

# What is Medicaid Fraud?

Medicaid fraud involves knowingly misrepresenting the truth about services provided.

## **Fraud includes:**

- \* Abuse of Medicaid dollars resulting in increased costs.
- \* Waste which is overusing resources and receiving inaccurate payments for services.

## **The following are typical schemes used to defraud the Medicaid program:**

### ***Billing for Services Not Provided***

A caregiver records time worked for services not performed, such as recording time worked preparing and cooking a meal for a participant when the caregiver did not.

### ***Doubling Billing***

A participant approves time worked for two caregivers at the same time or approves time worked for a caregiver when the participant was in the hospital.

### ***Billing for Phantom Visits***

A participant falsely bills the Medicaid program for caregiver visits that never take place.

### ***Billing for More Hours Than Worked***

Inflating the amount of time a caregiver spends with the participant, for example submitting a time sheet that records the caregiver having worked five hours in a day when the caregiver actually worked three.

### ***Unapproved Tasks***

Asking a caregiver to perform tasks, like walking a dog, that is not an approved Medicaid task and submitting the time spent on a time sheet.

### ***Non-Eligible Employee***

Submitting a time sheet using the name of an employee who is approved to work but a different person actually did the work and receives payment.

**Committing Fraud is a Crime.** Consequences: Those committing Medicaid fraud can be charged with a felony or misdemeanor and If convicted, they will be required to pay back all money received falsely, and possibly serve time in prison. If you recognize that you have made a mistake on a time sheet, call Outreach right away so it can be corrected: **877.901.5827**

If you are concerned that fraud is occurring, call the NC Division of Medical Assistance at **1.800.662.7030** and inform Outreach **877.901.5827**