

## What to Know About Fraud and Abuse

Fraud and abuse are serious acts. We review all reports of fraud and abuse. We do this to:

- Protect the integrity of the programs we offer.
- Make sure our work is done in an efficient way.
- Keep fraud and abuse from taking place again.

Acts of fraud and abuse can be done either by a plan member or provider.

Here are some facts you should know:

- **Fraud** is when you mean to cheat or lie about facts to get services that are not OK'd. It is fraud even if the act is not successful.
- **Abuse** is when a plan member or provider gets services or payment when he or she does not need or deserve it but didn't mean to lie or cheat. It **can** add costs to a program.

### Member Fraud and Abuse

A member may be committing fraud or abuse if he or she:

- Uses the ER when he or she does not have an emergency.
- Gets the same or similar drugs from more than one doctor.
- Uses more than one doctor to get the same kind of treatment or drug. (Second opinions are OK.)
- Uses providers not OK'd by a primary care doctor or us.
- Sells drugs ordered by a doctor.
- Pretends to be injured or sick to get services that are not needed or drugs.
- Changes or adds to a prescription for a drug given by a doctor.
- Acts in a way that disrupts or threatens other members, providers or staff.
- Lets someone else use his or her member ID card.
- Does not inform BlueChoice HealthPlan or SCDHHS that he or she has moved out of the service area but keeps on using the BlueChoice HealthPlan benefits.

### Provider Fraud and Abuse

A provider commits fraud or abuse if he or she:

- Bills for a service not given.
- Orders tests that are not required for your treatment.
- Splits a service into parts to bill for a higher payment.

- Uses a code that pays for more than what was done during a visit.
- Bills for the wrong diagnosis or a service that was not done.
- Sees a member more than is needed.
- Refers a member to a specialist for a service that he or she could have given.
- Offers or takes bribes.
- Bills for a service done by staff that is not trained or properly supervised.
- Changes medical records.

### **Role of the Fraud and Abuse Unit**

We will not put up with acts of fraud and abuse. We look into all reports of fraud and abuse. We report all fraud or abuse complaints to SCDHHS. We report what we find out to law enforcement agencies as required by law. We also take steps to correct the matter.

### **When Fraud or Abuse Is Done by a Member, We May Take Any or All of These Actions:**

- We send a warning and /or an education letter.
- We refer a member to Care Management (CM) to help him or her access care, to help coordinate his or her care, mental health or pain management referrals and local resources.
- We ask the state to drop the member from our health plan.
- We ask to be paid back.

### **When Fraud or Abuse Is Done by a Provider, We May Take Any or All of These Actions:**

- We send a warning and /or an education letter.
- We refer the provider to Quality Management (QM), the Credentialing Committee and/or the Peer Review Committee.
- We end the contract.
- We review medical records.
- We ask the doctor to pay us back.

### **Reporting Fraud and Abuse**

If you think a provider or someone else has done an act of fraud or abuse, please call us at **1-866-781-5094**. If you file a report, you do not have to give us your name. Here are the things you need to tell us as clearly as you can:

- Name, address, license or insurance ID of provider or person.
- What took place.
- When did it take place.

If you give us all the details and the papers to support what you tell us, we may be able to review and resolve the matter faster.

A provider can report claims of fraud and abuse two ways:

1. Call our Customer Care Center at **1-866-781-5094**.

2. Fax a Fraud Referral form to **1-866-454-3990**.

### **Obeying the Law**

We are required to obey all federal and state laws including the Federal False Claim Act (FCA).

The FCA is a federal law that gives the government a way to get back money stolen through fraud by people who do business with the government. Under the FCA, anyone who knows that he or she sends or causes another person to send false claims to get paid by the government will have to pay:

- Three times the damages or loss to the government.
- Civil fines of \$5,500 to \$11,000 per false claim.



**1-877-552-4642**  
TTY line: **1-877-552-4670**