




**KANSAS ATTORNEY GENERAL
KRIS W. KOBACH**

**ETHICS, IDENTITY THEFT,
AND FRAUD**

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Inspector General, CIG**



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Objectives

- ▶ Participants will develop an understanding of their individual and professional ethical responsibilities
- ▶ Participants will learn how to encourage ethical behavior in others
- ▶ Participants will have a deeper understanding of the legal implications of having or not having an ethics program
- ▶ Participants will learn how to identify unethical behavior






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**KANSAS ATTORNEY GENERAL
KRIS W. KOBACH**



- ▶ Civil
 - ▶ Legal Opinions and Government Counsel (LOGIC)
 - ▶ Concealed Carry Licensing
- ▶ Public Protection (Consumer Protection)
- ▶ Criminal
 - ▶ Major Crimes
 - ▶ Economic Crimes
 - ▶ Medicaid Fraud Control Unit (MFCU)
- ▶ Kansas Bureau of Investigation (KBI)
- ▶ Victim Services
- ▶ **Office of Inspector General**

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OFFICE OF INSPECTOR GENERAL

- ▶ The Office of Inspector General (OIG) is an independent division of the Kansas Attorney General's Office. The Inspector General (IG) is appointed by and reports directly to the Attorney General.
- ▶ The OIG has statewide jurisdiction to audit, review, or investigate any matter involving the Kansas Medicaid program (KanCare), the MediKan program, and the State Children's Health Insurance Program (SCHIP).
- ▶ Completed investigations are referred to the Economic Crimes Unit, or the relevant District/County Attorney, for potential prosecution.
- ▶ The IG testifies each quarter at the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare on issues that are currently being reviewed, recently completed audits and reviews, and other issues of interest to members of the Committee.

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OFFICE OF INSPECTOR GENERAL

Mission Statement
Conduct audits, investigations, and performance reviews to increase accountability, integrity, and oversight of Medicaid, MediKan, and the State Children's Health Insurance Program (SCHIP); assist in improving agency and program operations; and in deterring and identifying fraud, waste, abuse, and illegal acts.

Vision
Pursue positive changes in Kansas Medicaid related programs to better serve the citizens of Kansas.

Goals

- ▶ Prevent, detect, and deter fraud, waste, abuse, and illegal acts
- ▶ Identify funds for recovery or recoupment
- ▶ Provide suggestions for improving efficiency, effectiveness, and integrity
- ▶ Identify and refer criminal/civil matters for prosecution
- ▶ Foster sound financial practices and reduction of improper payments

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OFFICE OF INSPECTOR GENERAL STEVEN D. ANDERSON

A Certified Inspector General and a senior law enforcement professional with over 30 years of federal and state law enforcement experience conducting and supervising investigations of financial based crimes and employee misconduct.

INSPECTOR GENERAL

1989: Office of Inspector General, U.S. Department of Justice

1993: Director, Kansas State Police

2001: Director, Kansas State Patrol

2014: Director, Kansas State Bureau of Investigation

2016: Director, Kansas State Department of Corrections

APRIL 2021: Inspector General, Office of Inspector General, Kansas

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OFFICE OF INSPECTOR GENERAL

What does the Inspector General do?

Provide independent and objective oversight in government to:

Prevent, detect and investigate fraud, waste and abuse.
(Investigations)

Promote economy, efficiency, effectiveness, and integrity.
(Audits)

The OIG "shall be independent and free from political influence . . ." per K.S.A. 75-7427(b)(1)

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OFFICE OF INSPECTOR GENERAL

Confidentiality

Information shared with the OIG remains confidential.

K.S.A. 75-7427(o) makes "all information and records of the inspector general that are made, maintained, kept, obtained or received under any investigation or audit . . . Shall be confidential, except as required or authorized under [K.S.A. 75-7427]."

