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OFFICE OF THE ATTORNEY GENERAL STATE OF FLORIDA

# Florida Attorney General's Office News Release

## Care Provider Arrested for Medicaid Fraud




TALLAHASSEE, Fla.—Attorney General Ashley Moody's Medicaid Fraud Control Unit, with the assistance of the Jacksonville Sheriff's Office, arrested a self-employed care provider for one count of Medicaid provider fraud. Kimberly Greene Byrd is accused of submitting more than $11,000 worth of fraudulent claims to the Agency for Persons with Disabilities, including billing for hours not worked.

Attorney General Ashley Moody said, "This defendant, over the course of eight months, submitted false billing claims to the Medicaid program, causing a loss of thousands of taxpayer dollars. My Medicaid Fraud Control Unit will now ensure she faces the consequences of her crimes."

According to the investigation, Byrd provided personal support services to Medicaid recipients who needed assistance with the activities of daily living. Medicaid required Byrd to submit daily service logs to the program via the APD. Over the course of several months, Byrd submitted billing claims for hours not worked, along with service logs that did not match the hours billed or absent entirely, causing a loss to the Medicaid program of more than $11,000.

Byrd faces one count of Medicaid provider fraud, a second-degree felony. The Attorney General's MFCU will prosecute the case through an agreement with the State Attorney's Office for the Fourth Judicial Circuit.

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*The Florida Attorney General's Medicaid Fraud Control Unit investigates and prosecutes providers that intentionally defraud the state's Medicaid program through fraudulent billing practices. Medicaid fraud essentially steals from Florida's taxpayers. Additionally, the MFCU*

*investigates allegations of patient abuse, neglect, and exploitation in facilities receiving payments under the Medicaid program. From January 2019 to present, Attorney General Moody's MFCU has obtained more than $138 million in settlements and judgments.*

*The Florida Medicaid Fraud Control Unit is funded through a grant totaling $27,734,297 for Federal Fiscal Year 2023, from the U.S. Department of Health and Human Services, Office of Inspector General. The Federal Share of these funds is 75% totaling $20,800,724. The State Matching Share of these funds is 25% totaling $6,933,573 and is funded by Florida.*