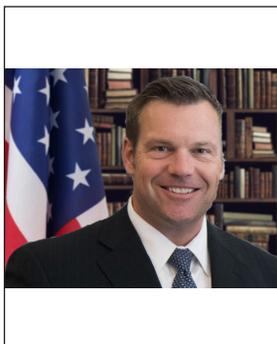


Message from Attorney General Kris W. Kobach

Dear Fellow Kansans:

The Medicaid program, which provides health care to thousands of Kansans, is one of the largest and fastest growing components of the Kansas state budget. Whenever fraud occurs in the Medicaid program, Kansas taxpayers foot the bill.



Whenever abuse or neglect of a Medicaid patient is committed by a Medicaid provider, trust in this important government program is diminished.

And of course, whenever a Medicaid patient is abused – either financially or physically – the price in human dignity is high.

That's why our Medicaid Fraud and Abuse Division takes so very seriously the responsibility to investigate complaints against Medicaid providers. Our investigators and prosecutors work hard to make sure that people who mistreat taxpayers or patients are caught and punished as provided by law.

To do that, we need your help. Our investigators rely on honest Kansans from around our state to report suspected fraud or abuse when they discover it. It's up to you and other Kansans to make sure that this sort of conduct does not remain undiscovered.

Thank you for taking time to be an informed citizen and to learn more about this important subject. Thanks, too, for the honor of serving as your Attorney General.

Best wishes,

A handwritten signature in black ink that reads "Kris W. Kobach".

Report Medicaid Provider Fraud or Abuse

Call (866) 551-6328
or (785) 368-6220
or visit www.ag.ks.gov.

Report Medicaid
Eligibility Fraud
Call the Kansas Public
Assistance Fraud Hotline at
(800) 432-3913

Consequences of committing Medicaid Fraud:

- Arrest and prosecution
- Criminal penalties of fines and jail time
- Civil damages and monetary penalties
- Termination of Medicaid Provider Service
- Exclusion from working in any facility receiving federal health care funds
- Loss of certification or license (LPN, RN, MD, CNA, CMA, etc.)



Medicaid Fraud and Abuse



OFFICE OF KANSAS ATTORNEY GENERAL
DEREK SCHMIDT

Medicaid Fraud and Abuse Division

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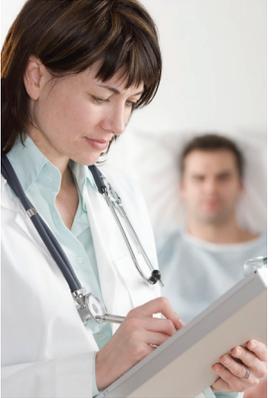
Medicaid Fraud and Abuse Division

The Medicaid Fraud and Abuse Division was established within the Kansas Attorney General’s Office by statute in 1995.

The mission statement of the division is to identify, investigate and prosecute conduct involving provider fraud committed against the Kansas Medicaid program, as well as patient abuse and exploitation.

Who is a Medicaid Provider?

A provider is any individual or entity that supplies health care goods and/or services to Medicaid recipients, reimbursed by the Kansas Medicaid program.



This includes: doctors, dentists, hospitals, nursing homes, pharmacies, pharmaceutical companies, durable medical equipment sellers, transportation companies, home health care providers or anyone else who submits claims to the Kansas Medicaid program for payment.

What is Provider Fraud?

Fraud is committed when the provider intentionally submits false information to the Medicaid program about services rendered or goods supplied to Medicaid recipients.

Medicaid fraud increases the costs of administering the Medicaid program, which will either cost taxpayers more or result in the denial of necessary services.

Examples of Medicaid Fraud

- ✓ Billing for medical services that were not actually performed.
- ✓ Billing for services that are not medically necessary, or are not for a medical purpose.
- ✓ Billing for a more expensive service than was actually provided, also known as “upcoding.”
- ✓ Double-billing, or billing to both Medicaid and a private insurer for the same medical service.
- ✓ Dispensing generic drugs and billing for brand-name drugs.
- ✓ Giving or accepting “kickbacks,” or something of value in return for receiving or referring medical services.
- ✓ Falsifying cost reports.
- ✓ Billing for ambulance trips to non-emergency doctor appointments.
- ✓ Billing for transportation that is not medically necessary or related to health care.
- ✓ Billing for home health care visits that do not take place.
- ✓ Stealing medications.



What is Patient Abuse and Neglect?

The Medicaid Fraud and Abuse Division of the Attorney General’s Office investigates any reports of Medicaid-funded providers who abuse or neglect patients in their care. The patient must reside in a health care facility or in a non-institutional setting, such as home health care, receiving Medicaid funds, but the patient does not have to be a Medicaid recipient.



Abuse or neglect includes intentionally or recklessly causing injury, or negligent withholding of necessary and adequate food, physical care or medical attention.

Warning Signs of Abuse and Neglect:

- Unexplained injuries, burns or bruises.
- Sexually transmitted diseases.
- Unexplained difficulty sitting or walking.
- Fear of being alone with caretakers.
- Malnutrition.
- Lack of personal cleanliness.
- Begs for food or water.
- In need of medical or dental care.

Abuse of Patient Funds

The Attorney General’s Office also investigates reports of health care providers and employees who have stolen money or property belonging to a patient in a health care facility. The patient filing the complaint does not need to be a Medicaid recipient.