



Investigations & Fraud Management Division

2026 STRATEGIC PLAN

January 1 - December 31, 2026





Message from the Inspector General

I am proud to present our Office of Inspector General's Investigations & Fraud Management 2026 Strategic Plan, which covers the Division's upcoming oversight activities for the West Virginia Departments of Health, Human Services, and Health Facilities for the calendar year January 1, 2026 through December 31, 2026. The Office of Inspector General is responsible for the oversight of more than \$7 billion in the Departments' programs, vendors, and operations.

It should be noted that historically, the Division has been **reactive** and responded when asked to check into internal and external referrals and complaints sent to us. With the breakup of the former Department of Health and Human Resources, the Legislature emphasized the need for greater integrity, transparency, efficiency, and accountability across all state health and human services systems, programs, and vendors. The Investigations & Fraud Management Division supports the Office of Inspector General's independent oversight role, strengthened by the organizational and operational separation from the Departments. This Division now leads the Office of Inspector General's efforts to investigate fraud, waste, and abuse and to strengthen oversight of the Departments, including programs and vendors - work that has never before been performed at this scale in West Virginia.

Beginning January 1, 2026, **in addition to** responding to internal and external referrals and complaints sent to us to investigate, the Investigations & Fraud Management Division will be taking a **proactive** approach to promoting economy and efficiency in the Departments by taking a deep dive into the funding the Departments received and evaluating the process outlining how it is distributed.

We will conduct risk assessments to identify, understand, and prioritize areas that pose the greatest threat to the effective and responsible operation of the Departments' initiatives. By evaluating risks systematically and transparently, the Division ensures that its oversight activities focus on the issues of highest importance. This process strengthens accountability, safeguards public resources, and supports improved outcomes for the people of West Virginia.

By following this structured process, the Evaluation, Investigation, and Audit Protocols outlined in our Strategic Plan provides a consistent, transparent, and rigorous approach to ensuring that the Office of Inspector General mission to protect integrity, safeguard resources, and promote accountability across all programs and operations within the West Virginia Department of Health, Department of Human Services, and Department of Health Facilities is supported. We will ensure proper, timely follow-up is conducted and allegations of wrongdoing are evaluated thoroughly and fairly. Findings may lead to corrective actions, training, policy revisions, or referrals to appropriate authorities.

The Office of Inspector General and each of our nine divisions is here to serve as your independent watchdog to promote the good government you deserve. Public support and input is critical to our mission success.

It is my honor to lead a mission-driven workforce dedicated to delivering meaningful results to the citizens of West Virginia. Please feel free to contact us at any time at oig.wv.gov.

Sincerely,

Ann Urling, Inspector General



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OFFICE OF INSPECTOR GENERAL

MISSION

The Office of Inspector General's mission is to provide independent and objective oversight to promote efficiency, accountability, transparency, and integrity of the West Virginia Departments of Health, Human Services, and Health Facilities, and their programs, as well as the health, safety, and welfare of the people of West Virginia. The Office of Inspector General seeks to be an independent leader in promoting positive outcomes and change and accountable governance within the West Virginia Departments of Health, Human Services, and Health Facilities, and their programs, and in the lives of the people of West Virginia.

VISION

The Office of Inspector General envisions a West Virginia where government programs and operations are conducted with the highest standards of integrity, efficiency, and transparency. We strive to be an independent leader in promoting accountable governance, systemic improvements, and positive outcomes within the West Virginia Departments of Health, Human Services, and Health Facilities. Through oversight, investigation, audit, reporting, and education, we aim to prevent and address waste, misconduct, fraud, and abuse, ensuring that public resources are used responsibly and that the health, safety, and welfare of the people of West Virginia are safeguarded.



INVESTIGATIONS & FRAUD MANAGEMENT DIVISION

MISSION

The Investigations & Fraud Management Division's mission is to protect the integrity of the West Virginia Department of Health, Department of Human Services, and Department of Health Facilities' programs by investigating and auditing various aspects and concerns related to internal misconduct and suspected fraud, waste, and abuse. Guided by the principles of accountability, transparency, efficiency, and public trust, this Division works to ensure that public resources are used responsibly and that services to West Virginians are delivered with fairness and integrity.

