

F.Y.I. SERVICE

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Reporting Provider Healthcare Fraud

What is provider healthcare fraud?

Provider Healthcare fraud means a provider, (doctor, dentist, counselor, durable medical equipment supplier, Medicaid personal assistant, etc.) falsely bills for a good or service that was never provided. There are many types of fraud, but these are some common examples:

- A doctor may bill for tests or examinations that the patient never received.
- A durable medical equipment supplier may bill for equipment such as a wheelchair, that the patient never receives.
- A durable medical equipment supplier may bill for new equipment such as a wheelchair, but gives the patient a used wheelchair instead.
- A pharmacist may bill for giving the patient a certain amount of a certain medicine, but gives the patient a lesser amount.
- A pharmacist may bill for giving the patient a certain name-brand medicine, but instead gives the patient a less expensive generic.

- A provider may continue to bill for home medical equipment after it has been returned.

How do I detect a case of fraud?

Check your bills and insurance forms. If you are on Medicare or a private insurance plan, look over billing summaries. You can also check what's called an explanation of benefit form, which your insurance company should mail you every time a claim is made to your insurance. Check to make sure that all the procedures, equipment, and services on the summary are correct. If you need help understanding the form, call your insurance provider.

If the summary contains a procedure or good that you did not receive, you may first wish to contact the doctor, facility, or equipment provider who billed for the particular item. If they accidentally made a mistake, ask them to correct the problem.

If the provider refuses to answer your questions or fix the problem after you contact them, and you believe that they may be purposely committing fraud, you may wish to file a report.

How would I find fraud if I'm on Medicaid and don't get any insurance information?

It's true that Medicaid doesn't send out explanation of benefits forms for services they pay. There are still ways to detect fraud, however.

For example, say you have been using your power wheelchair for eight years and you go to get a new one. You are told you can't have a new one because you just purchased a very fancy wheelchair two years ago. You know you didn't buy a wheelchair two years ago! You can call Medicaid to see if they paid for a wheelchair two years ago, and if so, whom did they pay. It could just be a billing mistake, but it's also

possible a durable medical equipment supplier charged Medicaid for a wheelchair you never received.

What should I do if I wish to report a suspected case of fraud?

If you suspect fraud, you may wish to file a report with one of the following organizations.

- If you think the provider is attempting to commit fraud involving Medicaid, you may report this to the **Washington Medicaid Fraud Control Unit**. Please see below for more information about this organization.
- If the suspected fraud involves Medicare, you may report this to the Medicare Company that paid the disputed bill, or the **U.S. Office of Inspector General in the U.S. Department of Health and Human Services**.
- If the suspected fraud involves a private insurance company, you may wish to report this directly to the insurance company.

MEDICAID FRAUD

How do I file a report of suspected Medicaid fraud?

The Washington Medicaid Fraud Control Unit handles cases suspected of Medicaid Fraud. You may report a suspected case by sending a letter to:

Office of the Attorney General
Medicaid Fraud Control Unit
1019 Pacific Avenue, Third Floor
Tacoma, WA 98402

You may also submit your report by phone by calling the Medicaid Fraud Control Unit at 253-593-2154 or 253-593-2155.

You may also fax your letter to them at 253-593-5135.

What information should I include in my report?

Try to include as much of the following information as possible:

- The name and birth date of the Medicaid client
- The name and location of the doctor, hospital, health care provider, or other suspect
- The date of services in question
- The date and time the fraud occurred
- The amount of money that Medicaid approved and/or paid
- A description of the acts that you suspect involve fraud.

What can I expect after I report a suspected case of fraud?

The Medicaid Fraud Control Unit will look into the matter and if it looks like fraud they will conduct an investigation. They may not send you a letter acknowledging your complaint. However, you may be contacted if more information is needed for the investigation.

You will not receive any notice of the results of the investigation. If the case is serious enough to go to trial, you may be contacted for more information or to testify.

MEDICARE FRAUD

How do I report a case of Medicare Fraud?

There are two ways you can report Medicare Fraud:

- 1) You may contact the **Medicare company** that paid the claim that you suspect to be fraudulent. Their contact information can be found on the Medicare Summary Notice you receive in the mail.
- 2) You may also contact the **U.S. Office of the Inspector General in the Department of Health and Human Services**. They maintain a

hotline that you may contact to report cases of fraud or to ask questions regarding fraud. You may contact them at:

By phone: 1-800-HHS-TIPS (1-800-447-8477)

By fax: 1-800-223-2164

By email: HHSTips@oig.hhs.gov

You may also mail your report:

Office of the Inspector General

HHS TIPS Hotline

P.O. Box 23489

Washington, DC 20026

If you plan to submit your complaint by mail, please state clearly at the beginning of the letter that you are reporting a suspected case of fraud.

What information should I include in my report?

- The provider's name and any identifying number you may have.
- The item or service you are questioning.
- The date on which the item or service was supposedly furnished.
- The amount approved and paid by Medicare.
- The date of the Medicare Summary Notice.
- The name and Medicare number of the person who supposedly received the item or service.
- The reason you believe Medicare should not have paid.
- Any other information you may have showing that the claim for the item or service should not have been paid by Medicare.

What can I expect after I report a suspected case of fraud?

Depending on your particular Medicare company, you may or may not receive an acknowledgment of your complaint. If they need more information, they may contact you later on.

If you contacted the Office of the Inspector General, you will not receive a reply. However, if they need more information, they may contact you.

How do I report fraud with private insurance?

There is usually a number on your explanation of benefits form that you can call if you suspect fraud. Otherwise, call your insurance company and they can help you file a report.

What information do I include in my report?

- The provider's name and any identifying number you may have.
- The item or service you are questioning.
- The date on which the item or service was supposedly furnished.
- The amount approved and paid by your private insurance.
- The date of the Explanation of Benefit notice.
- The name and account number of the person who supposedly received the item or service.
- The reason you believe your insurance should not have paid.
- Any other information you may have showing that the claim for the item or service should not have been paid.

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