§ 35. Reports required of the inspector. 1. The inspector shall, no later than October first of each year, submit to the governor, the temporary president of the senate, the speaker of the assembly, the state comptroller and the attorney general, a report summarizing the activities of the office during the preceding calendar year. Such report shall include:

(a) the number, subject and other relevant characteristics of investigations initiated, and those completed, including but not limited to outcome, region, source of complaint and whether or not such investigation was conducted jointly with the attorney general;

(b) the number, subject and other relevant characteristics of audits initiated, and those completed, including but not limited to outcome, region, reason for audit and the total dollar value identified for recovery and the actual recovery from such audits;

(c) the number, subject and other relevant characteristics of administrative actions initiated, and those completed, including but not limited to outcome, region and type;

(d) the number, subject and other relevant characteristics of referrals for prosecution to the deputy attorney general for Medicaid fraud control and other federal or state law enforcement agencies, or for licensure action; such information shall include but not be limited to status and region;

(e) the number, subject and other relevant characteristics of civil actions initiated by the office related to improper payments, the resulting civil settlements entered and overpayments identified and the total dollar value both identified and collected;

(f) a narrative that evaluates the office's performance, describes any specific problems and connection with the procedures and agreements required under this section, discusses any other matters that may have impaired its effectiveness and summarizes the total savings to the state's medical assistance program; and

(g) a narrative, provided by the department in its annual report pursuant to paragraph (t) of subdivision one of section two hundred six of this chapter that summarizes the department's activities to mitigate fraud, waste and abuse during the preceding calendar year.

2. Pursuant to the reporting requirements contained within subdivision

one of this section, the inspector shall not disclose information that jeopardizes an ongoing investigation or proceeding, provided that the inspector shall disclose required information that does not jeopardize an ongoing investigation or proceeding and fully apprises the designated recipients of the scope and quality of the office's activities.

3. The inspector shall, on or before April first, July first, October first and January first of each year following the calendar year in which this title shall take effect, submit to the governor, temporary president of the senate and speaker of the assembly an accountability statement providing a statistical profile of the referrals made to the state Medicaid fraud control unit, audits, investigations and recoveries.