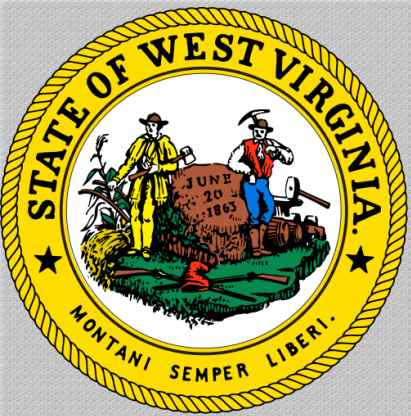


# OFFICE OF THE ATTORNEY GENERAL

## MEDICAID FRAUD CONTROL UNIT

100 DEE DRIVE  
SUITE 101  
CHARLESTON, WV 25311  
(304) 558-1858  
[MFCU@WVAGO.GOV](mailto:MFCU@WVAGO.GOV)

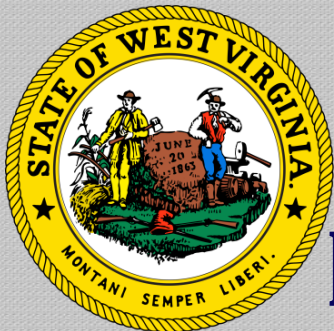


# OFFICE OF THE ATTORNEY GENERAL

## MFCU MISSION

TO PROTECT WEST VIRGINIA'S VULNERABLE CITIZENS AND  
THE INTEGRITY OF ITS HEALTHCARE PROGRAMS.

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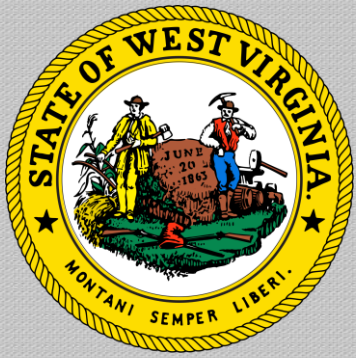


# OFFICE OF THE ATTORNEY GENERAL

## MEDICAID VS MEDICARE

MEDICAID IS A FEDERAL AND STATE SHARED ASSISTANCE PROGRAM RUN BY STATE GOVERNMENTS WITHIN FEDERAL GUIDELINES. MEDICAL BILLS ARE PAID FROM FEDERAL AND STATE TAX FUNDS, AND SERVES LOW-INCOME PEOPLE OF EVERY AGE, AND MEMBERS USUALLY PAY NO PART OF COSTS FOR COVERED MEDICAL EXPENSES.

MEDICARE IS A FEDERAL INSURANCE PROGRAM THAT PRIMARILY SERVES PEOPLE OVER 65, YOUNGER DISABLED PEOPLE, AND DIALYSIS PATIENTS. MEDICAL BILLS ARE PAID FROM FUNDS WHICH MEMBERS HAVE PAID INTO. SMALL MONTHLY PREMIUMS AND CO-PAYS ARE REQUIRED FOR NON-HOSPITAL COVERAGE AND OTHER SERVICES, SUCH AS PRESCRIPTIONS.

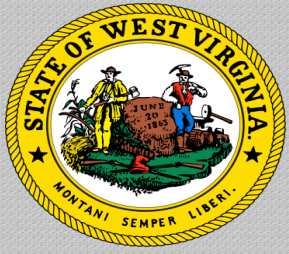


# OFFICE OF THE ATTORNEY GENERAL WHAT IS THE MFCU

THE MFCU IS THE SINGLE ENTITY OF WEST VIRGINIA STATE GOVERNMENT THAT IS CERTIFIED ANNUALLY BY THE SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TO CONDUCT STATEWIDE INVESTIGATIONS OF HEALTHCARE PROVIDERS THAT DEFRAUD THE MEDICAID PROGRAM.

IN ADDITION, THE UNIT INVESTIGATES COMPLAINTS OF ABUSE OR NEGLIGENCE IN ANY HEALTHCARE FACILITY. THE UNIT IS ALSO CHARGED WITH INVESTIGATING COMPLAINTS OF MISAPPROPRIATION OF PATIENTS' PRIVATE FUNDS IN FACILITIES.

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# OFFICE OF THE ATTORNEY GENERAL

## WHO IS A MEDICAID PROVIDER?

ANYONE WHO RECEIVES PAYMENT FROM THE MEDICAID PROGRAM, THIS INCLUDES, BUT IS NOT LIMITED TO:

- HOME HEALTH AGENCIES
- PHYSICIANS, DENTISTS, PSYCHOLOGISTS
- NURSING HOMES
- HOSPITALS
- HOSPICE FACILITIES/PROGRAMS
- REHABILITATION FACILITIES (INCLUDING SUBSTANCE ABUSE  
DISORDER FACILITIES)