VISION

The Investigations & Fraud Management Division envisions a trusted and accountable West Virginia health and human services systems, where public resources are safeguarded, fraud and abuse are prevented, and services are delivered with fairness, integrity, and transparency. Through diligent oversight and proactive investigations, the Division strives to ensure efficiency, protect the public trust, and uphold the highest standards of ethical conduct.





MEET THE INSPECTOR GENERAL



The West Virginia Office of Inspector General is led by Ann Urling, a seasoned government executive with a deep commitment to public service and a proven track record of leadership across all branches and levels of government. Her career has been defined by guiding complex programs, managing large-scale funding initiatives, and ensuring that government operates efficiently, transparently, and with integrity.

Appointed by a former administration and confirmed by the Senate, Ann later earned the designation of Certified Inspector General through the Association of Inspectors General, reflecting her dedication to professional excellence and independent oversight. A proud graduate of West Virginia University and Lloyd P. Calvert Graduate School of Banking, she combines academic expertise with hands-on experience in financial management, regulatory compliance, and strategic planning.

Throughout her career, Ann has led high-stakes programs, including managing CARES Act and American Rescue Plan Act (ARPA) funding, navigating evolving federal guidance while ensuring resources are used responsibly and effectively. She is known for building high-performing teams, fostering collaboration across agencies, and seeking opportunities to make lasting impact on public programs.

In her role as Inspector General, Ann is committed to protecting vulnerable West Virginians while strengthening accountability and transparency across the West Virginia Department of Health, Department of Human Services, and Department of Health Facilities. Over the coming year, she is particularly excited about launching initiatives designed to identify inefficiencies, recommend improvements, and ensure public resources are maximized for the benefit of all West Virginians.

Raised in Shinnston, West Virginia, Ann remains grounded in her roots and guided by a strong sense of duty to her community. With integrity, vision, and a commitment to meaningful impact, she leads the Office of Inspector General in its mission to serve the people of West Virginia every day.



MEET THE TEAM

Andrew Petitt, Deputy Director

Andrew Petitt serves as one of the two Deputy Directors of the Investigations & Fraud Management Division within the Office of Inspector General. In this leadership role, Andrew provides oversight and direction for complex investigative operations, ensuring accountability, integrity, and efficiency in detecting and preventing fraud, waste, and abuse of government resources. With extensive experience in investigative management, Andrew has led high-profile and sensitive cases, developed standard operating procedures, and implemented staff training programs that strengthen the Division's overall effectiveness. His commitment to operational excellence, data-driven decision-making, and workforce development supports the Office of Inspector General's mission to promote transparency, efficiency, and accountability within West Virginia's health and human services programs.

Michael Taylor, Deputy Director

Michael Taylor serves as one of the two Deputy Directors of the Investigations & Fraud Management Division within the Office of Inspector General. With extensive experience in healthcare fraud investigations, Michael has led complex criminal and civil cases involving healthcare fraud, waste, abuse, neglect, and financial exploitation of vulnerable adults. His leadership has contributed to substantial financial recoveries and the development of innovative data-driven approaches to detect and prevent fraud, waste, and abuse within the West Virginia Medicaid Program. Known for his strong analytical skills and commitment to integrity, Michael plays a key role in advancing the Division's mission to protect program integrity through effective oversight, collaboration, and continuous improvement.



RISK ASSESSMENT

A **Risk Assessment** is the process of identifying, analyzing, and evaluating potential risks that may impact an individual, project, or organization. The purpose of conducting a risk assessment is to understand where vulnerabilities exist and to determine which actions can reduce risk to an acceptable level.

For the Investigations & Fraud Management Division, risk assessments are an essential tool used throughout the year to identify high-risk areas across the West Virginia Department of Health, Department of Human Services, and Department of Health Facilities, and their programs and vendors. This process guides the planning of audits, investigations, and evaluations, ensuring that resources are allocated in a way that is both efficient and effective.

