



Wisconsin Medicaid Fraud, Waste & Abuse

How to Recognize & Report

For members, families, participant employers, and providers in Wisconsin

What do “fraud,” “waste,” and “abuse” mean?

- **Medicaid Fraud:**
 - An intentional deception or misrepresentation made to obtain an unauthorized benefit.
 - This means when someone **lies or tricks** Medicaid to get money or services they **shouldn't get**.
 - *Examples:*
 - Charging for care that never happened.
 - Charging for care while the participant is in the hospital.
 - Billing for more hours than worked.
 - Asking a caregiver to perform tasks that are not approved on the plan.
 - Requiring, requesting, or accepting any portion of a caregiver's pay.
 - Submitting a time sheet using the name of an approved worker to pay someone that isn't eligible or approved to provide Medicaid services.
- **Medicaid Waste**
 - Squandering of resources—often unintentional errors that lead to overpayments.
 - When money or supplies are used by mistake, which makes costs higher than they should be. These are often errors, not done on purpose.
 - *Example:* A billing mistake that pays too much for a service.
- **Medicaid Abuse**
 - Practices that are inconsistent with sound fiscal, business, or medical practices and result in unnecessary cost or substandard care.
 - When someone doesn't follow good rules for care or business and it causes extra costs or poor-quality care.
 - *Example:* Providing care that isn't medically needed or doesn't meet professional standards.

How to report suspected fraud, waste, or abuse (public)

Call the Wisconsin Department of Health Services (DHS) Office of the Inspector General (OIG) hotline: [877-865-3432](tel:877-865-3432) or submit a report online via the DHS OIG portal: reportfraud.wisconsin.gov

You may report anonymously. DHS OIG reviews the information and may conduct audits, refer to law enforcement, or close the case if no action is warranted.

If you recognize that you made a mistake when submitting time, call Acumen right away so it can be corrected. [877-901-5826](tel:877-901-5826)



Provider-specific reporting (Medicaid provider fraud)

If you suspect provider fraud (for example, billing for services not rendered, upcoding, or kickbacks), you may also contact:

- Wisconsin Department of Justice – Medicaid Fraud Control & Elder Abuse Unit (MFCEAU) hotline: [1-800-488-3780](tel:1-800-488-3780)
- Email (MFCEAU): WIMedicaidFraud@doj.state.wi.us

Providers enrolled with ForwardHealth are expected to report suspected fraud, waste, or abuse and should follow program guidance when making a report.

What to include in a report

- A brief description of what happened, including the nature, scope, and time frame.
- Names and dates of birth (or approximate ages) of individuals involved.
- Number of occurrences and length of suspected activity.
- Names/dates of others or agencies to which the activity may have been reported.

Helpful links

- [Report Public Assistance Fraud – Wisconsin DHS \(OIG\)](#)
- [Report fraud online – DHS OIG Portal](#)
- [Fraud, Waste, and Abuse in Wisconsin Medicaid \(one-page DHS handout\)](#)
- [Medicaid Fraud Control & Elder Abuse Unit FAQs \(Wisconsin DOJ\)](#)
- [ForwardHealth: Reporting Suspected Waste, Fraud, and Abuse \(provider guidance\)](#)
- [Wisconsin DHS Office of the Inspector General \(overview\)](#)

This resource is provided for general information and does not replace program rules or legal advice.