



How to recognize and report Medicaid fraud

PROTECTING ★ THE ★ UNPROTECTED



Medicaid Fraud

Ohio Attorney General Dave Yost's office investigates and prosecutes Medicaid provider fraud. By learning to recognize the crime, you can be a part of the solution.



DAVE YOST
OHIO ATTORNEY GENERAL

After investigations by the Medicaid Fraud Control Unit ...

1 A Cleveland man was sentenced to three years in prison and ordered to pay \$3.47 million in restitution for billing the Ohio Department of Medicaid for counseling services that his company did not provide. More than 20 of his employees were also convicted in the scheme.

2 A licensed chemical-dependency counselor in Mansfield was sentenced to six years in prison and ordered to pay \$1.57 million in restitution for falsely billing Medicaid for services and travel.



3 A West Portsmouth provider of drug-treatment services and MAT services with offices in Lawrence and Scioto counties was sentenced to 18 months in prison and fined \$5,000 for submitting invalid counseling claims and upcoding other medical claims. He also had to forfeit three properties as well as three business and checking accounts totaling \$1.58 million.

4 An independent home-health aide based in Akron was sentenced in Franklin County to 14 months in prison (suspended) and four years of community control for billing multiple times for the same services and inflating other billing. She also must pay \$125,000 in restitution.



Medicaid is a vital program that provides health care benefits to low-income and medically fragile Ohioans of all ages. We all share the expense of this program, which costs the state more than 40 billion a year.

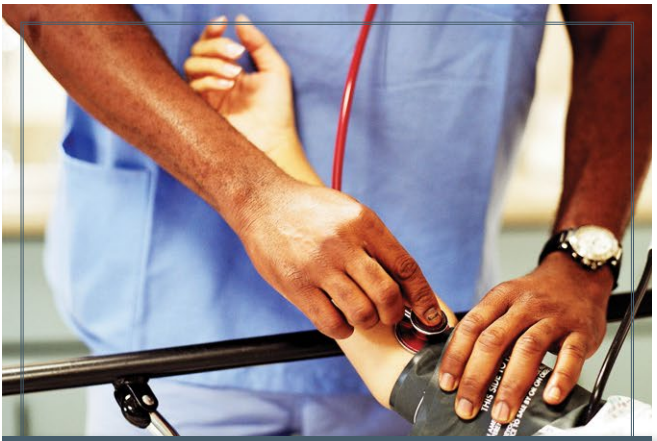
The Ohio Department of Medicaid contracts with more than 165,000 doctors, hospitals, dentists and other health care providers to offer medically necessary goods and services to over 3 million Medicaid recipients throughout the state. Medicaid provider fraud costs Ohio taxpayers millions of dollars annually and deprives our neediest residents of care they need.

Ohio Attorney General Dave Yost's office is committed to fighting fraud and corruption within the Medicaid program and state government as a whole. The office's Medicaid Fraud Control Unit, recognized as one of our country's most successful, works vigilantly to identify, investigate and prosecute criminals to safeguard Ohio tax dollars.

If you have knowledge of corrupt or deceptive practices by Medicaid providers, please contact the Medicaid Fraud Control Unit.

TO MAKE A REPORT:

- » Call 614-466-0722 or 800-282-0515.
- » Send a fax to 877-527-1305.
- » Visit www.OhioAttorneyGeneral.gov/ReportMedicaidFraud.



The Medicaid Fraud Control Unit works to safeguard tax dollars

Federal law authorizes Medicaid Fraud Control Units to investigate allegations of fraud and abuse involving the Medicaid program. MFCUs operate in each of the 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

In 1978, the Ohio General Assembly authorized the attorney general to create and oversee the Ohio Medicaid Fraud Control Unit. Ohio Revised Code Sections 109.85 and 109.86 grant the unit original criminal jurisdiction to investigate and prosecute Medicaid fraud statewide, and empower it to investigate allegations of patient abuse, neglect and financial exploitation of residents in Ohio's long-term-care facilities. The unit's staff of more than 100 includes special agents, analysts, nurses and prosecuting attorneys.

In the five years from 2019 through 2023, the unit has:

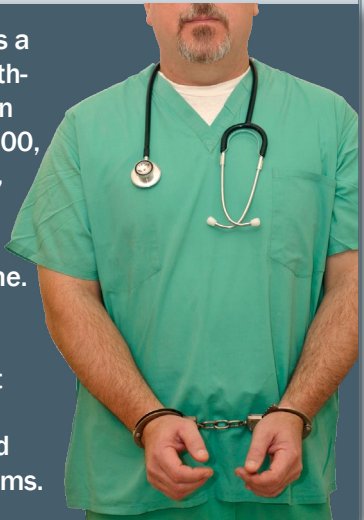
- Handled 5,016 complaints.
- Posted 999 indictments.
- Secured 955 convictions.
- Negotiated 173 civil settlements.
- Recovered more than \$190 million in restitution and penalties.

What constitutes Medicaid fraud?

Under the law, it is illegal to:

- Knowingly make or cause to be made false or misleading statements or representations to obtain Medicaid reimbursement. This includes but is not limited to billing for goods or services not provided and providing medically unnecessary products or services.
- Bill for a more expensive product or service than was delivered, bill separately for services that should be billed together, and bill twice for the same product or service.

» Medicaid fraud is a third-, fourth- or fifth-degree felony when more than \$150,000, \$7,500 or \$1,000, respectively, is illegally gained as a result of the crime. A conviction for a program-related offense may result in exclusion from all federally funded health care programs.



- Dispense generic medications but bill for brand-name drugs, and submit false information on Medicaid cost reports. Managed care organizations cannot deny services to eligible recipients or fail to provide the level of service medically necessary or required.





Help Fight Medicaid Fraud

All Ohioans benefit when the money intended to help care for the state's neediest residents goes to help them, rather than being snatched up by providers looking to cheat the system. If you suspect problems, please contact the Medicaid Fraud Control Unit.

Ohio Attorney General's Office
Health Care Fraud Section
Medicaid Fraud Control Unit
30 E Broad St. 23rd Floor
Columbus, Ohio 43215

614-466-0722

**Attorney General's Help Center
800-282-0515**



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For more information or
to report possible Medicaid fraud, visit
**[www.OhioAttorneyGeneral.gov/
ReportMedicaidFraud](http://www.OhioAttorneyGeneral.gov/ReportMedicaidFraud)**.