



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 The owner of an Athens County home-health agency was sentenced to three years in prison and ordered to pay more than \$2.2 million in restitution for billing Medicaid for services not provided and for services to patients who were ineligible because they lived in private nursing homes.

2 A Montgomery County physician was sentenced to 70 months in prison and ordered to pay more than \$150,000 in restitution for distributing medically unnecessary prescription opioids.



3 A Franklin County pharmacist was sentenced to two years in prison and ordered to pay more than \$250,000 in restitution for billing Medicaid and other insurers for “sample” drugs that could not legally be sold and for medications that had not been dispensed.

4 A Hamilton County independent provider of home health care was sentenced to 12 months in prison (suspended) and five years of community control, and ordered to pay \$490,000 in restitution for billing Medicaid for home-health services not provided. The provider conspired with her patient’s guardian to commit the crime, paying kickbacks to the guardian.



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 \$26 billion a year.

The Ohio Department of Medicaid contracts with more than 110,000 doctors, hospitals, dentists and other health care providers to offer medically necessary goods and services to the nearly 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 614-644-9973.
- » 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. Forty-nine states and the District of Columbia have such units, with each subject to annual recertification by the U.S. Department of Health and Human Services.

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 past five years, the Medicaid Fraud Control Unit has:

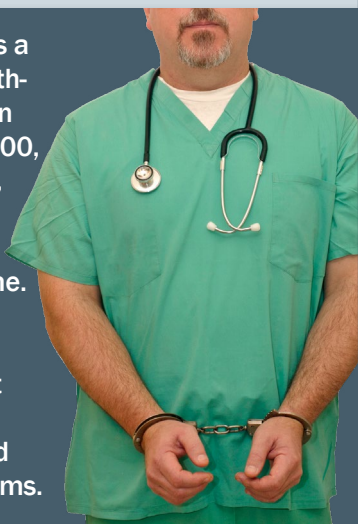
- Investigated more than 5,200 complaints of Medicaid fraud and patient abuse and neglect.
- Generated 806 indictments.
- Secured 734 criminal convictions and 112 civil settlements.
- Recovered more than \$158 million in criminal restitution and civil settlements.

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
150 E. Gay St., 17th Floor
Columbus, OH 43215

614-466-0722

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



DAVE YOST

OHIO ATTORNEY GENERAL

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