Risk Assessment Process Overview

The Division follows a structured approach to risk assessment, grounded in professional judgment, research, and a comprehensive understanding of departmental operations. The process generally includes the following steps:

1. Identify Risk Categories

The Division categorizes broad areas of potential risk within departments, agencies, or functions. These categories help organize the assessment and ensure a consistent evaluation framework.

2. Define Risk Criteria

Within each category, specific criteria are developed to capture the unique characteristics of risk. These may include financial exposure, staffing concerns, operational processes, past audit history, or external factors.

3. Collect Information

Relevant data, internal insights, prior audit results, and operational knowledge are gathered to inform the scoring and evaluation process.

4. Score Department or Function

Each department or individual function is scored against the established criteria. Scores are based on professional judgment and the best available information.

5. Identify High-Risk Areas

Scores are analyzed to determine which areas present the highest risk. These areas become priorities for audits, investigations, or evaluations.



RISK ASSESSMENT

6. Select Projects Based on Risk

Because resources are finite, the Division uses risk assessment results, staff expertise, and available funding to determine which high-risk areas will be addressed in the current work plan.

Risk Criteria

Risk criteria serve as the benchmarks used to evaluate potential vulnerabilities. While each risk assessment is unique and may involve additional considerations, the Division generally evaluates departments and functions against four primary categories, each with associated criteria:

1. Dollars At Risk

- **Financial Risk:** Potential for financial instability, inaccurate reporting, or fraud, waste, and abuse in financial transactions
- **Fraud Risk:** Likelihood of theft, corruption, or other forms of fraud within the entity
- **Physical Asset Risk:** Risk that physical assets are not properly safeguarded, maintained, or monitored

2. Operational Risk

- **Legal/Compliance Risk:** Possibility that the department or function is not meeting legal, regulatory, or professional requirements
- **Management Risk:** Concerns regarding ineffective or insufficient leadership, oversight, or governance
- **Process Risk:** Risks associated with outdated, unclear, or undocumented policies and procedures
- **Staffing Risk:** Potential staffing levels, expertise, or placement that impact the mission
- **Technological Risk:** Vulnerabilities related to technology failures, outdated systems, or lack of operational support

3. Internal Knowledge

- **Unsatisfactory Audit History:** Past negative audit findings, whether from internal or external assurance providers
- **Office of Inspector General Internal Intelligence:** Information obtained by the Office of Inspector General suggesting increased potential for fraud, waste, or abuse in a department or function



RISK ASSESSMENT

4. Inherent Risk

- **Risk of External Political Change:** Effects of political or other external influences that may alter or disrupt operations
- **Impact or Consequence of Failure:** The potential magnitude of harm or disruption to the state and its citizens if the entity fails to perform or meet its mission

Conducting a risk assessment enables the Investigations & Fraud Management Division to identify, understand, and prioritize areas that pose the greatest threat to the effective and responsible operation of state programs. By evaluating risks systematically and transparently, the Division ensures that its oversight activities focus on the issues of highest importance. This process strengthens accountability, safeguards public resources, and supports improved outcomes for the people of West Virginia.



EVALUATION PROTOCOL

An **Evaluation** is a systematic and evidence-based process used to measure how effectively programs, operations, or activities achieve their intended outcomes. Evaluations by the Investigations & Fraud Management Division serve as a cornerstone of accountability, transparency, and continuous improvement across the West Virginia Department of Health, Department of Human Services, and Department of Health Facilities, and their programs.

Through evaluation, the Division can determine whether programs are operating efficiently, complying with applicable laws and regulations, and maintaining the integrity of public resources. Evaluations also provide actionable insights that support data-driven decision-making and reinforce public trust in the programs overseen by these Departments.

Evaluations aim to:

- Assess the effectiveness and integrity of program operations;
- Identify risks, inefficiencies, or potential fraud vulnerabilities;
- Evaluate compliance with statutory, regulatory, and policy requirements;
- Support evidence-based decision-making and corrective action planning;
- Promote transparency and accountability across the Departments and their programs; and
- Strengthen performance management and continuous improvement efforts.

