

2020 Specialized Anti-Healthcare Fraud Training: Overview

Introduction

Anti-Fraud and Abuse Awareness

Only a small fraction of health care claims are fraudulent or abusive but even in small numbers they represent tens of billions of dollars lost each year. This translates into higher premiums and out-of-pocket expenses for everyone. That's why we pay attention.

UnitedHealth Group has an anti-fraud program committed to routing out inaccurate claims that may be fraudulent or abusive. Your responsibility in that effort is to understand the basic differences between fraud, waste and abuse and know where to report anything you notice that is out of the ordinary in the course of your daily activities.



Click the Help link at the top of the screen for information about course navigation.

This course does not contain audio.

Indicators of Fraud and Abuse

1 Reporting 2 Definitions 3 Indicators

SECTION 3: TYPES OF INDICATORS



WHAT IS A FRAUD OR ABUSE INDICATOR?

Fraud and abuse indicators are types of activity that in the past, have been shown to be reliable for pointing out fraudulent and abusive behavior.

Here are a few things to remember about fraud and abuse activities. They can

- be illegal enterprises carried out for profit.
- take many forms - fraudulent billing, unnecessary services, kickbacks and duplicate claims.
- target large health care programs
- be found throughout the health care system.

General Warning Signs of Fraud

1 Reporting 2 Definitions 3 Indicators

How is fraud and abuse different throughout health care?

Each area of health care has different fraud and abuse indicators and behaviors. Click on a button below to see examples for that area of health care. You must review each area before moving on.

GENERAL WARNING SIGNS OF FRAUD

- Altered record dates, charges, diagnosis
- Use of "white out," different colored ink, different handwriting, photocopies of documents.
- Misuse or misspelling of medical or legal terms, or use of layman's terms.
- Receipts, invoices or reports on plain stationery.
- Records appear to always be the same (template records).
- Late entries into the health record that are out of chronological order.
- Different versions of the same record from different sources (e.g. physicians, hospitals).

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GENERAL PROVIDER MEMBER PHARMACY BROKER EMPLOYEE

Review each area before moving forward.

Provider Fraud

1 Reporting 2 Definitions 3 Indicators

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PROVIDER FRAUD

- Submitting claims for services not provided.
- Falsifying the date of service to correspond with a member's coverage period.
- Billing for non-covered services by using payable, but incorrect codes.
- Providing "free" services and then billing insurance.
- Submitting the same claims on different dates showing the same dates of services.
- Unbundling (billing for all services separately).
- Upcoding (billing for a more expensive service than what was provided).

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GENERAL PROVIDER MEMBER PHARMACY BROKER EMPLOYEE

Review each area before moving forward.

Member

1 Reporting 2 Definitions 3 Indicators

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MEMBER or PATIENT FRAUD

- Use of aliases.
- Unusual number of dependent claims.
- Misrepresenting facts to gain access/eligibility to a healthcare plan or program.
- Being enrolled in multiple plans in multiple states.
- Using an insurance card that belongs to someone else.
- Benefiting from "free offer" schemes that the provider bills for later at excessive rates.
- Submitting false claims for services never received.
- Resubmitting claims with a different provider name.
- Doctor shopping to acquire or stockpile pharmaceuticals.
- Selling or loaning member identification information.
- Unlawfully selling prescriptions or prescription medications.

GENERAL PROVIDER **MEMBER** PHARMACY BROKER EMPLOYEE

Review each area before moving forward.

Pharmacy Fraud

1 Reporting 2 Definitions 3 Indicators

How is fraud and abuse different throughout health care?

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PHARMACY FRAUD

Inappropriate billing

- A pharmacy bills for medication that it never dispensed.
- A pharmacy bills for brand name drugs when generics are dispensed.

Prescription drug shorting

- The pharmacy provides less than the prescribed quantity and does not inform the patient.

Prescription forging or altering

- Existing prescriptions are altered without authorization.

GENERAL PROVIDER MEMBER **PHARMACY** BROKER EMPLOYEE

Review each area before moving forward.

Broker Fraud

1 Reporting 2 Definitions 3 Indicators

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SALES BROKER OR AGENT FRAUD

- Enrolling a member by forging a signature on an application
- Coaching individuals to enter erroneous enrollment information so they will be eligible for insurance.
- Enrolling group as nonexistent company.
- Misrepresenting benefits to persuade an individual to join a particular health plan. Usually because the agent will receive a kickback or reward.
- Falsifying the location of a group to obtain insurance or lower premium rate.
- Group owner enrolls family members (parents, siblings and children) as employees when they do not in fact work for the group.

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GENERAL PROVIDER MEMBER PHARMACY **BROKER** EMPLOYEE

Review each area before moving forward.

