Tips to Help You Prevent Medicaid Fraud

**Easy, Common Sense Tips:**

**Tip: Review your Explanation of Medicaid Benefits (EOMB) Statement.** You may periodically receive an Explanation of Medicaid Benefits (EOMB) statement. If you receive an EOMB, review it carefully to make sure all services or goods that are listed on the EOMB are actual services or goods that you received and that the date of service is correct.

**Tip: Protect your card.** Do not let anyone borrow your Medicaid card and do not give anyone your Medicaid card number other than your doctor, health care provider, hospital or clinic.

**Tip: Do not share your information.** Never sign a blank form or share your medical records except with your doctor, health care provider, hospital or clinic.

**Tip: Keep a copy for yourself.** Ask for and keep a copy of anything that you sign.

**Tip: If it sounds too good to be true, it probably is.** Be leery of offers of free screenings or tests that require your Medicaid card number that are described to you as “free of charge.”

**Tip: Don’t be sold a bill of goods.** Be suspicious of anyone who says they can get Medicaid to pay for a service that is usually not covered.

What to do next?

If you suspect that Medicaid fraud or abuse, neglect or exploitation has occurred in a Medicaid facility or has been perpetrated by someone working for a Medicaid provider, immediately report the incident to the Medicaid Fraud Control Unit (MFCU) of the Office of the Virginia Attorney General at 1-800-371-0824 or 804-371-0779.
On August 25, 2009, James William Wright was indicted on four counts of aggravated sexual battery in connection with his employment at a nursing facility in Bristol, Virginia.

Wright was employed as a Certified Nursing Assistant (C.N.A.) at the facility from 1999 to 2007. MFCU Investigators Horace Croxton and Elizabeth Hudnall uncovered multiple incidents of alleged sexual misconduct by Wright against elderly residents. The MFCU investigators were able to substantiate allegations of misconduct, identify eyewitnesses to Wright’s conduct, and obtain a partial admission of misconduct from Wright himself.

The statute he was charged under, aggravated sexual battery, punishes those who sexually abuse another, when such acts are done through the use of the victim's mental incapacity or physical helplessness. The four counts involved four separate victims of Wright's misconduct. Each count of aggravated sexual battery is punishable by a maximum of 20 years' incarceration. Wright pled guilty to the indictments, as charged, on January 7, 2010. Sentencing for this matter is scheduled for March 31, 2010.

**The MFCU commends the good work done by Sr. Criminal Investigator Horace T. Croxton and Nurse Investigator Elizabeth Hudnall.**

Senior Criminal Investigator H.T. Croxton has been with MFCU for the last 10 years. He retired from the Richmond Bureau of Police prior to coming to the MFCU. During his 28 year career, he was assigned to the patrol division and various squads within the investigative operations division. Croxton also served two tours of duty in Vietnam with the U.S. Army.

Nurse Investigator Elizabeth Hudnall is a Registered Nurse and certified in gerontological nursing (RNC), as well as a licensed nursing home administrator. She has worked for more than 30 years in long term care. Prior to coming to the AG’s office, Investigator Hudnall was a supervisor for the Office of Licensure and Certification.

**What cases do we investigate?**

The Virginia Attorney General’s Office’s Medicaid Fraud Control Unit (MFCU) protects the Commonwealth of Virginia by investigating and prosecuting Medicaid fraud and patient abuse and neglect. Although the vast majority of health care providers are honest and dedicated to providing high quality health care to their patients, fraud by Medicaid providers costs American taxpayers hundreds of millions of dollars annually and threatens the integrity of the Medicaid program. Medicaid fraud can take a variety of forms:

- Phantom billing: billing for services not rendered.
- Fraudulent billing: billing for unnecessary services.
- Embezzlement: Stealing money entrusted to the providers by patients, such as their nursing home accounts.
- Upcoding: billing for more expensive services than what were provided.
- Kickbacks: one provider pays another in exchange for referrals or other business.
- Duplicate Billing: billing for the same services more than once; or billing more than one payment source (i.e. Medicaid and a private insurer).

The MFCU also investigates and prosecutes cases of patient abuse and neglect in nursing homes. Signs of patient abuse or neglect can include:

- Unexplained bruising
- Fractures
- Pressure ulcers
- Malnutrition
- Dehydration
Are you a Patient, a Provider, a Family Member, a Concerned Citizen?

**Why You Need to Report Medicaid Fraud**

From a provider’s perspective: Provider fraud is willful and intentional deceit or misrepresentation by a provider in order to obtain payment. Safeguard the reputation of your industry by reporting providers who take advantage of the system.

From a citizen’s perspective: Medicaid programs are funded by public resources, meaning your hard-earned tax dollars. By reporting fraud and stopping people from stealing from the program, citizens can stop the bleeding of the Medicaid program caused by unscrupulous providers.

From a family member’s perspective: Your family member is entitled to quality care. You should be able to trust providers without worrying about the possibility of neglect or abuse of those you love. Without attentive medical care, a patient can become incapacitated, and that could leave you with the difficult task of finding alternative solutions for care.

**Ask Yourself: How does Medicaid Fraud and Patient Abuse/Neglect impact you?**

From a patient’s perspective: Reporting providers who are committing fraud takes the criminals out of the provider pool and gives you access to law-abiding providers.

**Report Providers**

The Virginia Attorney General’s Office’s Medicaid Fraud Control Unit’s primary goal is to provide the best practicable service to Virginia citizens receiving Medicaid benefits, and to prevent abuse of taxpayer resources through the diligent and aggressive investigation of criminal activity. If you suspect fraud, patient abuse, or neglect, report the incident to the MFCU by calling 1-800-371-0824 or 804-371-0779. A trained investigator will review the information and determine whether to follow up or refer the incident to a more appropriate government agency.

*Virginia’s Capitol in Richmond which was designed by Thomas Jefferson*
Non-fraud examples are:
* eligibility errors due to recipient misunderstanding
* agency errors
* when Medicaid-covered services continue during the appeal process and the agency’s cancellation action is upheld

When the investigation confirms that an individual received Medicaid services fraudulently, the claims paid on the recipient’s behalf are determined and the overpayment amount is identified. Recipient fraud cases can be prosecuted by the local Commonwealth Attorney’s Office or in Federal court when joint investigations are involved.

**What can you do if you suspect fraud by a Medicaid recipient?**

Please contact the Department of Medical Assistance Services (DMAS).

Recipient fraud can include:
* the deliberate failure to report income or to disclose resources
* unreported change in household member composition
* uncompensated asset transfer
* Medicaid card sharing, prescription fraud and drug diversion

**To Report Recipient Fraud, Contact DMAS:**

**By telephone:** 1-866-486-1971 or (804) 786-1066

**By mail:**
Department of Medical Assistance Services
Recipient Audit Unit
600 East Broad Street
Suite 1300
Richmond, Virginia 23219

**By e-mail:**
RecipientFraud@DMAS.virginia.gov
For more information, or additional copies, or to receive quarterly copies of this newsletter, please contact:

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