Evaluation Framework and Process

Below is a brief overview of the Evaluation Process. Each evaluation will have its own uniqueness, but the following is a basic framework for conducting the evaluation.

1. Define the Scope and Objectives

Each evaluation begins with defining its scope, objectives, and intended purpose. The Division evaluation team identifies which Department, program, or process will be assessed, along with key questions such as:

- Are program goals being achieved effectively and efficiently?
- Are financial and operational controls functioning as intended?
- Are there indicators of waste, abuse, or fraud risk?
- What opportunities exist for process improvement or stronger compliance?

Defining the scope ensures that evaluations remain targeted, relevant, and aligned with the Division's mission to protect program integrity.



EVALUATION PROTOCOL

2. Establish Evaluation Criteria and Performance Indicators

Once the scope is defined, the Division evaluation team identifies criteria and measurable performance indicators. These indicators may include:

- Quantitative data such as timeliness of service delivery, error rates, or case outcomes; and
- Qualitative assessments such as program documentation reviews, stakeholder interviews, or policy compliance checks.

The evaluation process is cyclical - lessons learned from each evaluation inform future reviews, strengthen oversight strategies, and enhance overall performance management. This cycle of review, improvement, and re-evaluation ensures ongoing accountability and continuous improvement within and across Departments. Each indicator should follow the SMART framework - Specific, Measurable, Achievable, Relevant, and Time-bound - to ensure accuracy and consistency in measuring performance.

3. Data Collection and Analysis

The Division uses a combination of qualitative and quantitative data collection methods to evaluate performance. Data sources may include:

- Departmental reports, performance metrics, and financial data;
- Case reviews and investigation outcomes;
- Interviews or surveys with program staff, leadership, and external stakeholders; and
- Review of policies, procedures, and internal controls.

Collected data are analyzed to identify trends, patterns, and areas of concern - such as recurring compliance issues, operational inefficiencies, or potential fraud indicators.

4. Interpretation and Reporting of Findings

After analysis, findings are synthesized into a clear comprehensive report that:

- Summarizes key findings and performance results;
- Highlights areas of strength and success;
- Identifies risks, weaknesses, and opportunities for improvement; and
- Provides practical and data-driven recommendations.

Reports are written in plain, accessible language to ensure that leadership and program staff can easily understand the results and implement recommendations.

5. Review, Feedback, and Continuous Improvement

Evaluation findings are presented to Departmental leadership and applicable stakeholders for review and discussion. Feedback from these discussions is used to refine recommendations and prioritize corrective actions.



EVALUATION PROTOCOL

Roles & Responsibilities

Below is a summary of the general roles and responsibilities of those involved in the Evaluation Process.

- **Investigations & Fraud Management Division Evaluation Team:** Oversee the evaluation process, ensure alignment with strategic priorities, and presents recommendations. Conduct data collection, analysis, and reporting in accordance with the established protocol.
- **Identified Department Personnel & Stakeholders:** Participate and provide data, context, and feedback related to their respective program areas or the areas being evaluated. Participate in feedback and contribute perspectives that enrich understanding of program performance and recommendations.

Evaluation Timeline & Frequency

Evaluations will be conducted on a regular schedule, typically aligned with annual strategic plan updates or program review cycles. Interim evaluations or progress reviews may also occur quarterly or semi-annually to ensure timely adjustments and accountability.

Using Evaluation Results

Evaluation findings are used to develop and support recommendations that:

- Inform Department leadership decisions and policy changes;
- Guide budget and resource allocations;
- Strengthen operational practices and program design;
- Support compliance and performance reporting; and
- Enhance overall Departmental/organizational effectiveness.

This evaluation protocol ensures that programs and strategic initiatives are assessed in a consistent, transparent, and meaningful way. Through structured evaluation, the Investigations & Fraud Management Division can provide recommendations that can continuously improve performance, demonstrate accountability, and maintain alignment with its mission to protect integrity, promote efficiency, and serve the people of West Virginia effectively.