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Tools Available to OIG

- ▶ Administrative subpoenas
- ▶ Open access to Medicaid records
- ▶ Provider agreements
- ▶ KTRACS
- ▶ Working relationship with KDHE, KDADS
- ▶ HIPAA - Health Care Oversight Agency
- ▶ Audio Recording Interviews
- ▶ Vocabulary, terms of art

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Words of Wisdom from Ben Franklin

"There is no kind of dishonesty into which otherwise good people more easily and frequently fall than that of defrauding the government."

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What is an Audit?

- ▶ An independent examination of the economy, efficiency, and effectiveness of government undertakings, programs or organizations.
- ▶ An audit can apply to an entire organization, or might be specific to a program, function, process or policy.

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How are audits conducted?

- ▶ Research
- ▶ Interviews
- ▶ Data mining
- ▶ Performed objectively using factual data
- ▶ Applying Federal and State laws and/or policies and procedures
- ▶ Publish reports of the audit findings

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What are the results of an audit?

- ▶ Make recommendations and suggestions for improvement of quality and efficiency.
 - ▶ Recoup identified misappropriated State funds.
 - ▶ Can lead to investigations for prosecution.
 - ▶ Can identify additional audits needed.
 - ▶ Interim reports
- ▶ Confirm an agency is performing with quality and efficiency. - Not always a bad thing!

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Where can you find the OIG's published reports?

OIG Annual Reports and Audit Reports are available to the public on the Kansas Attorney General's website, on the Office of Inspector General (OIG) page.

Audit Report	Report To	Date	File
2023 The report contains findings from our performance audit of the State's Department of Health Services regarding the use of Medicaid as a no charge fee.			
2022 The report contains findings from our performance audit of the State's Department of Health Services regarding the use of Medicaid as a no charge fee.			
2021 The report contains findings from our performance audit of the State's Department of Health Services regarding the use of Medicaid as a no charge fee.			
2020 The report contains findings from our performance audit of the State's Department of Health Services regarding the use of Medicaid as a no charge fee.			
2019 The report contains findings from our performance audit of the State's Department of Health Services regarding the use of Medicaid as a no charge fee.			
2018 The report contains findings from our performance audit of the State's Department of Health Services regarding the use of Medicaid as a no charge fee.			
2017 The report contains findings from our performance audit of the State's Department of Health Services regarding the use of Medicaid as a no charge fee.			
2016 The report contains findings from our performance audit of the State's Department of Health Services regarding the use of Medicaid as a no charge fee.			
2015 The report contains findings from our performance audit of the State's Department of Health Services regarding the use of Medicaid as a no charge fee.			

<https://ag.ks.gov/fraud-abuse/medicaid-inspector-general>

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Who Commits Fraud, Waste, & Abuse?

- ✓ Officials, Owners, Financial Managers, and Employees
- ✓ Contractors
- ✓ Suppliers
- ✓ Drug Companies
- ✓ State of Kansas Employees
- ✓ Providers
- ✓ Beneficiaries
- ✓ **EVERYONE**



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Sources of Allegations

- ✓ Hotline
- ✓ MEDICAID Program Offices and related companies (FMS Providers)
- ✓ **Private Citizens (former associates)**
- ✓ Competing Vendors
- ✓ Other State and Federal Agencies
- ✓ U.S. Attorney's Offices
- ✓ Other OAG Investigations
- ✓ State and Local Law Enforcement Agencies

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First Known Fraud Case

Financial fraud dates back to the year 300 B.C. when two Greek merchants, Hegestratos and Zenosthemis, devised a plan to enrich themselves by taking out a large insurance policy known as bottomry on their ship and cargo. The merchants borrowed money and agreed to pay it back with interest when the cargo of grain was delivered. If they failed to repay the loan, the lender would gain possession of the ship and its cargo.



After leaving the dock, both men decided to sink the ship so they could pocket all the loaned money. However, they were caught in the act; Hegestratos lost his life while attempting to escape, and Zenosthemis faced the law's wrath in the Athenian courts.

