To craft a sampling frame, we asked the Unit to provide us with a list of cases that were open at any point during FYs 2021–2023 and to include the status of each case; whether the case was criminal, civil, or global; and the dates on which the case was opened and closed, if applicable. The total number of cases that met these parameters was 138.

We excluded all global cases from our review of the Unit's case files because global cases are civil false claims actions that typically involve multiple agencies, such as the U.S. Department of Justice and a group of State MFCUs. We excluded 14 global cases, leaving 124 case files.

We then selected a simple random sample of 62 cases from the population of 124 cases. This sample allowed us to make estimates of the overall percentage of case files with various characteristics with an absolute precision of no more than +/- 10 percent at the 95-percent confidence level.

We reviewed the 62 case files for adherence to the relevant performance standards and compliance with statutes, regulations, and OIG guidance. During the review of the sampled case files, we consulted MFCU staff to address any apparent issues with individual case files, such as missing documentation.

Review of Unit Submissions to OIG and the NPDB

We also reviewed all nine convictions submitted to OIG for program exclusion and the one adverse action submitted to the NPDB during FYs 2021–2023. We reviewed whether the Unit submitted information on all sentenced individuals and entities and assessed the timeliness of the submissions to OIG and the NPDB.

Onsite Review of Unit Operations

During the onsite review, we observed the workspace and operations of the Unit's office in San Juan. We observed the Unit's offices and meeting spaces; security of data and case files; location of select equipment; and general functioning of the Unit.

APPENDICES

Appendix A: Unit Referrals by Source for FYs 2021–2023

Referral Source	FY 2021		FY 2022		FY 2023		3-Year Total		
	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect	Total
HHS OIG	3	1	3	0	3	1	9	2	11
Licensing Board	0	0	0	0	0	0	0	0	0
Local Prosecutor	0	0	0	1	0	0	0	1	1
Long-Term Care Ombudsman	0	0	1	9	0	4	1	13	14
Managed Care Organizations	4	3	1	0	4	0	9	3	12
Medicaid Agency PIU	16	0	29	0	18	2	63	2	65
Private Citizens	2	2	1	0	1	6	4	8	12
Private Health Insurer	5	0	7	0	9	1	21	1	22
Other Law Enforcement	0	0	2	1	0	2	2	3	5
Other State Agency	1	18	0	16	1	9	2	43	45
Other	0	0	1	5	0	0	1	5	6
Subtotal	31	24	45	32	36	25	112	81	193
Total	55		77		61		193		

Source: OIG analysis of Unit annual statistical reports for FYs 2021–2023.

Appendix B: Point Estimates and 95-Percent Confidence Intervals of Case File Reviews

Estimate Description	Sample Size	Point Estimate	95-Percent Confidence Interval	
			Lower	Upper
Percentage of All Cases That Had Supervisory Approval to Open	62	95.16%	88.71%	97.58%
Percentage of All Cases Closed at the Time of OIG's Review	62	66.13%	56.45%	75.00%
Percentage of All Cases That Had Supervisory Approval to Close	41	95.12%	84.68%	98.39%
Percentage of Cases That Were Not Eligible for Supervisory Review (i.e., Open Less than 30 Days)	62	1.61%	0.81%	7.26%
Percentage of Cases That Contained Documentation of Supervisory Reviews Consistent with Unit Policy	62	1.61%	0.81%	7.26%
Percentage of Cases That Did Not Contain Documentation of Supervisory Reviews Consistent with Unit Policy	62	96.77%	90.32%	98.39%
Percentage of Cases That Contained Documentation of Supervisory Reviews but Not Consistent with Unit Policy	62	46.77%	37.10%	56.45%
Percentage of Cases That Contained No Documentation of Supervisory Review	62	50.00%	40.32%	59.68%

Source: OIG analysis of Puerto Rico MFCU case files, FYs 2021–2023.