AUDIT PROTOCOL

An **Audit** is an engagement designed to provide **objective analysis, findings, and conclusions** that assist management, leadership, and oversight bodies in improving program performance, strengthening operations, reducing costs, supporting informed decision-making, and promoting public accountability. In a performance audit, auditors evaluate the subject matter of the audit and present the resulting information as part of the final audit report.

The West Virginia Office of Inspector General Audit Team will conduct audits using generally accepted government auditing standards to ensure quality, consistency, and integrity in all audit work.

Audit Framework & Process

The audit process follows a structured framework to ensure clarity, transparency, and accountability from start to finish.

1. Planning

Planning establishes the foundation for a successful audit and includes several key steps:

Risk Assessment: Before selecting an audit area, the Investigations & Fraud Management Audit Team will perform a risk assessment which may include an evaluation of budget, dollars at risk, operational risk, inherent risk, and internal Office of Inspector General knowledge. Internal Office of Inspector General knowledge may include information suggesting a heightened potential for fraud, waste, or abuse.

Engagement Letter: Once an audit area is selected, an engagement letter is issued to the relevant parties, including individuals with authority to implement corrective action, contracting officials, grantees, and others requesting or responsible for audit services.

Entrance Conference: After the engagement letter is received, the Investigations & Fraud Management Audit Team will hold an entrance conference with the organization or individuals involved. This meeting outlines the audit scope, audit objectives, timeline, roles and expectations, information needs, and next steps.

2. Fieldwork

During fieldwork, the Investigations & Fraud Management Audit Team gathers evidence necessary to answer the audit objectives. Activities may include document reviews, data analysis, interviews, observation of processes, and testing of internal controls. This phase ensures that audit conclusions are supported by sufficient and appropriate evidence.



AUDIT PROTOCOL

3. Reporting

The following is a breakdown of the three major parts of the reporting phase:

Draft Report & Exit Conference: The draft report will include audit objectives, evidence gathered, findings and conclusions, and recommendations. These components are presented during an exit conference, where the Investigations & Fraud Management Audit Team discusses results with the audited entity and identified stakeholders.

Auditee Response Period: The audited entity has 20 business days to respond to the draft report. Their response will be evaluated, and the draft may be amended as appropriate. If the response does not fully address the issues, the Investigations & Fraud Management Audit Team may include additional comments or clarification.

Final Audit Report: After the response period closes, the final report is completed. The final report is shared with identified stakeholders. A de-identified version will be published on the West Virginia Office of Inspector General website.

4. Follow-Up

The Investigations & Fraud Management Audit Team conducts follow-up activities semiannually to assess the status of recommendations and corrective actions taken by the audited entity. Follow-up ensures that findings result in meaningful and lasting improvements.

Roles & Responsibilities

Below is a summary of the general roles and responsibilities of those involved in the Investigation Process.

- **Investigations & Fraud Management Audit Team:** Oversee and conduct all stages of the audit process. Ensure audits are performed with independence, objectivity, and professionalism. Communicate audit results clearly and timely. Monitor corrective actions and follow-up activities. Maintain documentation and reporting standards.
- **Identified Department Personnel & Stakeholders:** Provide access to necessary records, systems, and staff. Participate in entrance and exit conferences. Respond to draft reports within designated timelines. Implement corrective actions as appropriate. Collaborate with the Investigations & Fraud Management Audit Team to support audit accuracy and completeness.



AUDIT PROTOCOL

Audit Timeline & Frequency

The Investigations & Fraud Management Division will audit multiple areas maintained by the West Virginia Department of Health, Department of Human Services, and Department of Health Facilities, and their programs and vendors on a to-be-determined recurring cycle. The frequency will depend on:

- Risk assessment results;
- Program size and complexity;
- Credible complaints received from the public or other sources; and
- Emerging risks or operational concerns.

Special audits may be initiated at any time when credible allegations or indicators of fraud, waste, or abuse arise.

