



Nursing Home Fraud

Choosing a nursing home or skilled nursing facility is often based on trust—trust that residents will receive appropriate care and that Medicare will be billed correctly. Unfortunately, nursing home fraud does happen, and it can affect both the quality of care residents receive and the security of their Medicare benefits. Medicare doesn't generally pay for long-term nursing home care. However, Medicare Part A covers medically necessary, short-term care in a skilled nursing facility (SNF) within a nursing home under certain conditions. If you have questions if a nursing home stay is covered contact Medicare, 800-MEDICARE or go to [Medicare.gov](https://www.Medicare.gov).

Common Types of Nursing Home Fraud

Medicare beneficiaries should be aware of these common schemes:

- **Billing for services not provided** Medicare is charged for therapy sessions, medical visits, or treatments that never occurred.
- **Upcoding** The facility bills Medicare for more expensive services or higher levels of care than the resident actually received.
- **Unnecessary therapy** Residents may be given excessive physical, occupational, or speech therapy solely to increase Medicare payments.
- **Double billing** Medicare is billed even though another insurer (such as Medicaid or private insurance) already paid.



Nursing home fraud doesn't just waste Medicare dollars—it can directly harm residents. Fraudulent practices may lead to unnecessary treatments, delayed recovery, emotional distress, or neglect. It can also result in beneficiaries being wrongly billed or denied needed services later. If you see or experience fraud, report it.

Report any suspected fraud or suspicious activity to the Wisconsin Senior Medicare Patrol. Call 888-818-2611 to report fraudulent activity.

For more information, visit www.smpwi.org.

This project was supported, in part, by grant number 90MPPG0102, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201