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Defining Ethics

The term ethics is derived from the Greek word ethikos which itself is derived from the Greek word ethos, meaning custom or character. In philosophy, ethical behavior is that which is "good." The field of ethics or moral philosophy involves developing, defending, and recommending concepts of right and wrong behavior.

Legal context - How individuals choose to interact with one another.



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Defining Ethics


Ethics defines what is good for the individual and for society and establishes the nature of duties that people owe themselves and one another.

Ethics and law are the different forms of rules by which humans are expected to behave themselves in the society.



- Ethics represents an internal system of controls.
- Law refers to an external mechanism of control.
- Both these controls are essential for optimal behavior, which includes seeking and dispensing treatment.

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Ethics is knowing the difference between what you have a right to do and what is right to do.
~ Potter Stewart

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Defining Ethics



"If you don't have integrity, you have nothing. You can't buy it. You can have all the money in the world, but if you are not a moral and ethical person, you really have nothing." - Henry Kravis

"Ethical behavior is doing the right thing when no one else is watching-even when doing the wrong thing is legal." - Aldo Leopold

"Doing good business - being ethical, being transparent, being caring, implementing values in your business - makes a difference, and you make money at the same time." - Shari Arison

"Without "ethical culture", there is no salvation for humanity." - Albert Einstein

"Ethical conduct is something that becomes inherent in an organization over a long period of time." - Lee R. Raymond



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ADA Principles of Ethics and Code of Conduct

The dental profession holds a special position of trust in society. As a consequence, society affords the profession certain privileges that are not available to members of the public at large. In return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct.

Although ethics and the law are closely related, they are not the same. Ethical obligations may - and often do - exceed legal duties.

Code of Professional Conduct 3 E. Abuse and Neglect. Dentist shall be obliged to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.






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K.S.A. 21-5417

Mistreatment of a Dependent Adult

- Dependent Adult is an individual 18 years of age or older who is unable to protect their own interest.
- Elder person is an individual 60 years of age or older.
- Omission or deprivation of treatment, goods or services that are necessary to maintain physical or mental health of such person.
- Violation of the Kansas Power of Attorney Act, KSA 58-650. DPOA cannot use funds for personal use.

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Five Key Principles in Dental Ethics

Patient Autonomy: The right of patients to make decisions about their medical care without their health care provider trying to influence the decision.

Non-Maleficence: The obligation of a medical provider not to harm the patient. This simply stated principle supports several moral rules – do not kill, do not cause pain or suffering, do not incapacitate, do not cause offense, and do not deprive others of the goods of life.

Beneficence: The ethical principle of doing good or acting in the best interest of the patient.

Justice: Giving each person what he or she deserves or all patients should be treated fairly and equitably.

Veracity or Truth Telling: Healthcare providers will be honest in their interactions with patients. It is wrong to lie to people, even if it is expedient to do so.



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Questions Before You Act

Is it legal?

Is it ethical?

Can it be both or either?

What if it is neither?



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Common Healthcare Fraud Schemes

- ▶ Phantom patients
- ▶ Billing for services or goods not provided
- ▶ 8 days a week, 25 hours a day
- ▶ Unnecessary tests
- ▶ Kickbacks
- ▶ **Concealing ownership in a related company**
- ▶ Double-billing
- ▶ False income or household information for eligibility
- ▶ Sharing your Medicaid/Medicare ID
- ▶ Altering records



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Related Company Referrals

42 U.S.C. § 1395nn - Limitation on certain physician referrals (Medicare/Medicaid)

The Stark Law is more specific than the Anti-Kickback Statute. Stark prohibits physicians from referring Medicare and Medicaid patients for certain medical services to entities with which the physician or immediate family member has a financial relationship, with certain exceptions, or safe harbors.



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Stark Law

The Stark law is a strict liability statute, which means proof of specific intent to violate the law is not required. The Stark law prohibits the submission, or causing the submission, of claims in violation of the law's restrictions on referrals. Penalties for physicians who violate the Stark law include fines as well as exclusion from participation in the Federal health care programs.



