<u>Neglect</u>: The failure or omission on the part of a caregiver to provide the care, supervision, and services necessary to maintain the physical and mental health of a disabled adult or elderly person that a prudent person would deem essential for the well-being of the patient.

<u>Exploitation</u>: The misappropriation of private funds, assets, or property of a patient in a nursing home or health care facility receiving Medicaid funds by a caregiver or other individual with the intent to temporarily or permanently deprive the patient of the use, benefit or possession of the funds, assets, or property for the benefit of someone other than the patient.

Reporting Suspected Fraud or Patient Abuse

The Medicaid program in Florida has thousands of enrolled providers who are rendering necessary and legitimate services. The MFCU focuses its investigative efforts on the small percentage of total Medicaid providers who are engaged in fraudulent activity. If you suspect Medicaid provider fraud or patient abuse within a facility receiving Medicaid funds, you can write or call one of the following offices or file a complaint online at MyFloridaLegal.com. You can also file a complaint on your smart device using the Attorney General's Office app, which is available now in the Apple AppStore.

Tallahassee (850) 414-3300 Orlando (407) 999-5588 Tampa (813) 287-7940 Ft. Lauderdale (954) 712-4600 Miami (305) 377-5800 Jacksonville (904)-858-6919 West Palm Beach (561) 837-5825 Pensacola (850) 595-6057

Florida Attorney General Pam Bondi's Office

Call Toll-Free in Florida 1-866-966-7226

Fort Lauderdale 110 South East 6th Street, 10th Floor Fort Lauderdale, Florida 33301 (954) 712-4600

Fort Myers 2075 West First Street, Suite 201 Fort Myers, Florida 33901 (239) 338-2442

Jacksonville 1300 Riverplace Boulevard, Suite 405 Jacksonville, Florida 32207 (904) 858-6919

Miami

Rivergate Plaza, 444 Brickell Avenue, Suite 650 Miami, Florida 33131 (305) 377-5800

Orlando 135 West Central Boulevard, Suite 1000 Orlando, Florida 32801 (407) 999-5588

Pensacola 220 West Garden Street, Suite 808 Pensacola, FL 32502 (850) 595-6057

Tallahassee PL-01, The Capitol Tallahassee, Florida 32399-1050 (850) 414-3600

Tampa 3507 East Frontage Road, Suite 200 Tampa, Florida 33607 (813) 287-7940

West Palm Beach 1515 North Flagler Drive, Suite 900 West Palm Beach, Florida 33401 (561) 837-5825

> PL-01 The Capitol Tallahassee, Florida 32399-1050 850-414-3300 MyFloridaLegal.com

Attorney General Pam Bondi



Medicaid Fraud Control Unit

Florida Medicaid Fraud Control Unit

Attorney General Pam Bondi's Medicaid Fraud Control Unit investigates and prosecutes fraud involving providers that intentionally defraud the state's Medicaid program through fraudulent billing practices. Medicaid fraud essentially steals from Florida's taxpayers. From January 2011 to August 2014, Attorney General Bondi's MFCU has obtained more than \$460 million in settlements and judgments. Additionally, the MFCU investigates allegations of patient abuse, neglect, and exploitation in facilities receiving payments under the Medicaid program, such as nursing homes, facilities for the mentally and physically disabled, and assisted living facilities.

The MFCU investigates a wide range of misconduct originating primarily from fraudulent billing schemes. The most common schemes involve doctors, dentists, clinics and other health care providers billing for services never performed, over billing for services provided, or billing for tests, services and products that are medically unnecessary.



What is a Medicaid provider?

A provider is any one person or group supplying medical services to Medicaid recipients. Providers are medical doctors, osteopathic doctors, dentists, hospitals, nursing homes, pharmacies, and others.

What is provider fraud?

Provider fraud is the willful and intentional deceit or misrepresentation of the truth by a provider or his agent to obtain an improper direct or indirect payment for services rendered or allegedly rendered to recipients under the Medicaid program.

What are common types of Medicaid fraud?

Billing for services not performed

A common type of Medicaid fraud committed by medical providers is billing for services that were never provided. These services commonly include: medical procedures, tests, medical equipment and supplies, home health care, and transportation to and from clinics or doctors' offices.

Billing for medically unnecessary services A provider misrepresents the diagnosis and symptoms on recipient records and billing invoices in order to obtain payment for unnecessary services.

<u>Recruiting Medicaid patients</u>

A recruiter offers cash or anything of value to a Medicaid recipient to entice him or her to undergo medical tests or other services with the intent of billing Medicaid for those services.

Double billing

A provider bills both Medicaid and a private insurance carrier or the recipient for the same medical service or procedure. Activities of this nature may be violations of various federal and state criminal laws. In addition to the minimal penalties, people convicted of Medicaid Provider Fraud may lose their status as Medicaid providers and, in some cases, their professional licenses.

Patient Abuse, Neglect & Exploitation by a caregiver

<u>*Caregiver*</u>: A person who has been entrusted with or has assumed responsibility for the care or the property of an elderly person or disabled adult.

<u>Abuse</u>: The non-accidental infliction of physical or psychological injury or sexual abuse upon an individual.