Using Audit Results

Audit results are intended to:

- Improve program operations and outcomes;
- Strengthen internal controls;
- Reduce financial and operational risks;
- Support informed decision-making; and
- Provide transparent accountability to leadership, stakeholders, and the public.

Corrective actions guided by audit recommendations help safeguard resources, enhance efficiency, and promote continuous improvement across programs and processes.

The Audit Protocol provides a clear, structured approach to evaluating program effectiveness, ensuring accountability, and strengthening public trust. By following this process, the Investigations & Fraud Management Division can provide feedback and recommendations that support informed decision-making, operational integrity, and the responsible stewardship of public resources.



INVESTIGATION PROTOCOL

An **Investigation** is a structured fact-finding mission designed to gather, analyze, and assess evidence related to alleged wrongdoing. This includes potential violations of laws, regulations, policies, or procedures, as well as other actions or abuses that negatively impact the West Virginia Department of Health, Department of Human Services, and Department of Health Facilities, and their related programs. Investigations ensure accountability, support informed decision-making, and uphold the integrity of departmental operations.

This section provides a clear overview of the investigation protocol - what an investigation is, what to expect throughout the process, and how findings are ultimately used.

Investigation Framework and Process

The investigation process follows a structured framework to ensure consistency, fairness, and accuracy. While every case is unique, most investigations move through the following key stages:

1. Referral Screening

Referral screening ensures that investigative resources are directed toward allegations that are credible, actionable, and aligned with the Office of Inspector General's mission. Common tasks during referral screening may include the following:

- Assess credibility and relevance of each referral.
- Determine whether allegations are plausible and merit further review.
- Assign referrals to investigative teams based on the source, nature of the allegation, and available information.
- Consider staffing, resource, and budget constraints when prioritizing cases.

2. Planning

Effective investigations begin with careful planning to define scope, outline investigative steps, and anticipate timelines. The Investigative Team will develop a written investigative plan that sets the direction and scope of the investigation, as well as identifies relevant time constraints, internal and external coordination needs, and potential risks. Investigative plans may be revised throughout the investigation as new information emerges. Common elements of an investigative plan include:

- Allegations;
- Nature and Profile of the Subject;
- Legal Authority;
- Evidentiary Needs;
- Investigatory Tasks; and
- Reporting and Follow-Up Requirements.



INVESTIGATION PROTOCOL

3. Investigation Activities

During the investigative phase, the Investigations & Fraud Management Investigative Team gathers and analyzes evidence to determine whether allegations can be substantiated and whether the matter warrants administrative, civil, or criminal action, or a combination thereof.

Evidence may include:

- Documents and records;
- Witness statements and interviews;
- Audio or video recordings;
- Surveillance footage; and
- Other relevant data or materials.

4. Reporting

Upon completion of investigative activities, the findings are documented in a timely, accurate, and objective report. Reports will generally outline the allegations, describe the investigative steps taken, detail evidence obtained, and present clear, fair, and concise findings. An investigation will result in one of the following report types:

- Referral Closing Memo - Explains why no further action is necessary.
- Case Opening Memo - Documents why additional investigative activity is needed.
- Case Closing Memo - Summarizes reasons for closing a case (e.g., insufficient evidence or case adjudication).
- Report of Investigation - Completed when investigative findings support administrative, civil, or criminal violations.

5. Follow-Up

Follow-up activities ensure that investigative results are acted upon appropriately and in a timely manner. Investigators periodically contact relevant agencies for case updates on administrative, civil, or criminal matters. When investigations reveal systemic or programmatic issues, the Office of Inspector General may provide program recommendations for correction or improvement.

Roles & Responsibilities

Below is a summary of the general roles and responsibilities of those involved in the Investigation Process.

- **Investigations & Fraud Management Division Investigation Team:** Conducts referral screening, investigative planning, and evidence collection. Ensures adherence to investigative standards and protocols. Prepares investigative reports and conducts follow-up actions. Provides recommendations to Departments when program issues are identified.