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Related Company Referrals

▶ Section 1877 of the Social Security Act (the Act) (42 U.S.C. 1395nn), also known as the physician self-referral law:

1. Prohibits a physician from making referrals for certain designated health services payable by Medicare to an entity with which he or she (or an immediate family member) has a financial relationship, unless the requirements of an applicable exception are satisfied; and
 2. Prohibits the entity from filing claims with Medicare (or billing another individual, entity, or third-party payor) for any improperly referred designated health services.
- ▶ A financial relationship may be an ownership or investment interest in the entity or a compensation arrangement with the entity.



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Anti-Kickback Statute (AKS)

Under the AKS, it can be a criminal offense to knowingly and willfully offer, pay, solicit or receive remuneration to induce or reward referrals of items or services reimbursable by a federal health care program. The AKS definition of remuneration includes anything of value, whether transferred directly or indirectly, overtly or covertly, in cash or in kind. HHS has promulgated safe harbor regulations that define practices that are not subject to the AKS because they would be unlikely to result in fraud or abuse.

The rules under the Stark Law are frequently changed. It is recommended that if you have any questions, to contact your attorney or review the law carefully.



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Fraud Defined

§ An **intentional** distortion of the truth in an attempt to obtain something of value. Does not have to result in monetary loss.

§ **Layman's terms:**

Lying, cheating, or stealing.



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Waste Defined

- ▶ Waste means over-utilization of services, or practices that result in unnecessary costs.
- ▶ Waste also refers to useless consumption or expenditure without adequate return, or an act or instance of wasting.
- ▶ Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.
- ▶ The intentional or unintentional, thoughtless or careless expenditure, consumption, mismanagement, use, or squandering of State resources to the detriment or potential detriment of the State.



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Examples of Waste

- ▶ Printing desk aids or training materials, when available in digital format - printing additional copies each time updates are made
- ▶ Using work equipment or supplies for personal use
- ▶ Not using the most effective and efficient method for completing a task
- ▶ Turning in equipment that is still useable just to obtain new equipment.



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Abuse Defined

- ▶ Abuse is similar to fraud except that there is no requirement to prove or demonstrate that abusive acts were committed knowingly, willfully, and intentionally.
- ▶ The excessive or improper use of a thing, or to employ something in a manner contrary to the natural or legal rules for its use. Acts of abuse include, but are not limited to, the intentional destruction, diversion, manipulation, misapplication, maltreatment, or misuse of resources such as tools, vehicles, computers, printers, etc., or extravagant or excessive use of one's position or authority. Abuse can occur in both financial and non-financial settings.



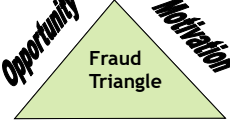
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Examples of Abuse

- ▶ Using your position to help a friend or family member receive Medicaid
- ▶ Using government resources for personal use
 - ▶ Looking at an individual's personal information when you are not authorized to (e.g. friends or family)
- ▶ Using your position for personal gain



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- Weak controls
- Little or no oversight
- Lax rules

Opportunity

Motivation

Rationalization


- Debt
- Addictions
- Status
- Greed

- Everyone does it.
- I was only borrowing the money.
- I was underpaid and deserve it.
- I wasn't hurting anyone.

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Fraud Indicators = Red Flags


- ✓ One person in control
- ✓ No separation of duties
- ✓ Lack of internal controls/ignoring controls
- ✓ No prior audits
- ✓ High turnover of personnel
- ✓ Unexplained entries in records
- ✓ Unusually large amounts of payments for cash
- ✓ Inadequate or missing documentation
- ✓ Altered records
- ✓ Non-serial number transactions
- ✓ Inventories and financial records not reconciled
- ✓ Unauthorized transactions
- ✓ Related Party Transaction
- ✓ Repeat audit findings



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What can you do???