Employee Fraud

1 Reporting 2 Definitions 3 Indicators

How is fraud and abuse different throughout health care?

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<p>EMPLOYEE PLAN FRAUD</p> <ul style="list-style-type: none"> • Filing a claim for an injury that did not occur on, or has no relation to the job they perform. • Misrepresenting their work status when formally questioned in a deposition or a hearing in order to continue receiving temporary disability benefits. • Misrepresenting the severity of the injury they are claiming. 	<p>HEALTH CARE EMPLOYEE</p> <ul style="list-style-type: none"> • Falsification of patient records by an employee. • Using a member's ID number to obtain prescriptions, services, supplies, etc. • Identity theft. • Redirecting a payment to a new address.
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GENERAL PROVIDER MEMBER PHARMACY BROKER **EMPLOYEE**

Review each area before moving forward.

When to Report Fraud, Waste or Abuse

1 Reporting 2 Definitions 3 Indicators



Remember, you don't need to know if a particular situation is fraud, waste or abuse to report it. Staying aware and reporting anything you observe that is not in keeping with normal procedure, processes or policy means you've done your part.

It's important to note that something that looks like fraud or abuse, even the presence of several of the indicators, doesn't mean it is. When you report something out of the ordinary, it will be investigated to determine the appropriate action to take. You'll learn more about the SIU in the next section of this course.

Click **Next** to continue.

Defining Fraud, Waste and Abuse

Definitions

1 Reporting 2 Definitions

What are fraud, waste and abuse?

Explore the definitions below. Look for key things that make fraud, waste and abuse different from one another. **Click on the buttons below to review definitions and examples.**

FRAUD Intentional misrepresentation of fact.	WASTE Practices that result in unnecessary costs.	ABUSE Inappropriate or inefficient use of resources.
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Review each definition before moving forward.

Fraud Definition

1 Reporting 2 Definitions

What are fraud, waste and abuse?

Explore the definitions below. Look for key things that make fraud, waste and abuse different from one another. **Click on the buttons below to review definitions and examples.**

FRAUD

Intentionally misrepresenting or concealing facts to obtain something of value. There are three primary components to fraud:

- **Intentional dishonest action**, reckless disregard or misrepresentation of fact,
- **Committed by a person or an entity**,
- **With knowledge that the dishonest action, disregard or misrepresentation could result in an inappropriate gain or benefit.**

EXAMPLES

FRAUD
Intentional misrepresentation of fact.

WASTE
Practices that result in unnecessary costs.

ABUSE
Inappropriate or inefficient use of resources.

Review each definition before moving forward.

Waste Definition

1 Reporting 2 Definitions

What are fraud, waste and abuse?

Explore the definitions below. Look for key things that make fraud, waste and abuse different from one another. **Click on the buttons below to review definitions and examples.**

WASTE

Includes **inaccurate payments** for services, such as unintentional duplicate payments, and can include inappropriate utilization and/or inefficient use of resources.

Waste is generally not considered to be caused by criminal or negligent actions, but rather the **misuse of resources**.

There generally is not a consistent pattern to wasteful behavior and many times **can be deterred by providing education.**

EXAMPLES

FRAUD
Intentional misrepresentation of fact.

WASTE
Practices that result in unnecessary costs.

ABUSE
Inappropriate or inefficient use of resources.

Review each definition before moving forward.

Abuse Definition

1 Reporting 2 Definitions

What are fraud, waste and abuse?

Explore the definitions below. Look for key things that make fraud, waste and abuse different from one another. Click on the buttons below to review definitions and examples.

ABUSE

Abuse includes **practices that**, either directly or indirectly, **result in unnecessary costs** to health care benefit programs. These include any practice that results in the provision of services that:

- Are **not medically necessary**, or
- Do **not meet professionally recognized standards** for health care, or
- Are **not fairly priced**

EXAMPLES

FRAUD
Intentional misrepresentation of fact.

WASTE
Practices that result in unnecessary costs.

ABUSE
Inappropriate or inefficient use of resources.

Review each definition before moving forward.

Fraud - Examples

1 Reporting 2 Definitions

What are fraud, waste and abuse?

Explore the definitions below. Look for key things that make fraud, waste and abuse different from one another. Click on the buttons below to review definitions and examples.

FRAUD EXAMPLES

Intentionally billing for services, procedures and/or supplies that were not provided or intentionally misrepresentation of any of these:

- The nature of services, procedures and/or supplies provided.
- The dates that services were provided.
- The medical record of services and/or treatment provided.
- The condition or diagnosis.
- The identity of the provider or recipient of services, procedures and/or supplies.

FRAUD
Intentional misrepresentation of fact.

WASTE
Practices that result in unnecessary costs.

ABUSE
Inappropriate or inefficient use of resources.

Review each definition before moving forward.