Inspector General *of* Medicaid Services

OIG Advisory Board Meeting Minutes

288 N 1460 W, Salt Lake City, Utah 84116
July 14, 2026 - 1:30 pm - Room 125
Chairperson: -
Minutes Recorded by: Alex Franco

Attendance

Role	Name	In Attendance
Utah State Auditor	Tina Cannon	Jennifer Briton
DHHS Commissioner	Tracy Gruber	X
DHHS State Medicaid Director	Julie Ewing	X
MFCU Director	Kaye Lynn Wootton	X
GOPB Director	Sophia DiCaro	X
State Finance Director	Van Christensen	-
PEHP Director	Chet Loftis	X
Medicaid Advisory Committee Representative	Rachel Craig	-
Behavioral Health Commission Representative	Kyle Snow	X
Assistant Utah Attorney General	Sam McHenry	X
GovOps Commissioner	Marvin Dodge	X
Inspector General	Nate Checketts	X

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Agenda

A. Welcome and introductions- Commissioner Dodge
    a. Commissioner Dodge opened the meeting by welcoming attendees and acknowledging members of various state departments. Participants introduced themselves, and the session proceeded with administrative training .

B. Public meeting training - Sam McHenry
    a. Sam McHenry provided training on the Open Meetings Act, explaining that administrative advisory boards must operate publicly. Key requirements include posting agendas at least 24 hours in advance on the Utah Public Notice website and ensuring a quorum of five out of the nine members is present for any action items. Meeting minutes must document attendees, the substance of matters discussed, and brief summaries of comments, with recordings posted within three days and pending minutes within 30 days.

C. OIG in GovOps- Commissioner Dodge
    a. Commissioner Dodge discussed the OIG's transfer from an independent status to the Department of Government Operations, noting that this transition followed legislative audits. The newly formed advisory board is intended to provide coordination and oversight, ensuring the OIG's approach remains holistic rather than solely focused on revenue generation.

D. Review and adoption of bylaws (Board vote)- Commissioner Dodge
    a. Article I- Name
    b. Article II- Purpose and Scope
    c. Article III- Membership
    d. Article IV- Selection and Duties of Leadership
    e. Article V- Meetings
    f. Article VI- Quorum and Voting
    g. Article VII- Parliamentary Authority
    h. Article VIII- Amendments

        i. **Employee Whistleblower Protections**: Tracy Gruber inquired about the definition of "employees" in the Bylaws. Specifically whether grievance processes applied to all Department of Health and Human Services (DHHS) employees or just OIG staff. Commissioner Dodge clarified that the protections pertain specifically to employees within the OIG.

        ii. **Public Disclosure and Sensitive Information**: Julie Ewing expressed concerns regarding the discussion of specific provider risks or

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"nitty-gritty" details in public forums, noting that sophisticated fraudsters could exploit this information. The group discussed the necessity of keeping public advisory meetings at a high level and utilizing other, non-public venues to have candid conversations about specific fraud scams or protected health information (PHI) without fear of reprisal. Julie suggests Bylaw Amendment suggesting the board will not discuss PHI.

iii. **Defining OIG Recovery Metrics**: Kaye Lynn Wootton asked how cases referred to MFCU that result in restitution are counted toward the OIG's recovery targets. Nate Checketts indicated that the OIG is looking to expand its definition of success to include partnership efforts.

iv. **Board Representation**: The board discussed the current bylaws, noting that Article 3 lists seven members while the committee actually has nine. The participants discussed refining the language regarding "representatives of Medicaid provider groups" to be more explicit, potentially including specific mentions of the behavioral health commission, the Medicaid advisory committee, and PEHP.

v. **Establishing Subcommittees**: The board discussed the need for flexibility to establish subcommittees to investigate niche issues or specific provider types, which would also facilitate detailed discussions away from the public forum. The board agreed to draft these revisions and circulate a modified version of the bylaws for review before the next meeting .

vi. **By-law Adoption Motion**: The board discussed the adoption of the by-laws, with Commissioner Gruber noting a discrepancy in the record regarding the motion to adjourn. The board formally moved to delay the adoption of the by-laws until the next meeting to allow time for the necessary revisions to be sent to all members.

E. OIG organization- Nate Checketts
   a. Nate explained that the OIG is restructuring its 20-person staff into three teams aligned by Medicaid functional areas: traditional Medicaid, long-term services and supports, and managed care . This restructuring aims to foster cross-collaboration between nurses, investigators, and auditors. Additionally, staff schedules are being standardized to Mondays and Tuesdays to improve coordination with on-site Medicaid personnel.

