MEDICAID FRAUD

Version 2.0 (7/1/2022)

What is Medicaid Fraud?

Medicaid fraud occurs when a Medicaid provider knowingly makes, or causes to be made, a false or misleading statement or representation for use in obtaining reimbursement from the Medicaid program. Medicaid fraud typically includes any of the following:

- **Billing for Unnecessary Services or Items** *Intentionally billing for unnecessary medical services or items.*
- **Billing for Services or Items Not Provided** *Intentionally billing for services or items not provided.*
- **Collusion**: *Knowingly collaborating with beneficiaries to file false claims for reimbursement.*

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Collusion: Knowingly collaborating with beneficiaries to file false claims for reimbursement.

Program Integrity

Program Integrity refers all cases of potential fraud to the South Carolina Attorney General's Office for possible criminal prosecution and enacts sanctions against providers who abuse the Medicaid program or fail to meet program expectations. Sanctions include:

1. Educational intervention
2. Referral to licensing boards
3. Suspension
4. Termination or exclusion from the program

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State Attorney General's Office

The Attorney General is South Carolina's Chief Criminal Prosecutor, Chief Legal Officer and Securities Commissioner.

The duties and responsibilities of the Attorney General are described by common law, the state Constitution, and state statutes.

The SC Attorney General has authority to supervise the prosecution of all criminal cases in courts of record and targets fraud in the health care industry through the **Medicaid Fraud Control Unit.**

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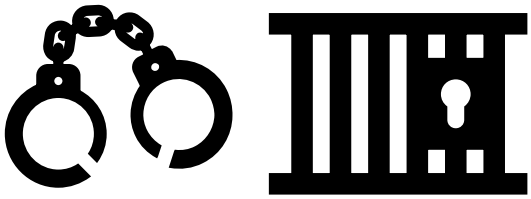
Medicaid Fraud Unit

The Medicaid Fraud Control Unit

- investigates and prosecutes health care fraud committed by Medicaid providers and the physical abuse of patients and embezzlement of patient funds in facilities.
- enforces South Carolina laws protecting mentally or physically disabled or elderly citizens from neglect and abuse in long-term care facilities.



Healthy Connections MEDICAID

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The Medicaid Fraud Control Unit investigates and prosecutes health care fraud committed by Medicaid providers and the physical abuse of patients and embezzlement of patient funds in facilities. The unit also enforces South Carolina laws protecting mentally or physically disabled or elderly citizens from neglect and abuse in long-term care facilities.

In an effort to recover taxpayer money through successful Medicaid fraud prosecutions, the MFCU utilizes a team-based approach to identify and investigate frauds committed by hospitals, nursing homes, pharmacies, doctors, dentists, nurses, and other Medicaid providers.

The MFCU has the authority to hold individuals or entities accountable through criminal prosecution and/or civil litigation. The Unit also makes recommendations to the US Department of Health and Human Services and the Office of the Inspector General (HHS OIG) to exclude individuals or entities from participating in federally funded programs.

Report Medicaid Fraud

If you have any information about Medicaid provider fraud or patient abuse, please report it to the Medicaid Fraud Unit at:

- **1-888-364-3224 (Toll free)**

Tips can be made anonymously.

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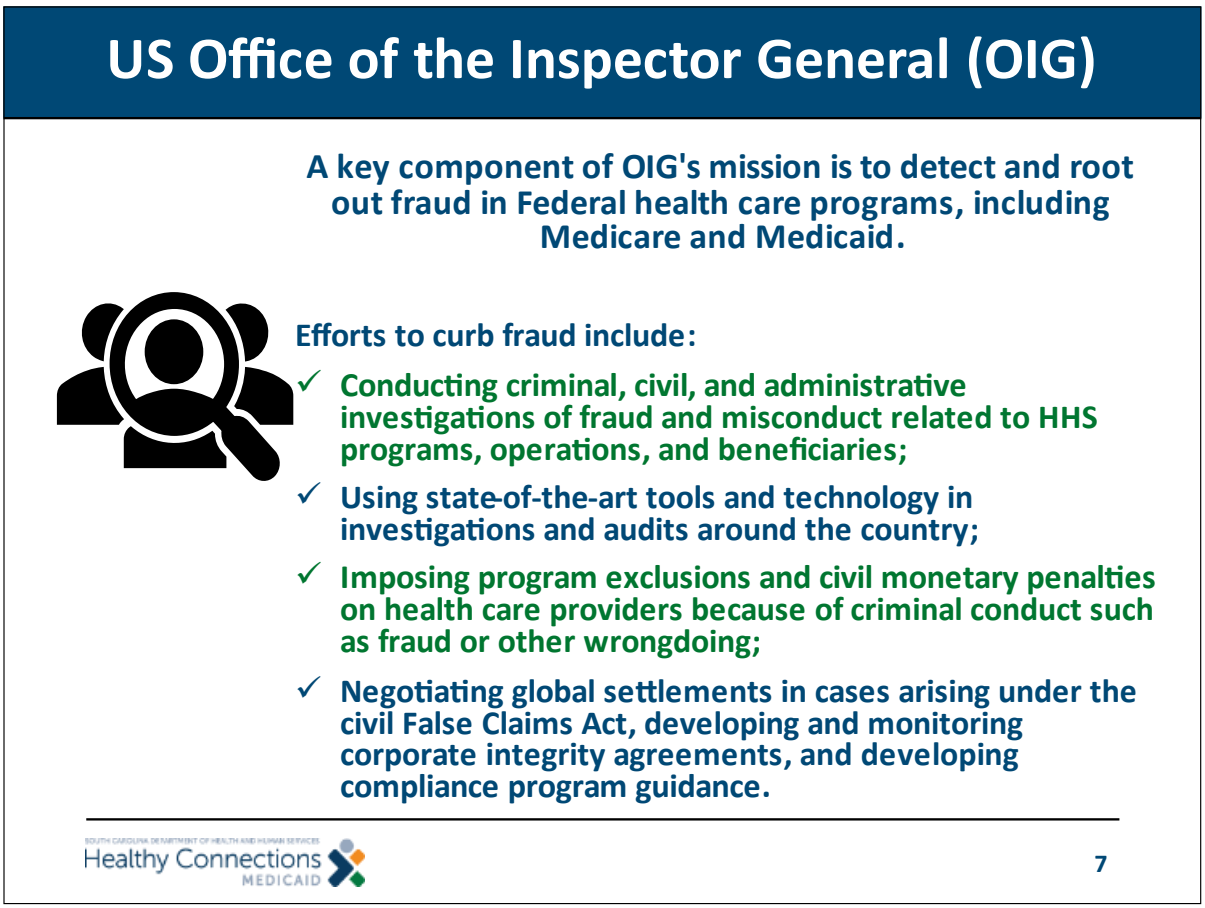

A key component of OIG's mission is to detect and root out fraud in Federal health care programs, including Medicare and Medicaid. Fraud diverts scarce resources meant to pay for the care of patients and other beneficiaries into the pockets of fraudsters. Not only does fraud increase costs for vital health and human services, but it also can potentially harm beneficiaries, including Medicare and Medicaid patients.

Efforts to curb fraud include:

-conducting criminal, civil, and administrative investigations of fraud and misconduct related to HHS programs, operations, and beneficiaries;

-using state-of-the-art tools and technology in investigations and audits around the country;

-imposing program exclusions and civil monetary penalties on health care providers because of criminal conduct such as fraud or other wrongdoing;

-negotiating global settlements in cases arising under the civil False Claims Act, developing, and monitoring corporate integrity agreements, and developing compliance program guidance.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections
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