

## Health care fraud and abuse

### How to spot health care fraud and abuse and protect yourself from scams

Each year, there are a number of [fraud](#) and [abuse](#) cases that happen in the health care system. It's important to know how to recognize fraud and abuse — and learn how to protect yourself and others from becoming victims.

#### Is it fraud or abuse?

It can be hard to know if the health care documents you receive are accurate and correct. If you receive information that isn't what you expected or doesn't make sense to you, it might seem like fraud or abuse. However, it might also be an error. You'll get answers more quickly by calling the number on the back of your ID card and talking to a member services representative.

**Fraud** is being dishonest on purpose to gain something of value or to get an unfair advantage.

**Abuse** is an action that may result in unnecessary costs to the health care system. It's when a person or entity has not knowingly or purposely misrepresented facts but receives a payment that they have no legal reason to get.

#### How do I know when to report fraud and abuse?

Fraud and abuse can cause mistrust between doctors, patients and health care insurers. That's because in many cases, fraud and abuse involve harmful actions, like getting prescriptions for the wrong medications, receiving improper medical services and being misguided by needless tests and diagnoses.

It's important to be aware of suspicious situations and be ready to report concerns. Take a look at the different types of fraud and abuse explained in the next section so you'll have a better idea if a situation should be reported.

Here are some examples to help you know what is considered fraud and abuse.

#### Provider

Examples of potential provider fraud and abuse include:

- Submitting bills or claims for treatment or services that were never provided
- Claiming a false date of service to correspond with a member's coverage period
- Billing for non-covered services using incorrect codes to attempt to have services covered

#### Pharmacy

Examples of potential pharmacy fraud and abuse include:

- Incorrect pharmacy billing
  - Bills for medication that was never dispensed
  - Bills for brand name drugs, but dispensed generic drugs

- Prescription drug shorting
  - Less than the prescribed quantity is intentionally provided and the patient is not informed
- Prescription forging or altering – done without the prescriber’s permission to increase the quantity of tablets or number of refills

### **Member or patient**

Examples of potential member or patient fraud and abuse include:

- Submitting false claims
- Prescription stockpiling and unlawful sales of excessive services and goods for resale
- Concealing information about additional coverage in order to lower out-of-pocket payments, or receiving inappropriate reimbursement from multiple plans
- Identity theft
- Doctor shopping
- Multiple providers are seen in an attempt to obtain multiple prescriptions. Usually includes deception and can be driven by addiction, drug diversion for profit or both.

### **How you can protect yourself against fraud and abuse?**

Be aware of recent health care fraud and abuse schemes. Social media, internet, television and paper news are all sources for this information. Knowing what’s being reported will help you be proactive and avoid becoming a victim. Remember, protect yourself and report any suspicions of fraud and abuse immediately.

We work very carefully and with strict accuracy to avoid such abuse and fraud. If still we found something, we work with healthcare providers to avoid and be safe with such activities.