

Health Care Fraud Inservice

FRAUD is defined as: Deliberate deceit or misrepresentation of facts that results in the receipt of an illegal advantage or reward (such as pay for something that was not done).

What is Health Care Fraud?

Health care fraud occurs when an individual, group of people, or a company knowingly, misrepresents or mis-states something about the type, the scope, or the nature of the medical treatment or service provided, in a manner that could result in unauthorized payments being made.

Examples of Health Care Fraud:

- Payment for ANY medical services, treatment, supplies, ore equipment that was not received or provided.
- Dates of service or provision of items that differ from the dates on which the item or service was received.
- Payments for ambulance services that were not provided.
- Duplicate payments for the same service or item or medical equipment while the person was in the hospital.

Examples of Home Health Care Medical Fraud

- Documenting care that was not given
- Charting a visit when the client has been in a nursing care facility.
- Documenting care as given that was NOT given.
- Claiming visits when you have not been with the client.
- Claiming the same service at more than one agency at the same time.

Individuals who commit health care fraud place the agency at risk for severe penalties and loss of ability to care for Medicaid and Medicaid Waiver clients. Therefore, **ANY** individual who commits Health Care Fraud, will have their Independent Care Provider agreement terminated with the agency.

Remember, if you are unsure about charting, always contact the SFC Office Team for assistance.