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 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 your FEA at **877.901.5827**