HHS Office of Inspector General
HIGHLIGHTS

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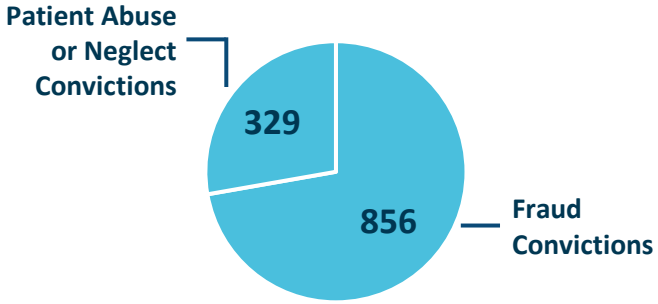
DATA SNAPSHOT

Medicaid Fraud Control Units Annual Report: Fiscal Year 2025

MFCUs recovered $4.64 for every $1 spent in FY 2025

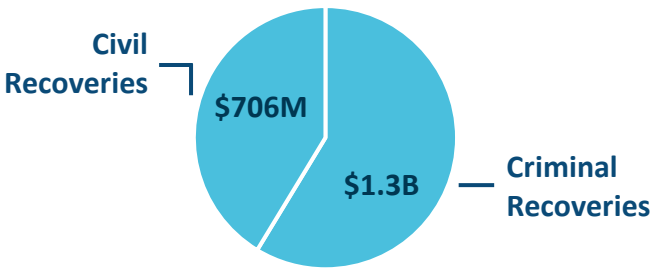
1,185 Convictions



900 Individuals or Entities Excluded from Federal Health Care Programs

674 Civil Settlements and Judgments

$2 Billion Recovered



Medicaid Fraud Control Units (MFCUs or Units) investigate and prosecute Medicaid provider fraud and patient abuse or neglect. The Department of Health and Human Services Office of Inspector General (OIG) is the designated Federal agency that oversees the Units. MFCUs operate in all 50 States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

This data snapshot provides aggregated case outcomes for 53 MFCUs for fiscal year (FY) 2025, along with case outcome trends over the past decade. We calculated the return on investment for the program by dividing the $2 billion in reported recoveries by the total MFCU grant expenditures. For FY 2025, combined Federal and State expenditures for the units totaled approximately $424 million, of which approximately $318 million represented Federal funds.