There Are Many Types of Medicaid Fraud

Medicaid fraud is the intentional providing of false information to get Medicaid to pay for medical care or services.

Medical identity theft is one type of fraud. It involves using another person's medical card or information to get health care goods, services, or funds. Below are other types of fraud, and provider and beneficiary examples.

Type of Fraud		Provider Examples	
Billing for Unnecessary Services or Items	•	Intentionally billing for unnecessary medical services or items.	
Billing for Services or Items Not Provided		Intentionally billing for services or items not provided.	
Unbundling		Billing for multiple codes for a group of procedures that are covered in a single global billing code.	
Upcoding		Billing for services at a higher level of complexity than provided.	Beneficiary Examples
Card Sharing	•	Knowingly treating and claiming reimbursement for someone other than the eligible beneficiary.	Sharing your Medicaid identification (ID) card with someone else so they can obtain medical services.
Collusion	•	Knowingly collaborating with beneficiaries to file false claims for reimbursement.	Helping your doctor file false claims by having tests you do not need.
Drug Diversion		Writing unnecessary prescriptions, or altering prescriptions, to obtain drugs for personal use or to sell them.	Altering a doctor's prescription, going to multiple doctors to get more of the same drug, or selling your drugs to others.
Kickbacks		Offering, soliciting, or paying for beneficiary referrals for medical services or items.	Accepting payment from your doctor for referring other beneficiaries for medical services.
Multiple Cards	>	Knowingly accepting multiple Medicaid ID cards from a beneficiary to claim reimbursement.	Altering or duplicating a Medicaid ID card and using it or selling it for someone else to use.
Program Eligibility	•	Knowingly billing for an ineligible beneficiary.	Providing incorrect information to qualify for Medicaid.





