

MEDICAID FRAUD. REPORT IT. END IT.

About NJ MFCU

The mission of the New Jersey Medicaid Fraud Control Unit (NJ MFCU) is to protect Medicaid beneficiaries and the Medicaid program from fraud, waste and abuse.

The NJ MFCU investigates and prosecutes:

- Medicaid Fraud
- Health Care Claims Fraud
- Theft by Deception
- Alteration of Medical Records

Typical schemes that providers use to defraud the Medicaid program:

- Billing for Services Not Provided
- Double Billing or Billing for More Hours than there are in a Day
- Billing for Phantom Visits
- Falsifying Credentials
- Substitution of Generic Drugs
- Billing for Unnecessary Services or Tests
- Billing for More Expensive Procedures than Performed
- Kickbacks
- False Cost Reports

Report It

www.nj.gov/oag/medicaidfraud

Medicaid Fraud Tip Hotline
1-609-292-1272

NJ MFCU

NEW JERSEY
MEDICAID FRAUD
CONTROL UNIT

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MEDICAID FRAUD IS THEFT





Medicaid fraud is the intentional providing of false information to obtain benefits from the Medicaid program.

Fraud, abuse, and waste in the Medicaid program cost billions of dollars every year. Fraud drains resources from people who really need them including children, seniors, and people with disabilities. Fraud can include knowingly providing false information to obtain benefits, but it also includes practices that are inconsistent with acceptable fiscal, business, or medical practices that unnecessarily increase costs.



Medicaid is the nation's public health insurance program for people with low income.

Nearly 1 in 5 Americans rely on Medicaid to provide essential healthcare coverage. Over 40% of Medicaid recipients are children, and 25% of recipients are elderly or have an intellectual or developmental disability. Medicaid provides an essential healthcare safety net for the most vulnerable in our society.

Stopping Medicaid fraud:

Fifty percent of Medicaid program expenditures are directly funded by state taxpayer dollars, making the Medicaid program one of the largest annual expenditures in New Jersey's budget.



Medicaid fraud can take many forms.

- Providing false information on a Medicaid application to obtain benefits you are not entitled to
- Billing for medical services that were not provided
- Billing for medical procedures that are unnecessary or excessive
- Physician "kickbacks" for referrals
- And many more...

What should you do when you see or suspect Medicaid fraud?

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What should you do when you see or suspect Medicaid fraud? Report It.

The mission of the NJ Medicaid Fraud Control Unit (NJ MFCU) is to protect Medicaid beneficiaries and the Medicaid Program from fraud, waste and abuse. Typical schemes that providers use to defraud the Medicaid program include billing for services not provided, substitution of generic drugs, billing for more expensive procedures than performed, kickbacks, and false cost reports.



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