- ✓Ensure that staff receive necessary training
- ✓Question documents/Verify authenticity
- ✓Request additional information
- ✓Act before you can't
- ✓Consider the Cost vs. Benefit
- ✓Contact the Attorney General
- ✓Compliance Program (CMS.GOV)



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Compliance Program

A compliance program can help a dental practice:


- Avoid problems with improperly coded or undocumented claims
- Address small problems before they become big problems
- Be better prepared for program integrity audits or investigations

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Compliance Program

- Conducting internal monitoring and auditing
- Implementing written standards and procedures
- Designating a compliance officer or contacts
- Conducting appropriate training and education
- Responding promptly to detected offenses and taking corrective action
- Maintaining open lines of communication
- Enforcing well publicized disciplinary standards

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YOU ARE ALL REQUIRED TO COMPLETE A CLASS IN ETHICS.

WOULDN'T THAT MAKE US THE ONLY ETHICAL ORGANIZATION IN OUR INDUSTRY AND CREATE A COMPETITIVE DISADVANTAGE THAT LEADS TO OUR DEMISE?

STOP YOUR WORRYING, THE CLASS IS REQUIRED, BUT I'M NOT EXPECTING ANY OF IT TO STICK.

Break for 10 Minutes

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ID Theft

- ▶ *As a young child my mother told me I can be anyone I want to be.*
- ▶ *Turns out this is called identity theft.*



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Protection From ID Theft

- ▶ Properly handle documents
- ▶ Shred sensitive information
- ▶ Use key identifiers instead of the SSN
- ▶ Password protect sensitive information
- ▶ Audit access
- ▶ Review access privileges
- ▶ Verify who you are talking to in person or on the phone
- ▶ **Clean desk policy**



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Copy Machines

- ▶ Copy machines are an identity thief's dream.
 - Anyone can hook a computer up to one and easily download all the documents from the copier.
- ▶ Have hard drives that store documents
 - scanned printed, faxed, or emailed.
- ▶ Most have 15,000 to 20,000 documents.
- ▶ 70% of used copiers end up in Europe or China



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KSA 21-6107 Identity Theft/Fraud

(a) Identity theft is:

- ▶ obtaining, possessing, transferring, using, selling or purchasing any personal identifying information, or document containing the same, belonging to or issued to another person, with the intent to defraud that person, or anyone else, in order to receive any benefit.

(b) Identity fraud is:

- ▶ (1) Using or supplying information the person knows to be false in order to obtain a document containing any personal identifying information; or
- ▶ (2) altering, amending, counterfeiting, making, manufacturing or otherwise replicating any document containing personal identifying information with the intent to deceive.



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Medical Identity Theft Defined

The appropriation or misuse of a patient's or provider's unique medical identifying information to obtain or bill public or private payers for fraudulent medical goods or services.



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Medical Identity Theft Consequences

December 2015 - Patient Access and Medicare Protection Act; If anyone without proper authority "knowingly and willfully purchases, sells or distributes, or arranges for the purchase, sale, or distribution" of any provider or beneficiary identification number under Medicare, Medicaid, or Children's Health Insurance Program max penalties are 10 years in prison and \$500,00 fine.



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Examples

Common examples of ways providers allow the misuse of their medical identifiers include:

1. Signing referrals for patients they do not know
2. Signing Certificates of Medical Necessity (CMNs) for known patients, but who do not need the services or supplies
3. Signing CMNs for more services than are medically necessary
4. Signing blank referral forms

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Example of Dental Fraud

Child allegedly had fillings

- Office billed Medicaid for several visits to do fillings
- Claimed that anesthesia was given
- Required significant cash payments in addition to billing Medicaid
- New dentist found little evidence of actual work that was claimed

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Common Dental Schemes

- Upcoding or billing for more services that provided
- Topical fluoride treatments as dental exams
- Teeth straightening devices as speech aid prostheses
- Simple extractions as surgical extractions
- Preventative resin restorations as fillings
- Dental hygienist assessments as comprehensive oral evaluations

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Who Are the Victims?

