

Ohio Department of Medicaid

O4A 2026 Annual Conference

Medicaid HCBS and Program Integrity: Risks Responsibilities and Best Practices

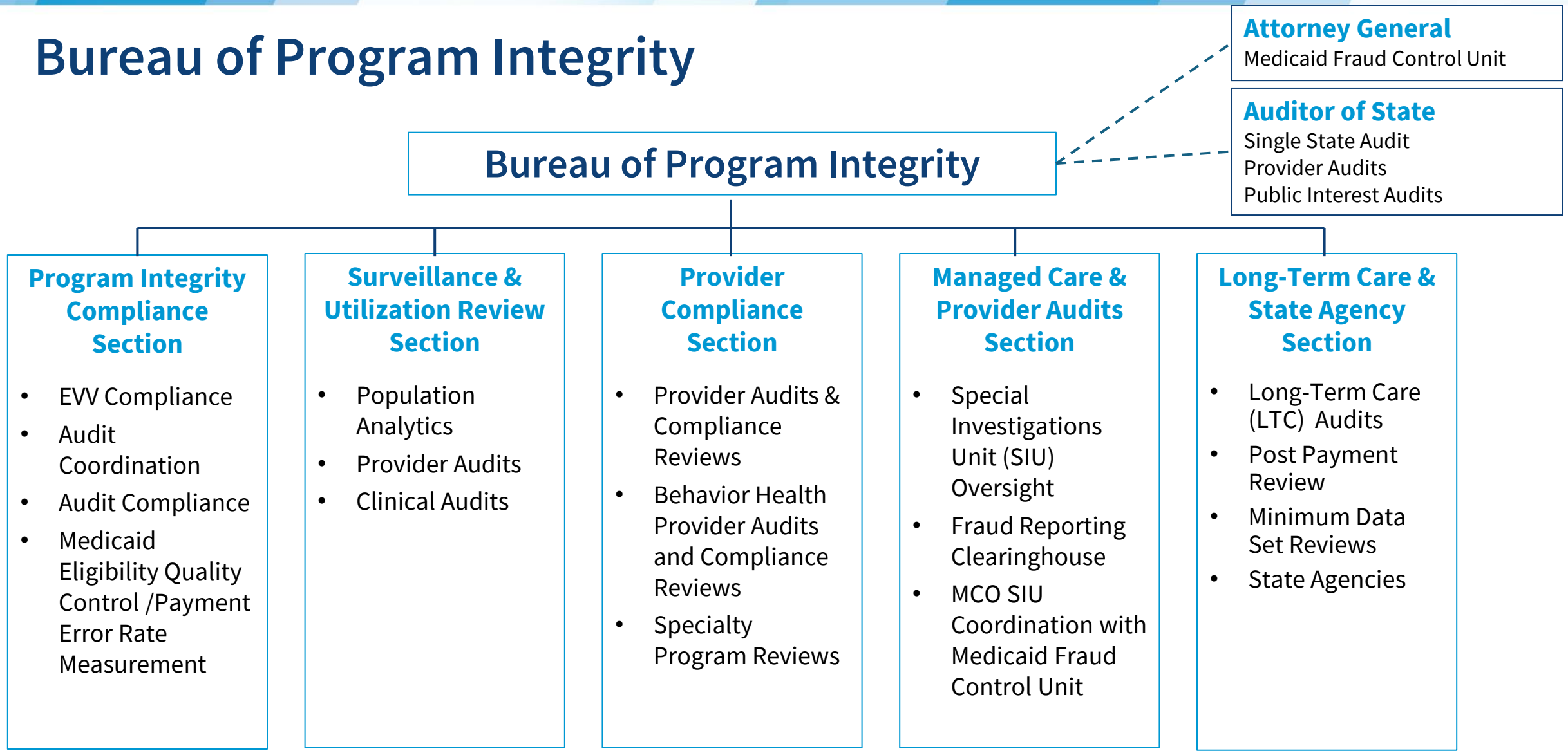
Ohio Department of Medicaid

What is Program Integrity?

Program integrity activities ensures federal and state taxpayer dollars are spent appropriately to deliver high quality, necessary care to eligible Medicaid consumers, which helps combat fraud, waste, and abuse in public health insurance programs.



Bureau of Program Integrity



What Is Medicaid Fraud?

