



## FRAUD ALERTS

Please be advised that it is our policy that documentation turned-in by clinicians is to be reviewed, and if inconsistencies arise, administration formally investigates any "red flags" to see if fraud has been committed. We have systems in place to look out for these "red flags" on a regular basis.

**AHCA defines:** (a) Abuse - provider practices that are inconsistent with generally accepted business or medical practices and use of services that are not medically necessary, or that fail to meet professionally recognized standards for health care. Abuse includes recipient activities that result in unnecessary cost to the Medicaid program result of inaccurate or improper cost reporting, improper claims, unacceptable practices, fraud, abuse, or mistake. (b) Fraud - an intentional deception or misrepresentation made by a person with the knowledge that the deception results in unauthorized benefit to herself or himself or another person. The term includes any act that constitutes fraud under applicable federal or state law.

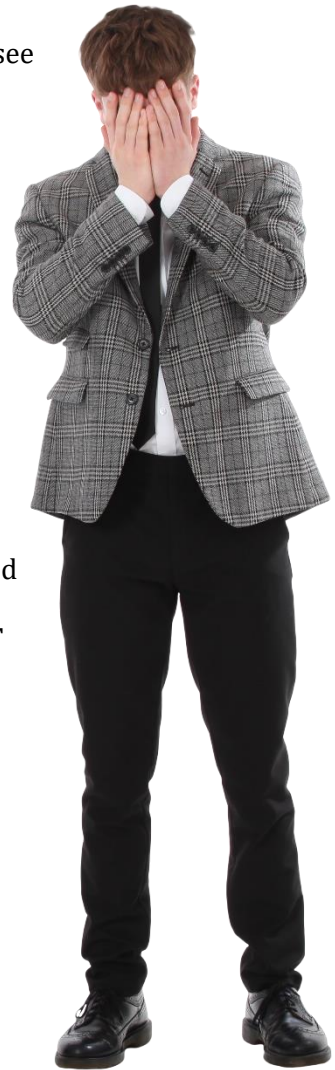
If an internal investigation reveals that you have committed fraud:

- (a) Your contract with the company will cease immediately,
- (b) You will have to pay back any billable-hour work previously paid to you that are associated with the fraud, and/or forfeit any professional fees that have not yet been paid to you,
- (c) If you are registered with the Department of Health, a complaint for Medicaid Fraud MUST be entered into your record.
- (d) Government agencies may or may not take additional legal steps against you.

Our practice has internal procedures that look out for fraud!

### **Tips on how to avoid Medicaid Fraud and/or Abuse:**

- Never bill for a session that did not take place.
- Do not bill for a 60-minute session when you only spent 10 minutes visiting the client. All sessions should be billed to the EXACT clock minute
- Do not copy/paste the same note content for the same client from week to week.
- Do not copy/paste the same note content for different clients.
- Always use the Verification Forms, as they are required.
- If it is not medically necessary for client to receive all approved services, do not utilize the units or request them in a treatment plan.



### **NEWS STORIES**

Case Manager in Orlando arrested for billing sessions to Medicaid that never happened; faces jail time.  
<http://www.orlandosentinel.com/news/breaking-news/os-anthony-handal-arrested-medicaid-fraud-20170623-story.html>

Two men who managed a Jacksonville mental health clinic pleaded guilty to lying to the federal government.  
<http://jacksonville.com/news/metro/2017-10-17/pair-pleads-guilty-jacksonville-medicaid-fraud-case>