INVESTIGATION PROTOCOL

- **Identified Department Personnel & Stakeholders:** Assist with timely access to documents, systems, and subject matter expertise. Support investigators by responding to information requests. Implement program recommendations when appropriate. Collaborate in follow-up efforts to ensure corrective actions are addressed.

Investigation Timeline & Frequency

Investigation timelines vary depending on the complexity of the case, availability of evidence, resource capacity, and external coordination needs. While no two investigations are identical, the Investigations & Fraud Management Division is committed to:

- Screening referrals promptly;
- Initiating investigative planning in a timely manner;
- Conducting investigations efficiently while maintaining accuracy and fairness; and
- Completing reports and follow-up activities without unnecessary delays.

Ongoing monitoring ensures that investigations progress at an appropriate pace and that priority cases receive immediate attention.

Using Investigation Results

Investigation results serve multiple purposes within the West Virginia Department of Health, Department of Human Services, and Department of Health Facilities, including:

- Supporting administrative, civil, or criminal actions;
- Identifying opportunities for program improvements;
- Enhancing compliance with laws and policies;
- Reducing risk and preventing future wrongdoing; and
- Strengthening organizational accountability and transparency.

Findings may lead to corrective actions, training, policy revisions, or referrals to appropriate authorities.

The Investigation Protocol provides a consistent, transparent, and rigorous approach to ensuring that allegations of wrongdoing are evaluated thoroughly and fairly. By following this structured process, the Investigations & Fraud Management Division supports its mission to protect integrity, safeguard resources, and promote accountability across all programs and operations within the Departments.

MOVING THE NEEDLE



The breakup of the former Department of Health & Human Resources underscored the Legislature's commitment to achieving greater integrity, transparency, efficiency, and accountability across all state health and human service systems, programs, and vendors. The Investigations & Fraud Management Division plays a central role in advancing this mandate maintaining its position within the Office of Inspector General's strengthened independent oversight structure - made possible by its organizational and operational separation from the West Virginia Department of Health, Department of Human Services, and Department of Health Facilities. The Division now leads the Office of Inspector General's work to investigate fraud, waste, and abuse and to enhance oversight of the Departments, including their programs and vendors, an effort being executed at this scale for the first time in West Virginia.

Because this is the first year implementing these responsibilities, many goals focus on building a strong foundation for long-term oversight and ensuring that high-risk areas - especially within the Department of Human Services and its significant taxpayer investment - receive the attention they require.

Taxpayer Dollars at Stake



Dept. of Health
almost \$400 Million



Dept. of Human
Services
over \$7 Billion



Dept. of Health
Facilities
over \$300 Million



MOVING THE NEEDLE

Key Goals

1. Strengthen Independent Oversight

Implement clear investigative and audit processes that support the Office of Inspector General and Investigation & Fraud Management Division's mission and improve the accountability the three Departments and their programs and vendors.

2. Focus on High-Risk Areas

Use a risk-based approach to prioritize oversight - particularly within the Department of Human Services, which oversees the largest share of taxpayer dollars.

3. Improve Data Use and Tracking

Create baseline performance measures and implement tools to track outcomes, identify trends, and guide strategic decision-making.

4. Promote Prevention and Early Detection

Expand efforts and use data analytics to identify risks before they become larger issues.

5. Build Sustainable Systems

Perform evaluations, investigations, and audits that lead to consistent, long-term and lasting improvements.

As the Investigations & Fraud Management Division continues to grow into its expanded role, the focus remains firmly on building a stronger, more accountable future for West Virginia's health and human services systems. The Division is committed to advancing its investigative, evaluative, and audit capabilities, strengthening partnerships, and leveraging data to drive smarter oversight. With the establishment of a dedicated audit unit and ongoing improvements to internal processes, the Investigations & Fraud Management Division is positioned to deliver greater transparency, enhanced program integrity, and more effective protection of taxpayer resources. These efforts will not only meet today's challenges but will also lay the foundation for a more resilient, efficient, and trustworthy system of care for years to come.



THANK YOU

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