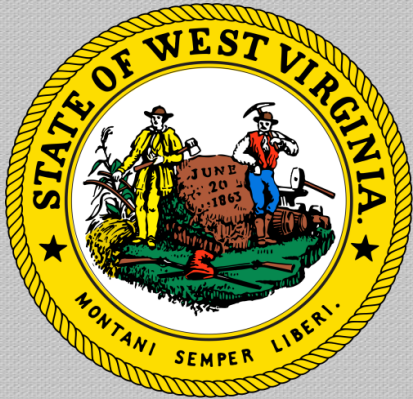
## OFFICE OF THE ATTORNEY GENERAL FRAUD INVESTIGATIONS

THERE ARE NUMEROUS FRAUD SCHEMES THAT INVOLVE MEDICAID, THESE INCLUDE, BUT ARE NOT LIMITED TO:

- CLAIMS FOR SERVICES NOT RENDERED
- UPCODING (E.G., A PATIENT SAW A PHYSICIAN FOR 10 MINUTES BUT THE CLAIM IS FOR A 15 MINUTE SERVICE)
- UNBUNDLING (E.G., A SERVICE INCLUDES MULTIPLE AREAS BUT BUT THE PROVIDER CLAIMS EACH AREA INDIVIDUALLY)
- LAB TESTING (E.G., REFLEX TESTING OF URINE DRUG SCREENS)

THE MFCU DOES NOT INVESTIGATE RECIPIENT FRAUD (WELFARE, FOOD STAMPS, ETC.)

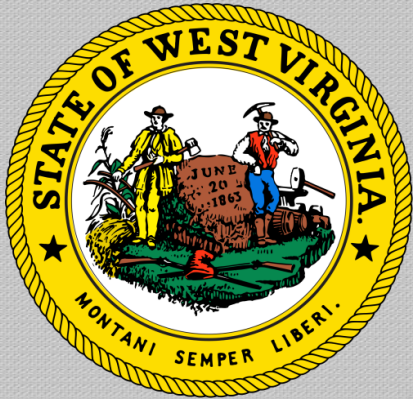
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# OFFICE OF THE ATTORNEY GENERAL MEDICAID FRAUD

UNDER W.VA. CODE §9-7-5, THE PUNISHMENT FOR MEDICAID FRAUD IS SEVERE. PENALTIES MAY INCLUDE INCARCERATION, RESTITUTION, DAMAGES, AND FINES. IN ADDITION, ANY PROVIDER THAT HAS BEEN FOUND GUILTY OF DEFRAUDING THE MEDICAID PROGRAM WILL FACE MANDATORY EXCLUSION FROM PARTICIPATING AS A PROVIDER IN ANY FEDERAL OR STATE HEALTHCARE PLAN.

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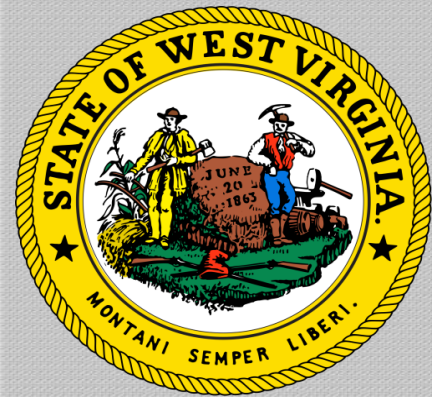


# OFFICE OF THE ATTORNEY GENERAL

## WHAT MAKES A GOOD FRAUD REFERRAL?

- ❖ Internal Investigation Documentation/Initial Report and 5 Day Follow-up
- ❖ Plans of Care/Personal Attendant Log
- ❖ Time Sheets
- ❖ Employee Time Cards
- ❖ Electronic Visit Verification (EVV)
- ❖ Interviews
- ❖ Claim Submissions





## OFFICE OF THE ATTORNEY GENERAL

### WHAT IS ABUSE AND NEGLECT?

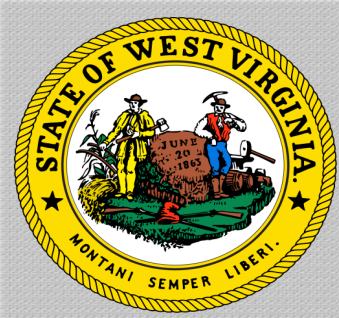
W.VA. CODE §61-2-29 DEFINES ABUSE AS THE INTENTIONAL INFLICTION OF BODILY INJURY ON AN INCAPACITATED ADULT; AND NEGLECT AS THE UNREASONABLE FAILURE BY A CAREGIVER TO PROVIDE THE CARE NECESSARY TO ASSURE THE PHYSICAL SAFETY OR HEALTH OF AN INCAPACITATED ADULT.



## OFFICE OF THE ATTORNEY GENERAL DEFINITIONS

THE STATUTE DEFINES AN INCAPACITATED ADULT AS ANY PERSON EIGHTEEN YEARS OF AGE OR OLDER WHO BY REASON OF ADVANCED AGE, PHYSICAL, MENTAL OR OTHER INFIRMITY IS UNABLE TO CARRY ON THE DAILY ACTIVITIES OF LIFE NECESSARY TO SUSTAINING LIFE AND REASONABLE HEALTH.