- Taxpayers
- Patients who are exploited, subjected to unnecessary or dangerous procedures
- Individuals who suffer because they do not receive proper care
- Individuals whose identities are used to falsify claims or records
- Individuals who need services that have been cut



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Embezzlement

- The intentional and fraudulent taking of another person's property by one who has been entrusted with the property.
- The difference between theft and embezzlement is that it was done by someone that you trust.

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Stopping Fraud and Abuse

Exclusion

- **Individual and entities that engage in and are convicted of fraud or abuse may be excluded for a definite period of time from participation in Medicare, Medicaid or any other federal health care program**

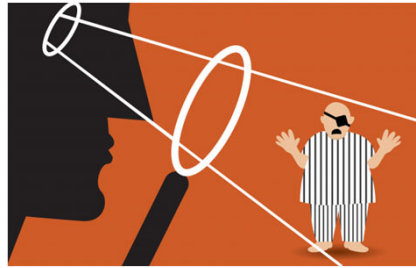
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A Little Humor



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Case Studies



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Case Study - Trusted Employee

- Lindsey Gill
 - Sentenced November 21, 2018, guilty plea
 - Possession of a Controlled Substance (Oxycodone, Hydrocodone, Codeine)
 - Medicaid Fraud
 - A total of 1281 pills illegally obtained
 - 2 months jail, 18 months probation, \$1,300 fines and restitution



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Trusted Employee



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Trusted Employee's Mom



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Case Study - \$8.5M for Medicaid Fraud

In March 2014, the Maryland Board of Dental Examiners received complaints against Seyed Hamid Tofigh, DDS, claiming the dentist posed a risk of harm, and suspended his license. After an investigation, the Board determined that Dr. Tofigh engaged in unprofessional and dishonorable conduct, failed to properly keep dental records, billed for services he didn't provide, and provided substandard treatment. As a result, his license was revoked in 2015.

From 2015 to 2022, after his license was revoked, Dr. Tofigh continued to practice dentistry under the guise of former colleagues and family members who were licensed, submitting claims to Medicaid under their names, or fraud.

Dr. Tofigh was charged with Medicaid fraud, receiving a five-year sentence for defrauding a state health plan (required to serve 78% in jail), and a suspended one-year sentence for practicing without a license. He is also responsible for paying \$8.5 million in restitution and is prohibited from providing federally or state-funded services.





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Case Study -Dental Office Employees Charged

On February 13, 2024, reports were released that two former employees of an Indiana dental office stole money from their employer. After the doctor was made aware of accounting discrepancies, the office closed in July 2023.

Meagan Baker and Kayla Baker were found to have stolen at least \$50,000 from the practice. How did they accomplish this? They convinced patients to pay cash for services - telling them they would get a discount for doing so - and pocketed the money. Payment records were also allegedly deleted from the office's computer system.

The two fraudsters are facing felony charges for corrupt business influence, fraud, obstruction of justice, and theft. Kayla is also facing a forgery charge.






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Case Study -\$900K Fraudulent billings Scheme

April Rose Ambrosio was sentenced to six years in prison after pleading guilty to insurance fraud for falsely claiming she performed 800 root canals on 100 patients in four years, though she lacked the specialized training required of an endodontist to perform root canals. She fraudulently billed multiple insurance companies nearly \$900,000 to receive more than \$400,000. In some cases, her alleged patients never set foot inside her office. She was ordered to pay \$405,633 in restitution.



To facilitate her scheme, Ambrosio billed for work on days her office was closed or she claimed to be on vacation. For one family of four, she billed the insurance companies for more than 100 root canals over a three-month period. Ambrosio also billed for root canals performed on non-existent or missing teeth, or double billed for teeth she previously claimed to have performed root canals on. Ambrosio never directly billed her patients for their portion of the phony dental work

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Case Study -Pregnant Women's Program

- ▶ Subject was defrauding the Temporary Assistance for Needy Families (TANF) program by providing forged documents to obtain benefits.
- ▶ OMIG received a fraud referral from the Department of Children and Families (DCF).
- ▶ On the application, subject reported a false pregnancy allowing her to obtain Medicaid coverage. Resulting in over \$4,000 in capitation payments.
- ▶ Subject would not have qualified for Medicaid coverage if she didn't lie about her pregnancy status. The subject forged medical records and physician signatures to make it appear she was pregnant.
- ▶ Subject has been referred for criminal prosecution for Medicaid Fraud, a felony level charge.