- **Medicaid fraud** is to intentionally provide false information to obtain Medicaid payment for medical care or services.

- **Waste** is payment for or the attempt to obtain payment for items or services when there may be no intent to deceive or misrepresent, but poor or inefficient billing or treatment methods result in unnecessary costs.

- **Abuse** is provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary, or that fail to meet professionally recognized standards for health care.

Governing Statutes

Federal

Section 1902 of the Social Security Act – address the need for the state to have a Medicaid fraud unit, policies to detect FWA, and the reporting of FWA.

42 CFR 455.12-455.23, 42 CFR 438.608 – address the need for an FWA program and their requirements.

State

Ohio Revised Code Chapters RC 5162.15, 5162.132, and 5162. 16 – address fraud reporting.

Ohio Revised Code Chapters RC 5167.18, 5167.32, and 5167.34 – address fraud in managed care.

Ohio Administrative Code Chapter 5160-1-29

The Ohio department of medicaid (ODM) will have in effect a program to prevent and detect fraud, waste, and abuse in the medicaid program. Where cases of suspected fraud to obtain payment from the medicaid program are detected, providers will be subject to a review by ODM and the case will be referred to the attorney general's medicaid fraud control unit or the appropriate enforcement officials. If waste and abuse are suspected or apparent, ODM, the office of the attorney general, or both will take action to gain compliance and recoup inappropriate or excess payments in accordance with rule 5160-1-27 or 5160-26-06 of the Administrative Code.

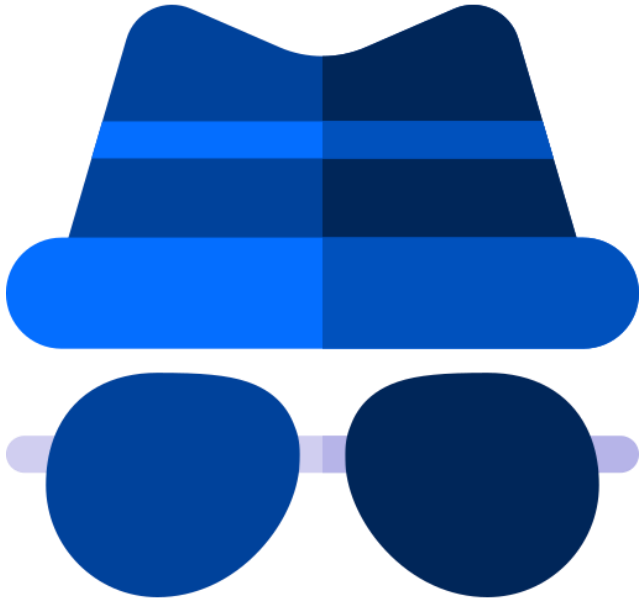
Potential Indicators of Fraud, Waste and Abuse

	Submitting claims with the wrong rendering NPI.
	Exceeding the service limitations (number of units, billing per diem and other services on the same day).
	Utilizing incorrect modifiers (mis-identification of provider type, telehealth)
	Unbundling services.
	Upcoding services.
	Billing for outpatient or community services when the individual is inpatient.
	Documentation is incomplete or does not exist.
	Duplicate billing.

Keys to Reporting Fraud, Waste or Abuse

When Should I Report?

Whenever you have clear, explainable reasons to be suspicious or concerned.



What Should I Report?

- Provider name, NPI, Medicaid ID, Address (same information for consumers)
- Date(s) of service or date of event in question
- Description of event
- Any other information or documents you think are important to have or know
- Your contact information (if you wish to remain anonymous, tell us)

How to Report Fraud, Waste and Abuse

To Report Provider Fraud

- **Internally:** bureauofprogramintegrity@medicaid.ohio.gov
- **Ohio Attorney General:** https://OhioAttorneyGeneral.gov/About-AG/Service-Division/Health-Care-Fraud
- **Ohio Auditor of State:** https://OhioAuditor.gov/Fraud/Report-Fraud.html#ReportFraud

To Report Consumer Fraud

- **Internally:** Program_Integrity_County_Referral@medicaid.ohio.gov
- **Ohio Auditor of State:** https://OhioAuditor.gov/Fraud/Report-Fraud.html@ReportFraud

QUESTIONS?

medicaid.ohio.gov