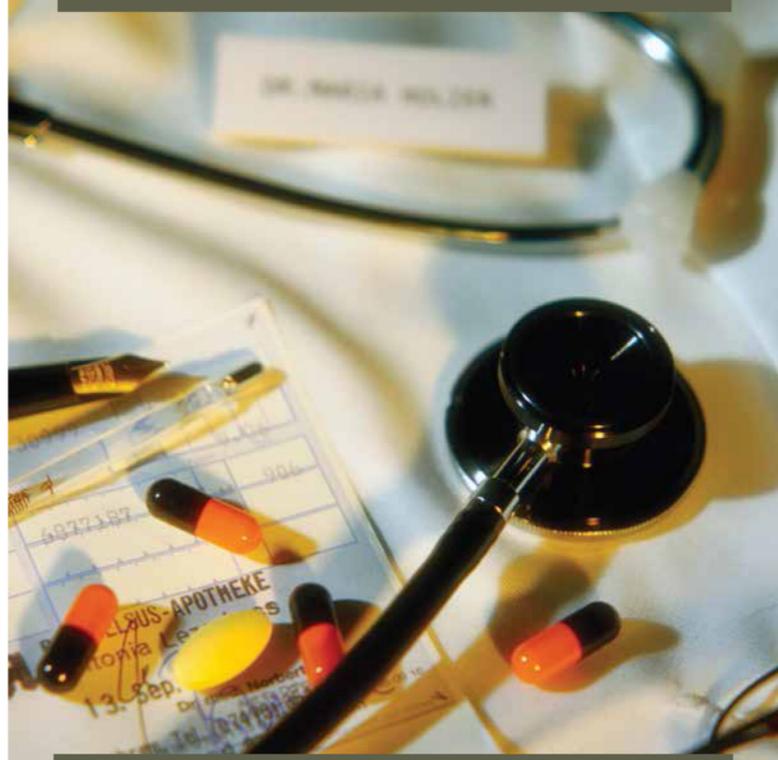




SAVE YOUR MEDICAID FUNDS REPORT MEDICAID FRAUD



Medicaid Fraud Control Unit
Virginia Office of the Attorney General

MEDICAID FRAUD CONTROL UNIT

VIRGINIA OFFICE OF THE ATTORNEY GENERAL

Office of the Attorney General
Medicaid Fraud Control Unit

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RECOGNIZE THE PROBLEM

Fraudulent Providers

Although the vast majority of health care providers are honest and dedicated to providing high quality health care to their patients, Medicaid provider fraud costs American taxpayers hundreds of millions of dollars annually and threatens the integrity of the Medicaid program. The Virginia Medicaid Fraud Control Unit protects the Commonwealth by investigating and prosecuting Medicaid fraud from providers receiving payment from the Commonwealth's Medical Assistance Program (Medicaid). The Unit also investigates allegations of abuse or neglect of elderly and incapacitated adults receiving benefits through the Medicaid program.

You can help by recognizing provider fraud, such as:

- **Phantom Billing:** billing for services not rendered.
- **Fraudulent Billing:** billing for unnecessary services or tests.
- **Embezzlement:** stealing money entrusted to the providers by patients, such as their nursing home resident accounts.
- **Upcoding:** billing for more expensive services than what was 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).

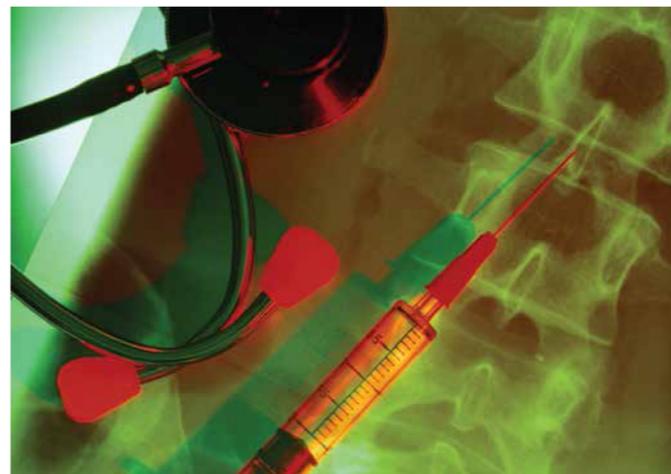


Abuse or Neglect of Elderly or Incapacitated Patients by Health Care Workers

The Medicaid Fraud Control Unit also investigates and prosecutes cases of patient abuse and neglect in nursing homes.

You can help by recognizing signs of patient abuse or neglect, such as:

- Unexplained bruising
- Fractures
- Pressure ulcers
- Malnutrition
- Dehydration



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