

	Addictive and Mental Disorders Division Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual
	Date effective: July 1, 2020 Date revised: March 31, 2023
Policy Number: <i>SDMI HCBS 510</i>	Subject: Fraud and Abuse

Definition

Medicaid is a state-managed healthcare benefit for qualifying low-income, disabled individuals and children and families. Fraud can be committed by providers or Medicaid members. Medicaid fraud is an intentional deception or misrepresentation made by an individual with the knowledge that the deception or misrepresentation may result unauthorized benefit to an individual or some other person. Medicaid fraud includes any actions or inactions that constitute fraud under federal or state law. For more information please see:

[Medicaid Fraud and Abuse \(mt.gov\)](https://www.mt.gov/medicaid-fraud-and-abuse)

- (1) Montana Medicaid has two entities who protect the integrity of Montana Medicaid:
 - (a) Surveillance and Utilization Review (SURS); and
 - (b) Medicaid Fraud Control Unit (MFCU).

Procedure

- (1) If provider or member fraud, waste, or abuse is suspected, contact the community program officer or Quality Assurance Program Manager.
- (2) Direct referrals can be made to the following:
 - (a) provider fraud hotline: 800-376-1115; or
 - (b) recipient eligibility fraud hotline: 800-201-6308.