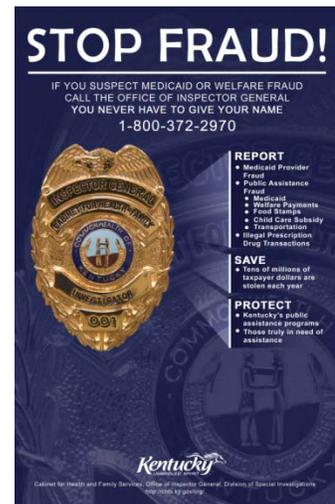


## Preventing Fraud/Abuse – Recipients

Federal rules require that Medicaid recipients take steps to prevent fraud and abuse of the program. These steps include:

- Keeping their Medicaid identification card in a safe place
- Not selling, loaning or altering their Medicaid card in order to obtain services for others
- Following the rules for Medicaid and the doctor's/clinic's office.
- Telling Medicaid about any third party insurance or payments
- Notifying your local Department of Community Based Services (DCBS) office at [https://apps.chfs.ky.gov/office\\_phone/](https://apps.chfs.ky.gov/office_phone/) within ten (10) business days of any changes in income, living arrangements or resources

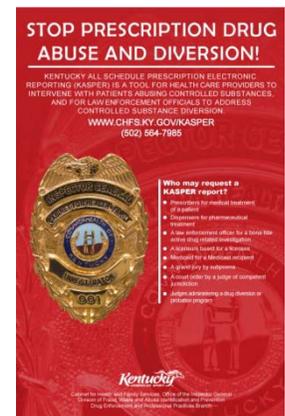


All cases of suspected fraud, abuse or misuse by recipients are investigated by OIG. Recipients who are proven to have abused or misused the Medicaid program may be "locked in" to one doctor and one drug store, be required to repay the agency for any misspent funds and/or may be suspended from the program for at least one year and until full restitution is made.

## Preventing Fraud/Abuse – Providers

Federal rules required that Medicaid providers take steps to prevent fraud and abuse. This includes:

- Billing Medicaid correctly for services actually provided to recipients;
- Advising Medicaid regarding any changes in status, such as when a doctor leaves a provider group or clinic or retires, address changes or updates to file;
- Ensuring that the care provided to recipients is medically necessary and rendered in a manner that is consistent with current medical practice;
- Reporting recipients who "doctor shop" in an effort to obtain prescription drugs that can be sold "on the street" Medicaid providers and law enforcement agencies can request a Kentucky All Schedule Prescription Electronic Reporting (KASPER) report from <http://chfs.ky.gov/KASPER>



Cases of suspected provider fraud and patient abuse are referred to the Medicaid Fraud Control Unit in the KY Attorney General's Office. Providers in violation of Medicaid rules and regulations may receive administrative or other sanctions, suspension of payments, limits on participation in the Medicaid program, or termination from the program.