Participant-Hired Worker Fraud in the IRIS Program

What Is Medicaid Fraud?

Fraud* is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or others. It includes any act that constitutes fraud under applicable Federal or State law.

*42 CFR § 433.304 and 42 CFR § 455.2

Ways Participant-Hired Workers Have Commited Fraud in the IRIS Program

- Billed for hours although services were not rendered.
- Submitted timesheets while the worker or IRIS participant were hospitalized, in a nursing home, in a rehabilitation facility, deceased, or incarcerated.
- Submitted time sheets to a personal care agency and the IRIS program for the same time period. Participant-hired workers cannot get paid twice for the same work.
- Forged the participant's or guardian's signature on a time sheet.
- Altered the time sheet after it has been signed by the participant or guardian.
- Submitted false personal information to bill under another person's identity to avoid background check requirements.
- Engaged in kickback schemes with the participants.
- Assisted participants in overstating their needs during the Long Term Care Functional Screen or Personal Care Screening Tool.

Reminder: Participant-hired workers must only submit timesheets for hours that they actually worked.

What Is the Office of the Inspector General?

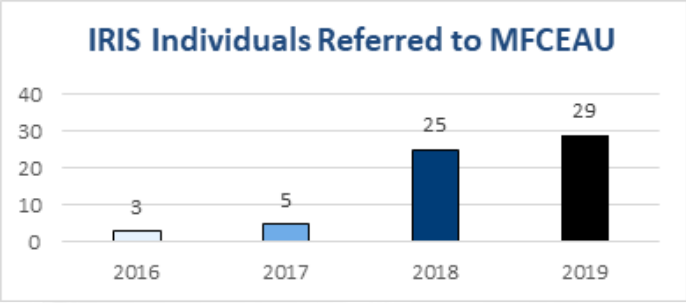
The Office of the Inspector General (OIG) is the part of the Department of Health Services responsible for identifying and addressing fraud, waste, and abuse in Medicaid programs, including the IRIS (Include, Respect, I Self-Direct) Program.

How Does OIG Address Fraud?

- OIG collaborates with the Division of Medicaid Services, the IRIS consultant agencies (ICAs) and the IRIS fiscal employer agents (FEAs) to review allegations.
- When appropriate, OIG sends a credible allegation of fraud referral to the Department of Justice for investigation and potential prosecution. When such a referral is made, OIG suspends payments to the participant-hired worker.
- In some cases, OIG sends a letter requesting that the participant-hired worker return the overpayment. If the money is not returned, the case may be referred to collections.
- When convicted of fraud, participant-hired workers can no longer provide services in IRIS or any Medicaid program.

Referral to the Department of Justice (DOJ)

Federal law (42 CFR § 455.15) requires OIG to report all credible allegations of fraud or abuse to the DOJ Medicaid Fraud Control and Elder Abuse Unit (MFCEAU) for investigation and potential civil or criminal action. OIG also sends "provider notices" to DOJ for IRIS participants or participant-hired workers when fraud is suspected but additional investigation is needed.



Includes IRIS participants and participant-hired workers referred as provider notices or credible allegations.

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