



## Ohio Revised Code

### Section 5162.132 Annual report outlining efforts to minimize fraud, waste, and abuse.

Effective: September 30, 2025

Legislation: House Bill 96

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(A) Not later than the thirty-first day of December of each year, the department of medicaid shall prepare a report on the department's efforts to minimize fraud, waste, and abuse in the medicaid program. The report shall include all of the following for the most recently concluded state fiscal year:

(1) Improper medicaid payments and expenditures, including the individual and total dollar amounts for claims that were determined to be the result of fraud, waste, or abuse;

(2) Federal and state recovered funds, including the dollar amounts per claim and the total dollar amounts concerning fraud, waste, and abuse in the medicaid program;

(3) Aggregate data concerning improper payments and ineligible medicaid recipients who received medicaid services as a percentage of the claims investigated or reviewed;

(4) The number of payments made in error, the dollar amount of those payments within the medicaid program, and the number of confirmed cases of intentional program violation and fraud.

(B) Each report shall be made available on the department's web site. The department shall submit a copy of each report to the chairpersons and ranking members of the committees of the house of representatives and senate with jurisdiction over medicaid and the legislative service commission.

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