

FRAUD, WASTE AND ABUSE FACT SHEET

HOME AND COMMUNITY BASED (HCB) WAIVER

What is program fraud?

- Fraud is misrepresenting the truth or hiding information or facts.
- Fraud may occur if a Medicaid member, family member, representative, employee or agency gives false information or changes facts to benefit or get assistance from a state program.
- Fraud is defined by Kentucky law and can be found in KRS 205.8451. To read KRS 205.8451 you may visit
<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=7851statute.aspx>

What is program waste?

- Waste is the careless expenditure or use of program resources.
- Waste may occur if inefficient or ineffective practices results in cost to the program.

What is program abuse?

- Abuse is activities or practices that are not consistent with sound business or program guidelines and results in unnecessary cost to the state program.
- Abuse may occur if actions that are improper, inappropriate, and outside acceptable standards of the program are taken.

What is the difference between Fraud, Waste, and Abuse?

- Fraud requires the person to have an intent and the knowledge that their actions are wrong.
- Waste and Abuse may involve obtaining an improper payment but does not require the same intent and knowledge.

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KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

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- These differences are based upon intent and knowledge and depends on specific facts circumstances.

How is suspected Fraud, Waste and Abuse reported?

- Suspected Fraud, Waste and Abuse should be reported to the Office of Inspector General (OIG) by any person who knows or has reason to believe it is being committed.
- The OIG accepts tips and complaints from all sources on potential Fraud, Waste and Abuse
- The report may be made by:
 - Phone: (800) 372-2970
 - Email: chfs.fraud@ky.gov
 - Mail: Office of Inspector General
Division of Audits and Investigations
275 East Main Street, 5E-D
Frankfort, KY 40621

What information is needed to report suspected Fraud, Waste and Abuse?

- If known, the name and address of the person or agency suspected of committing the Fraud, Waste and Abuse and extent of the violation
- Any other information or details which may be helpful in investigation of the suspected Fraud, Waste and Abuse.

I confirm that I read, understand, and have no questions related to the material above. Further, I acknowledge it is my responsibility to report suspected fraud, waste, and abuse as outlined above.

Name: _____ Signature: _____

Waiver Role: _____ Date: _____

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