

Gateway Health Plan *Medicare Assured*[®] Provider Manual 2010

Chapter IX

SUSPECTED/SUBSTANTIATED FRAUD AND ABUSE

CBHNP and Gateway Health Plan *Medicare Assured*[®] seek to ensure the integrity of the Medicare by investigating any suspected fraud and abuse. Provider fraud and abuse can include:

- Physical/verbal abuse to a Member
- Denial of care
- Confidentiality violations
- Fraudulent billing
- Provider staff misrepresenting credentials
- Any Provider action that places a Member in jeopardy
- Any Provider action that violates Federal, State or other applicable regulations

CBHNP and Gateway Health Plan *Medicare Assured*[®] provides a toll free access line 24 hours a day, 7 days a week to ensure the immediacy of Provider reporting of suspected fraud and abuse.

Investigating instances of fraud, abuse and waste in Medicare is the responsibility of the Office of the Inspector General (OIG).

To report fraud, waste or abuse in Medicare

Call OIG Fraud and Abuse Hotline at 1-800-447-8477. For the hearing and speech impaired, TTY is available at 1-800-377-3950.

Some common examples of fraud and abuse are:

- Incorrect reporting of diagnoses or procedures to maximize payments.
- Billing for services not furnished. This includes billing Medicare for appointments that the Member failed to keep.
- Altering claim forms, electronic claim records, medical documentation, etc. to obtain a higher payment amount.
- Billing more than once for the same service
- Billing for separate services that should be combined into one billing code
- Falsifying records
- Performing inappropriate or unnecessary services
- Misrepresentation of dates and descriptions of services rendered or the identity of the beneficiary or the individual who rendered the service.
- Physical, mental, emotional and sexual abuse by provider or staff employed by a provider.
- Providing substandard care not consistent with current standards of practice.
- Offering free services, equipment or supplies in exchange for a Member's ID Number.
- Giving or accepting something of value in return for providing medical services.
- Over-utilizing or abusing the use of medical services.

The complete Medicare Program Integrity Manual is located at www.cms.hhs.gov/Manuals. You want to refer to Publication 100-08 Chapter 4.