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F. OIG update on current work -. Nate Checketts

a. **Hospice and Autism:** The OIG is currently reviewing hospice care cases where individuals have been in care for over 12 to 18 months to verify medical necessity. Additionally, an on-site "blitz" involving 60 autism providers revealed that some out-of-state companies were using shared or virtual Utah addresses; the OIG is currently reviewing medical records to verify the legitimacy of service delivery.

b. **Inpatient and Outpatient Claims:** Staff are continuing to review inpatient claims to ensure they meet established criteria, as many claims are found to be more appropriately billed as outpatient services. Since outpatient payments are 50% to 60% of inpatient rates, this remains a significant area of focus.

c. **Managed Care Strategy and Oversight**: Nate Checketts noted that the Legislative Auditor General (OLAG) previously flagged the OIG for not dedicating enough work to managed care, which accounts for 40% to 50% of the Medicaid budget. The new structure specifically includes a managed care team to address this deficiency.

G. Statewide risk assessment- Nate Checketts

a. **Proposed Statewide Risk Assessment Model:** The OIG presented a proposed two-part risk assessment model for FY27. This model evaluates program categories—such as Medicaid expansion and home and community-based waivers—based on factors including budget size, reliability of funds, CMS/Medicaid risk designations, audit history, and program changes . Medicaid expansion was cited as a high-risk category due to its size and upcoming changes to benefit delivery.

b. **Transparency and Risk Assessment**: The board discussed the benefits of publishing the risk assessment publicly. While auditors can be viewed as intimidating, transparently communicating high-risk areas provides the industry with notice, encourages self-auditing, and demonstrates that the OIG's focus is driven by objective risk factors rather than a desire to generate revenue, thereby avoiding "perverse incentives".

c. **Risk Assessment Weighting**: The group discussed the methodology for risk assessment, specifically regarding the need for weighted categories. Nate Checketts suggested that while categories are currently treated as equally weighted, it may be necessary to assign specific percentages, such as 40% versus 10%, to better reflect the level of risk and value associated with each category.

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d. **Incorporating National Trends and Provider Types**: Kaye Lynn Wootton proposed identifying how potential risks align with national trends, noting that the Centers for Medicare and Medicaid Services (CMS) maintains a war room for identifying risk areas. They observed that certain provider types that have not previously generated complaints locally are becoming significant issues nationally, and there is a need to dig deeper into these trends to prevent them from skewing local risk tables.

e. **Risk Assessment for Specific Populations**: The group explored whether specific populations, such as youth in the child welfare system or individuals with addiction-based issues, should be explicitly included in the risk assessment. Nate Checketts suggested differentiating between the potential harm to an individual and the likelihood that claims related to that population might be inaccurate or fraudulent, as both factors represent distinct types of risk.

f. **Provider-Auditor Relationship**: The discussion addressed the need to foster an open and transparent relationship between providers and auditors, with an emphasis on distinguishing between intentional fraud and honest mistakes. Kyle Snow shared an example of a previous, less productive interaction with auditors, emphasizing the importance of creating an environment where providers feel comfortable asking questions or reporting issues without fear of retribution.

g. **Organizational Chart and By-laws**: Commissioner Dodger suggested renaming the "Traditional Medicaid" section on the organizational chart to “Fee for Service” to avoid confusion, noting the history associated with that term. They also agreed that the population targets should be integrated into the risk assessment process to improve clarity and accuracy.

H. Annual work plan- Nate Checketts

a. **Transparency and Work Plan Communication**: Nate Checketts proposed a new model for communicating the office's work, which includes publishing a work plan on the office's web page. This plan would outline in-progress projects, estimated timelines for completion, and upcoming initiatives, ensuring that stakeholders are aware of where the office is applying its resources.

b. **Stakeholder Involvement and Next Steps**: Commissioner Dodger stated that the office plans to involve stakeholders in the finalization of the risk assessment. They intend to send a draft to stakeholders for feedback and

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aim to present both the completed risk assessment and the 2027 work plan during the next scheduled meeting

I. **Bylaws adoption postponement:** The board deferred the adoption of the bylaws until the next meeting to allow for revisions regarding membership composition, subcommittee flexibility, and sensitivity disclosures.

    a. Motion to move the adoption of bylaws until the next meeting and to get revisions out to everybody. Motion made by Kaye Lynn Wootton, Tracy Gruber second it. All were in favor.

J. Timing of appointment of board chair and vice chair- Commissioner Dodge
    a. This will take place in the future.
K. Next meeting and frequency- Commissioner Dodge
    a. The board confirmed a requirement to meet at least twice annually, though Commissioner Dodge proposed meeting every other month during the initial months to gather feedback on significant structural changes and the risk assessment process.

Motion to adjourn made by Commissioner Dodge, Sophia DiCaro second it, All were in favor at 2:47 p.m MST.

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