

Stoughton Public Health Association

Information about Medicare and Medicaid Fraud and Abuse

Fraud and abuse of the Medicare and Medicaid programs cost our government, and the tax payers, billions of dollars each year. Fraud is when someone intentionally falsifies information or deceives Medicare/Medicaid. Abuse is when health care providers or suppliers do not follow good medical practices, resulting in unnecessary costs to Medicare, improper payment, or services that aren't medically necessary. It is not about quality of care concerns. Each one of us, providers and beneficiaries alike, need to be proactive in preventing fraudulent and/or abusive practices. From educating medical providers on the regulations, to the consumer on such things as safeguarding their insurance information, we can all work together on making sure that these insurance programs work well on everyone's behalf. Prevention, Detection, Recovery, and Reporting are the key strategies in working towards eliminating Medicare/Medicaid fraud and abuse. For more information on what you can do in all of these areas, go to this website: **StopMedicareFraud.gov**

To Report Medicare Fraud online, go to: **Report Fraud**

Office of the Inspector General call: 800-447-8477 / TTY: 800-377-4950

Centers for Medicare and Medicaid call: 800-633-4227 / TTY: 877-486-2048

Please note, under the Whistleblower Protection Act, health care employees can report what they believe to be Medicare/Medicaid fraud without fear of retaliation from their employer.