

Understanding Health Care Fraud

What is Health Care Fraud?

Health care fraud is when a provider submits false or fraudulent claims for payment of health care services. Providers might be:

- Hospitals
- Mental health or case management providers
- Nursing homes
- Pharmacies
- Physicians
- Dentists
- Transportation providers
- Any other provider who bills the Medicaid program for services

How Does Health Care Fraud Impact Medicaid?

Fraud and abuse significantly impact the Medicaid program by using up valuable dollars necessary to help vulnerable children and adults access health care.

How Does the Department Investigate Fraud?

Medicaid fraud and abuse are actively pursued by the Medicaid Program Integrity Unit within Health and Welfare. The unit:

- Identifies billing errors made by providers resulting in unnecessary loss of program dollars
- Investigates and prosecutes providers and offenders for filing false or fraudulent claims to the Medicaid program
- Investigative units work closely with other state and federal investigative agencies and prosecutors to act against offenders and send a message of a zero tolerance for fraud and abuse within the Medicaid program