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Case Study -Pregnant Women's Program (cont.)

PREGNANCY VERIFICATION LETTER




Dear Newton DCF Office,

This letter represents official notice that _____ tested positive for pregnancy on May 10 2022. The test conducted is in compliance with current industry standards and is over 99% accurate.

Based on the date of _____ last menstrual period, her Estimated Date of Delivery (EDD) is July 15 2022.

Patient needs to be on bed rest for remainder of pregnancy

Regards, *Dr. Emily*, *MLB*

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What Would You Do?

Truth-telling about other dentists' medical errors

A patient presents with constant pain under prosthetic crown of first molar tooth, and after examination, the dentist tells the patient that the respective tooth has no problem and its root canal treatment has been performed in accordance with the scientific principles.

Due to the lack of accountability of the first dentist, the patient visits a second dentist and after radiographic examination, the second dentist finds out that the root canal treatment of the respective tooth is incomplete and that pulpitis may be the cause of pain.

What should the second dentist do when observing a colleague's error and asked by the patient for guidance?

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What Would You Do?

Truth-telling about dangerous, refractory, or incurable diseases

A 48-year-old male patient presents to a dentist for periodontal surgery of his tooth with a class 3 mobility according to the Miller's Classification. There is a suspicious wound at the site. The dentist says that the definitive diagnosis depends on the biopsy and the pathology report.

The patient's spouse secretly asks the dentist to perform a biopsy under periodontal surgery, and if a cancer diagnosis is reported, the patient should not be informed because of his depressive disorder.

What should be the dentist's response to this demand about not telling the truth to patient?



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What Would You Do?

Truth-telling to children or incompetent persons for decision-making

Extraction of the primary first molar should be performed for a 6-year-old. At first, the child asks the dentist about the action that is about to be carried out. While keeping the truth, the dentist distracts the child and at the same time without showing the syringe skillfully performs the anesthetic injection.



The child does not like the strange feeling of numbness and the bad taste of the anesthetic agent and asks again about the procedure but does not receive any answer.

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Why Report Fraud?



- ✓ Ethical responsibility
- ✓ To deter others from committing fraud and abuse
- ✓ To protect government assistance programs
- ✓ To avoid being part of the fraudulent/criminal activities
- ✓ To protect your own tax dollars

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Immediate Reporting

- Why is immediate reporting so important?
 - Loss of evidence
 - Pill packaging
 - Documents
 - Physical evidence (clothing, body fluids, etc.)
 - First take on interviews
 - Practice makes perfect
 - You lie about it and I will swear to it
 - Stop further criminal acts and liability






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Credible Allegation of Fraud 42 CFR 455.2

A credible allegation of fraud may be an allegation, which has been verified by the State, from any source, including but not limited to the following:

1. Fraud hotline tips verified by further evidence.
2. Claims data mining.
3. Patterns identified through provider audits, civil false claims cases, and law enforcement investigations. Allegations are considered to be credible when they have indicia of reliability and the State Medicaid agency has reviewed all allegations, facts, and evidence carefully and acts judiciously on a case-by-case basis.

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Don't Try To Investigate Suspicious Activity Yourself!
You may have the missing piece of the puzzle we need!





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OFFICE OF INSPECTOR GENERAL



Referrals

If you are aware of any issues involving possible fraud, waste, abuse, or illegal acts involving medical or welfare programs, please refer them to the Office of Inspector General at:

MedicaidIG@ag.ks.gov


or

785-296-5050

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Thank you/Questions?



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