

Understanding Fraud

Because you receive home-based health services, it is important to know what fraud means. Professionals, friends, and even family members can commit fraud. It is your responsibility to recognize the signs of fraud so fraudulent behavior can be avoided and reported.

Defining Fraud

The Centers for Medicare & Medicaid Services (CMS) defines fraud as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to oneself or some other person. It includes any act that constitutes fraud under applicable State and Federal law.

Example of Fraud

- Billing for services that were never provided.
- Billing for services that pay at a higher rate than those provided.
- Submitting hours on a timesheet that employees did not work.
- Failing to keep required records or failing to make them available to authorities.

Potential Consequences of Committing Fraud

Intentional or reckless fraud may result in significant sanctions ranging from oral warnings to suspension, termination, or financial penalties. There will be consequences for fraudulent conduct. Any participant or representative participating in fraudulent acts will be reported to Medicaid Fraud units, proper authorities, and/or discharged from the program. If a participant or representative provides false information or knows of false information and fails to report it, they may be convicted of a crime, which may result in large fines or jail time.

Taking Action to Prevent Fraud

- All employers sign a Participant Agreement attesting to their understanding and agreement to follow the rules, laws, regulations and requirements of the waiver program and Self-Direction model.
- All employees are required to pass a criminal and Office of Inspector General (OIG) background check.
- Acknowledgement and anti-fraud statements are included on every time sheet and vendor payment request form. Payment request documents are audited weekly.

Reporting Fraud — It's the Law

As an approved provider or contracted agency with public health and human services departments, employers must comply with all applicable Federal, State, and local laws. Therefore, employers are legally required to identify, investigate, and refer to law enforcement officials, cases of suspected fraud or abuse.

**Fraud is a State and Federal crime.
Employees are mandatory reporters of any suspected fraud.**

**To report suspected Medicaid fraud, please call the Maryland Department of Health
OIG Fraud Hotline at 1-866-770-7175.**