

Fraud Schemes

Common Fraud Schemes

- Altering and/or falsifying records to match services billed
- Balance billing Medicaid clients for services above the Medicaid payment rate
- Billing for services not actually performed
- Billing for services not covered by Medicaid as covered services
- Billing mid-level services as physician services
- Billing services for patients who have died
- Changing the billed dates of service to match client dates of eligibility
- Deliberately applying for duplicate reimbursement in order to get paid twice
- Inappropriate billing that results in a loss to the Medicaid program
- Kickbacks — Providing gifts or incentives for the ability to provide service billed to the Medicaid program
- Providing service which is not medically necessary
- Unbundling — Billing related services separately to charge a higher amount than if combined and billed as one service/group of services/panel of services
- Upcoding — Providing a specific service and billing for a more expensive or detailed service
- Violating Medicaid and/or CHIP program policies, procedures, rules, regulations and/or statutes

Durable Medical Equipment

- Billing Medicaid for more expensive equipment than actually supplied
- Billing used items as new
- Continues to send medical supplies when no longer needed

Hospital/Nursing Home

- Billing for more hospital/nursing home days than delivered
- False cost reports

Mental Health

- Billing for services performed by unlicensed or unqualified persons

Pharmacy

- Billing a greater amount of drugs than was actually dispensed
- Billing for drugs or refills not authorized by a physician
- Filling a prescription with a generic drug or over-the-counter drug but billing for a more expensive name-brand drug

Transportation

- Billing for less mileage in an effort to circumvent the need to obtain prior approval
- Billing for more mileage than incurred
- Billing Medicaid for transportation to non-Medicaid services