Appendix C: Unit Comments



DEPARTMENT OF

JUSTICE

GOVERNMENT OF PUERTO RICO

Hon. Jennifer González Colón
Governor

Hon. Lourdes L. Gómez Torres
Attorney General

August 14, 2025

Ann Maxwell
Deputy Inspector General for Evaluation and Inspections
Office of Inspector General
U.S Department of Health and Human Services
Room 5660, Cohen Building
330 Independence Avenue, SW
Washington, DC 20201

Re: Puerto Rico Medicaid Fraud Control Unit response to draft report OEI-06-24-00300

Dear Ms. Maxwell,

The Puerto Rico Department of Justice has reviewed the draft report dated July 2025 in relation to the on-site visit of the Medicaid Fraud Control Unit. This document constitutes our formal response to the findings and recommendations included therein.

We want to recognize the on-site visit team for the professional manner the visit was conducted. The Puerto Rico Medicaid Fraud Control Unit was originally certified in December 2018, and this was the first inspection since the Unit's creation.

We appreciate you recognizing the strong relationship the Unit has with its federal partners and other stakeholders. Also, we pride ourselves on the great teamwork we have across the Unit.

With regards to the report, we concur with all four (4) recommendations. Nonetheless, we submit the corresponding observations:

Recommendation #1- Build upon its efforts to increase referrals from managed care organizations.

The Unit continues its efforts to increase referrals from MCO's on a consistent basis. We are constantly taking additional steps to ensure MCO's understand the referral process. On May 5th, 2022, we made formal recommendations to our Health Insurance Administration on ways we believe we can increase MCO referrals. We have suggested language in the past that was included in the current contracts between the Government and the MCO's and continue to give our suggestions for additional language in the next contracts. The current contracts contain provisions for the MCO's to refer fraud directly to the MFCU where in the past the language obligated the MCO's to refer fraud to the Health Insurance Administration, who then referred to us. There are still some recommendations from the 2022 letter that have not been implemented and we are discussing them as part of our ongoing MOU meetings with the Program Integrity Unit and the Health Insurance Administration. The next meeting is scheduled for August 27th, 2025.



In general, we have a good relationship with MCO representatives which will eventually lead to achievable referral goals on this matter. We are meeting with them on a quarterly basis and are exploring whether these meetings need to be more recurrent. This is a matter of upmost importance. We all recognize the process needs to be strengthened and we are all working towards this goal.

Recommendation #2- Update its electronic case management system to address the system's limitations and provide further training to Unit staff.

Our case management system was implemented in 2023, and we understand it can still provide challenges in some respects. A full evaluation is being conducted internally to see where the case management system needs changes or whether we will need to migrate to another system. We are looking at other options in case we need to implement a new system but for the time being we are continuing user training for the case management system on a consistent basis.

Recommendation #3- Implement a process to ensure that periodic supervisory case files reviews are conducted and documented on a consistent basis.

Last January, the Unit updated its manual of policies and procedures to address this finding. Case file reviews are now held on a quarterly basis. Also, our supervisors are now documenting in the electronic case files where before it was done more informally in a separate spreadsheet.

Recommendation #4- Take steps to ensure that it reports all convictions and adverse actions to Federal partners within the appropriate timeframes.

We appreciate your understanding that in Puerto Rico we have an additional burden that does not apply to the other Units. All investigations are conducted in the Spanish language, and all court proceedings are also in Spanish. Hence, to report convictions we always must go through an in-house extensive translation process that takes additional time. During the past year we have taken and continue to take the correct steps to ensure submissions are submitted in a timely manner in accordance with the Performance Standards. One of these steps was to develop a process where OIG-HHS makes a preliminary assessment on whether a case can be considered excludable before undergoing the translation process. We also continue to budget translation services.

We appreciate your time and efforts in conducting this review and we are available to discuss any further matters.

Respectfully,



Luis Freire-Borges

Director

Puerto Rico Medicaid Fraud Control Unit

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Office of Inspector General
Public Affairs
330 Independence Ave., SW
Washington, DC 20201

Email: Public.Affairs@oig.hhs.gov