ADDITIONALLY, A CAREGIVER IS ANY PERSON WHO HAS ASSUMED THE LEGAL RESPONSIBILITY OR A CONTRACTUAL OBLIGATION FOR THE CARE OF AN INCAPACITATED ADULT, OR HAS VOLUNTARILY ASSUMED RESPONSIBILITY FOR THE CARE OF AN INCAPACITATED ADULT. THE TERM INCLUDES A FACILITY OPERATED BY ANY PUBLIC OR PRIVATE AGENCY, ORGANIZATION OR INSTITUTION WHICH PROVIDES SERVICES TO, AND HAS ASSUMED RESPONSIBILITY FOR THE CARE OF AN INCAPACITATED ADULT.

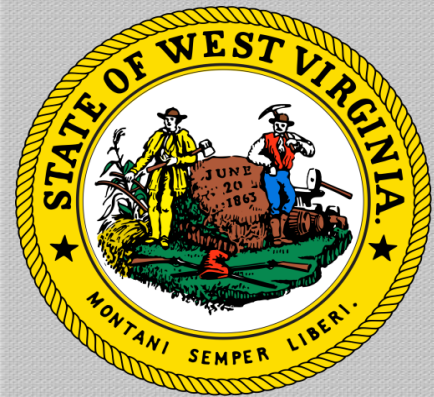


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## ABUSE OR NEGLECT

IN WEST VIRGINIA, THE PUNISHMENT FOR ABUSE AND NEGLECT RANGES FROM INCARCERATION TO SEVERE MONETARY PENALTIES, OR BOTH.

IN ADDITION, ANY CAREGIVER THAT HAS BEEN FOUND TO HAVE ABUSED OR NEGLECTED A PATIENT WILL BE EXCLUDED FROM PARTICIPATING IN ANY FEDERAL OR STATE HEALTHCARE PROGRAM.



## OFFICE OF THE ATTORNEY GENERAL

### WHAT MAKES A GOOD ABUSE AND NEGLECT REFERRAL?

- ❖ Internal Investigation Documentation/Initial Report and 5 Day Follow-up
- ❖ Interviews
- ❖ Patient Records
- ❖ Medication Administration Records (MAR)
- ❖ Treatment Administration Records (TAR)
- ❖ Photographs
- ❖ Videos

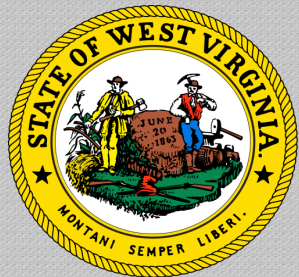


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### WHAT IS FINANCIAL EXPLOITATION?

W.VA. CODE §61-2-29B DEFINES FINANCIAL EXPLOITATION AS THE INTENTIONAL MISAPPROPRIATION OR MISUSE OF FUNDS OR ASSETS OF AN ELDERLY PERSON, PROTECTED PERSON, OR INCAPACITATED ADULT.

CONSEQUENCES OF SOMEONE FOUND GUILTY OF FINANCIAL EXPLOITATION ARE GENERALLY THE SAME AS THOSE PREVIOUSLY IDENTIFIED, DEPENDING ON THE SEVERITY OF THE CRIME.



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## What makes a good Financial Exploitation Referral?

- ❖ INTERNAL INVESTIGATION DOCUMENTATION/INITIAL REPORT AND 5 DAY FOLLOW-UP
- ❖ BANK RECORDS
- ❖ PETTY CASH TRANSACTION
- ❖ RECEIPTS
- ❖ FINANCIAL LEDGERS
- ❖ PATIENT RECORDS
- ❖ ELECTRONIC VISIT VERIFICATION (EVV)

[HTTPS://AGO.WV.GOV](https://ago.wv.gov)

[HTTPS://APPENGINE.EGOV.COM/APPS/WV/  
AGO/MEDICAIDFRAUD](https://appengine.egov.com/apps/wv/ago/medicaidfraud)

1-888-372-8398

OFFICE OF THE ATTORNEY GENERAL



Office of the WV Attorney General  
**Patrick Morrisey**

### Medicaid Fraud Complaint Form

#### Your Information

Name \*

Email \*

Telephone

#### Provider/Company/Individual Being Reported

Name \*

Address

City \*




**City \***  
\_\_\_\_\_

**State**  
Please select an option ▾

**Zip Code**  
\_\_\_\_\_

**Other Information**

**Victim's Name**  
\_\_\_\_\_

**Date of Incident**   
\_\_\_\_\_

**Complaint/Allegations**  
\_\_\_\_\_

**Upload File**

**FILE** No file chosen

**CONTINUE >**

# QUESTIONS?



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## MEDICAID FRAUD CONTROL UNIT

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SUITE 101  
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