

FRAUD AND ABUSE



Did you know...

The Arizona Office of Inspector General at AHCCCS has now uploaded their 2010 Fraud and Abuse Presentation? This is a great resource for all providers and the health plan encourages all provider staff to review this informative presentation! You can find this presentation at:

<http://www.azahcccs.gov/commercial/default.aspx>

Speaking of Fraud and Abuse Prevention...

University Physicians Health Plan (UPHP) is now performing retrospective claims reviews to identify patterns that appear to be abnormal billing practices. UPHP will request additional information in order to validate the claims in questions.

Fraud is defined as an intentional act of purposeful deception or misrepresentation committed by a member or provider in order to gain an unauthorized benefit.

Some examples of claim patterns the plan will be monitoring include, but are not limited to:

- Submitting claims for services provided to ineligible members
- Upcoding
- Over abundance of claims for members on a specific day
- Inappropriate or inadequate documentation of services rendered
- Providing services which are inappropriate or not medically necessary
- Duplicate billing in an attempt to gain duplicate payment
- Submitting claims for services that were not provided
- Inappropriate unbundling

UPHP is implementing internal controls and claims edits designed to prevent and detect potential fraud, waste, and abuse. A key feature of this process is assisting the provider to ensure appropriate and accurate claims submission. As a result, this will minimize billing mistakes, and help correct identified errors.