

Missouri Medicaid Fraud Control Unit

MFCU TEAM

- 5 Attorneys
- 12 Investigators
 - Chief Investigator
 - Senior Investigator
 - Chief Auditor
- 2 Nurse Investigators
- 4 Support Staff
 - Evidence and Litigation
 Coordinator
 - IT Personnel
 - Administrative Secretary



MISSION STATEMENT

The Mission of the Missouri Medicaid Fraud Control Unit (MFCU) is to serve the people of the State of Missouri by:

- Investigating and prosecuting fraud by Medicaid providers. This includes the identification and recovery of monies paid to providers as the result of fraudulent activities.
- Investigating and prosecuting persons who physically or financially abuse, neglect or exploit those persons who reside at nursing homes or board and care facilities.
- Identifying and pursuing civil remedies against Medicaid providers who engage in conduct which
 results in loss to the Medicaid program through deceptive practices which violate federal and state
 laws and/or regulations. This includes participation with other state MFCUs, the National
 Association of Medicaid Fraud Control Units (NAMFCU) and other entities in investigating and
 bringing civil action against Medicaid providers who engage in such practices.
- Cooperating and assisting federal investigatory agencies and prosecutors who are investigating and/or prosecuting providers who have committed health care fraud.

MEDICAL PROVIDERS

- Doctors
- Nurses
- CNAs
- Dentists
- Counselors
- Therapists
- Facilities
- Anyone paid by Medicaid



GENERAL REFERRALS

Offenses investigated and prosecuted (or referred for prosecution) by the MFCU include:

- Fraud in the administration of the Medicaid Program
- Fraud in the provision of medical assistance
- Fraudulent activities of providers under the program
- Patient abuse or neglect in health care facilities or programs receiving
 Medicaid funding
- Exploitation of Medicaid recipient funds

MFCU PROCESS

- Once the referral is submitted, MFCU decides if it is appropriate to open into a case <u>OR</u> if it needs to be referred to another entity <u>OR</u> BOTH.
- Once a case is opened, it is assigned to at least one investigator and attorney within MFCU. The investigator(s) and attorney(s) work as a team to decide how best to work the case.
- Investigators collect necessary records and conduct interviews, to build the case.
- Case filing/Plea deal/Trial (if necessary)

ABUSE, NEGLECT & EXPLOITATION

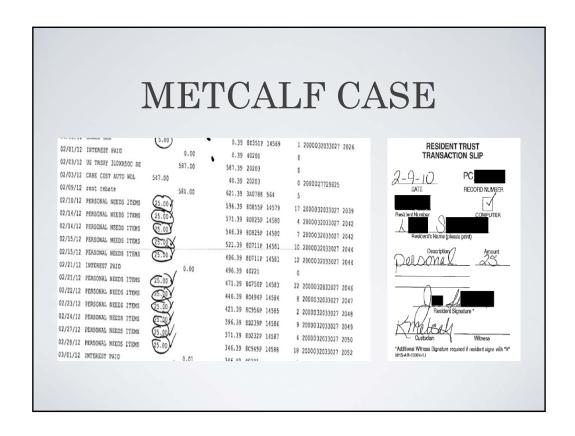
- Abuse: the infliction of physical, sexual or emotional harm or injury. "Abuse" includes the taking, obtaining, using, transferring, concealing, appropriating or taking possession of property of another person without such person's consent
- Neglect: the failure to provide, by those responsible for the care, custody, and control of a resident in a facility, the services which are reasonable and necessary to maintain the physical and mental health of the resident, when such failure presents either an imminent danger to the health, safety or welfare of the resident or a substantial probability that death or serious physical harm would result
- Financial exploitation: a person obtains control over the property of an elderly or disabled person with the intent to permanently deprive the elderly or disabled person of it thereby benefiting the offender or detrimentally affecting the victim

METCALF CASE

- Kristi Metcalf was in charge of petty cash in a nursing home
- An audit discovered that many non-cognitive residents were withdrawing cash







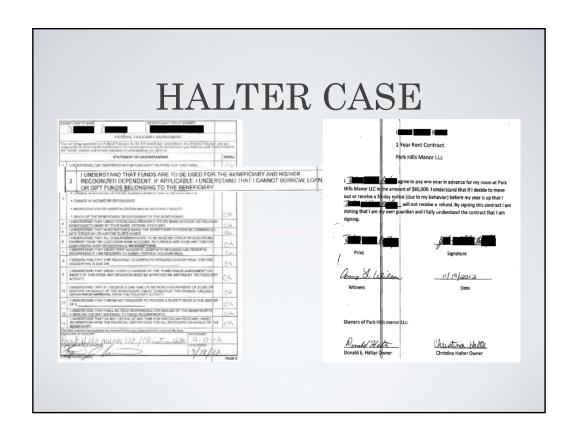
METCALF CASE

- -Prison Sentence
 - -Receiving Stolen Property: 10 years
 - –Abuse of a Health Care Recipient >\$500: 7 years
- -Restitution: \$44,561.00
- -Costs: \$15,370.68

HALTER CASE

- The Halters ran an RCF.
- Convinced a disabled veteran to pay in advance for rent so they would have the money to build a new facility.
- Submitted claims for nurse visits that didn't happen.





HALTER CASE

Prison Sentence: 30 YearsMedicaid Fraud: 7 years

- Obstruction of a Medicaid Fraud Investigation: 1 year

Financial Exploitation: 30 yearsFinancial Exploitation: 30 years

Failure to file Income Taxes: 5 yearsFailure to pay Income Taxes: 5 years

Attempting to Evade Income Taxes: 5 years

HALTER CASE

- Financial Penalties:

Medicaid Fraud Restitution: \$28,273.70
Medicaid Fraud Damages: \$84,821.10
Medicaid Fraud Penalties: \$5,195,000.00
Income Tax: \$19,152.00

- TOTAL PENALTIES: \$5,327,606.80

Other Examples

- Drug Diversion: Nurse stole medications from a resident in a facility.
- Adult Day Care: Facility billed Medicaid for services that were not provided.
- Individual Specialized Living: Staff allowed resident to get a stage IV pressure ulcer and did not properly treat or report it. Staff did not provide proper hygiene, allowing resident to suffer physically and emotionally.
- Group Homes: Staff struck a resident. Staff stole resident's money or belongings.
- Skilled Nursing Facility: Nurse did not follow physician's orders or care plans, overmedicating resident and improperly restraining them, resulting in harm.

IF YOU'RE ALREADY REPORTING TO ONE AGENCY, WHAT IS ONE MORE CALL?

- Missouri Medicaid Fraud Control Unit
 - MFCU Hotline

1-800-286-3932 or 573-751-0710

https://ago.mo.gov - search Medicaid Fraud

let Us Help!

