

ACOM POLICY 103, ATTACHMENT B
AHCCCS REFERRAL FOR PRELIMINARY INVESTIGATION

C O N F I D E N T I A L

OPI Case Number _____

SUSPECTED PROGRAM FRAUD OR ABUSE AND MEMBER FRAUD

REFER TO: DIRECTOR, OFFICE OF INSPECTOR GENERAL
701 E. JEFFERSON, MAIL DROP 4500,
PHOENIX, AZ 85034
(602)417-4045 / FAX (602)417-4102, OR
TOLL FREE 1-800-654-8713 EXT. 74045

SEE DEFINITIONS AND EXAMPLES OF FRAUD AND ABUSE ON THE REVERSE SIDE

REFERRAL SOURCE

NAME AND TITLE OF INDIVIDUAL REFERRING: _____

DATE OF REFERRAL: _____ PHONE NUMBER: _____

RETURN CALL NEEDED TO REFERRING INDIVIDUAL YES NO

REFERRING INDIVIDUAL IS AFFILIATED WITH: NAME: _____

AHCCCS CONTRACTOR

RECIPIENT/RECIPIENT FAMILY

GOVERNMENT AGENCY

OTHER (ANONYMOUS, CITIZEN, ETC. _____)

HEALTH CARE PROVIDER

PROVIDER/CAREGIVER ~ RECIPIENT ~ AHCCCS CONTRACTOR ALLEGEDLY INVOLVED IN THE ISSUE:

PROVIDER/CAREGIVER OR AHCCCS CONTRACTOR INFORMATION

NAME: _____ AHCCCS PROVIDER ID NUMBER: _____

ADDRESS: _____ PHONE NUMBER: _____

RECIPIENT/MEMBER INFORMATION (IF APPLICABLE AND AVAILABLE)

NAME: _____ AHCCCS ID OR SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ ADDRESS: _____

PHONE NUMBER: _____

NARRATIVE DESCRIPTION OF ISSUE: (PLEASE INCLUDE THE WHO, WHAT, WHERE, AND WHEN OF THE ISSUE).

PLEASE DO NOT USE ABBREVIATIONS DOLLAR LOSS TO THE PROGRAM (IF KNOWN) \$ _____

(Narrative may be continued on the reverse side)

NARRATIVE CONTINUED: _____

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AGENCIES NOTIFIED: **APS** **CPS** **ADHS Licensure** **Police** **Other** _____

COMMENTS: _____

AHCCCS CONTRACTOR

Means an AHCCCS Contractor, Arizona Department of Health Services/Behavioral Health Authorities, Children's Rehabilitation Services and any other entity that has a contract or Intergovernmental Agreement with AHCCCS to provide covered services.

FRAUD

Means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law. [42 CFR § 455.2]

ABUSE

means provider practices that are inconsistent with sound fiscal, business, or medical practice, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program. [42 CFR § 455.2]

ABUSE OF MEMBER

means any intentional, knowing or reckless infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, emotional or sexual abuse, or sexual assault. [A.R.S. §46-451; 13-3623]

REPORT MEMBER ABUSE TO:

AHCCCS/DHCM-CQM, 701 E. JEFFERSON, MD-6500, PHOENIX, AZ 85034

EXAMPLES OF FRAUD AND ABUSE

FALSIFYING CLAIMS/ENCOUNTERS

- Alteration of a Claim
- Upcoding
- Incorrect Coding
- Double Billing
- Unbundling
- Billing for Services/Supplies Not Provided
- Misrepresentation of Services/Supplies
- Substitution of Services
- Submission of Any False Documents

ADMINISTRATION/FINANCIAL

- Kickbacks/Stark Violations
- Fraudulent Credentials
- Fraudulent Enrollment Practices
- Fraudulent Recoupment Practices
- Embezzlement

DELIVERY OF SERVICES

- Denying Access to Services/Benefits
- Limiting Access to Services/Benefits
- Failure to Refer to a Needed Specialist
- Underutilization
- Overutilization

ABUSE OF A MEMBER

- Physical Abuse
- Neglect
- Mental Abuse
- Emotional Abuse
- Sexual Abuse
- Discrimination
- Providing Substandard Care
- Financial Exploitation

MEMBER FRAUD

- Eligibility Determination Issues:
- Resource Misrepresentation (Transfer/Hiding)
- Residency
- Household Composition
- Citizenship Status
- Misrepresentation

PLEASE NOTE THE ABOVE LISTS ONLY A FEW EXAMPLES OF POTENTIAL FRAUD AND ABUSE SCENARIOS.