

## Medicaid Fraud

The Ohio Department of Developmental Disabilities is committed to identifying and eliminating fraud. It is our collective responsibility to safeguard the limited resources available to Ohio Medicaid recipients. Providers are responsible for ensuring that Medicaid billings are accurate and that they are only billing for services for which they are authorized through the Individual Service Plan (ISP) and have provided. Should you have specific questions about an ISP or Payment Authorization for Waiver Services (PAWS), please contact the [County Board](#). You can also find [helpful tips regarding billing](#) on the Department's website. Please direct billing specific inquiries to Provider Support at [Provider.Support@list.dodd.ohio.gov](mailto:Provider.Support@list.dodd.ohio.gov).

Under [Ohio Revised Code 2913.40](#), Medicaid fraud occurs when an individual "*knowingly* makes or causes to be made a false or misleading statement or representation for use in obtaining reimbursement from the medical assistance program."

Other Related Statute:

- Financial Exploitation-Theft [Ohio Revised Code 2913.02](#)
- Elderly & Disabled Enhancements – felony outlines Medicaid fraud.

Please remember that providers are personally responsible for Medicaid billing. If it is not accurate, the provider (not a billing agent) will be held accountable for repayment. Providers should review claims and understand what they are being paid for. If the provider does not understand, they should contact Provider Support for clarification at (800) 617-6733. Receiving more money than a provider is entitled to receive is considered Medicaid Fraud and can result in a referral to the Ohio Attorney General's Office. The State will take all proper and necessary steps to recover any money a provider wrongfully receives.

Some examples of fraudulent activity include:

- An agency bills for services to an individual for a week while the person is in the hospital;
- A provider bills for units of services not rendered;
- An agency submits claims for services to an individual for any day after they stopped providing services;
- Provider bills in excess of 24 hours per day;
- An independent provider bills for 2 individuals at the same time in different locations;
- The provider pays the family a "kick back" for not reporting they are billing for services they did not provide;
- A provider bills for services not authorized in the individual's plan;
- A provider misrepresents the service delivery ratio in order to receive a higher rate of pay;

Consequences for Medicaid Fraud Convictions:

- Federal exclusion from participating in federally funded health care programs. For more information, please visit the federal Office of the Inspector General's website at <http://oig.hhs.gov/>.
- Licensure/Certification revocation or suspension
- Attorney fees
- Investigative costs

- Fines
  - Restitution
  - Jail/community control
  - Civil false claims action
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### **Reporting Medicaid Provider Fraud**

To report fraud being committed by a provider, please call (614) 466-6670 or email us at [reportfraud@dodd.ohio.gov](mailto:reportfraud@dodd.ohio.gov) You may also make an anonymous complaint to the Ohio Attorney General's Office Health Care Fraud Section at 1-800-282-0515 or

**<http://www.ohioattorneygeneral.gov/Enforcement/Report-Medicaid-Fraud>**