

HOW CAN I MAKE A REPORT?

You can make a report by contacting one of the following:

- TMBHO Compliance Program

TMBHO Compliance Officer

800-867-7130

(All calls are confidential unless you choose to identify yourself.)

- U.S. Department of Health and Human Services HHS OIG Hotline

Phone: **800-447-8477**

TTY: **800-377-4950**

Online: oig.hhs.gov/report-fraud

By Mail: U.S. Department of Health and Human Services

Office of Inspector General

Attn: OIG HOTLINE OPERATIONS

PO Box 23489

Washington DC 20026



- Centers for Medicare & Medicaid Services
(800) 633-4227 or TTY at **(877) 486-2048**.

BE REASONABLY CERTAIN!

Before making allegations of dishonesty, be reasonably certain of any claims. Such allegations can seriously and negatively impact the accused individual's life and adversely affect the working environment of the department.

BACKGROUND

While the majority of health care providers, suppliers, practitioners, and consumers are honest, a small minority commit health care fraud, waste and abuse every year that costs the Medicare and Medicaid Program and tax payers billions of dollars each year. Having a Compliance Program helps hold people accountable for the services they provide and services they receive. Medicaid and Medicare fraud, waste and abuse (FWA) can be committed in many different forms and ways and can damage the stability of the Medicare and Medicaid Program.

By cracking down on individuals who abuse the system, we can save millions of health care dollars and spend that money to provide insurance and services to more individuals at a lower cost. It is the goal of Thurston-Mason BHO to work with other government agencies, law enforcement organizations, and our providers and consumers to help protect the Medicare and Medicaid Program from fraud, waste, and abuse.

Interpreters and other accommodations are available upon request.

612 Woodland Square Loop SE Suite 401
Lacey, WA 98503
360-763-5828 or 800-658-4105
www.tmbho.org
TTY: 7-1-1 or 1-800-833-6388



Program Integrity

Preventing Medicaid Fraud, Waste & Abuse

WHAT IS PROGRAM INTEGRITY?

The Thurston-Mason BHO expects its network providers to deliver services in compliance with federal and state laws and regulations as well as policies and procedures. Consumers of Thurston-Mason BHO are also expected to be responsible in helping providers prevent fraud, waste and abuse by being aware of fraud prevention and the appropriate way to utilize their Medicaid benefits. The Thurston-Mason BHO assures the integrity of the programs through its Compliance Program.

A few ways we achieve and maintain program integrity:

- ✓ **Policies and Procedures**
- ✓ **Compliance Committee**
- ✓ **Training**
- ✓ **Communication**
- ✓ **Enforcement**
- ✓ **Auditing and Monitoring**
- ✓ **Investigation and Remediation**
- ✓ **Reporting**



FOR CONSUMERS

EXAMPLES OF FRAUD, WASTE, & ABUSE

- Allowing someone else to use your Provider One card.
- Requesting services that are not needed or medically necessary.
- Falsifying your symptoms to receive additional care.
- Allowing your care provider to bill for services not provided.
- Accepting money for being enrolled into services.

TIPS TO REMEMBER

- **DO NOT** give your Provider One card to anyone except your doctor, clinic, hospital or other health care provider.
- **DO NOT** let anyone borrow your Provider One card. Treat your card the way you treat your credit cards.
- **DO NOT** ask your doctor or other health care provider for medical care that you do not need.
- **DO NOT** sign your name to a blank form.
- Ask for a copy of everything you sign. Keep the copy for your records.
- **DO NOT** share your Medicaid records or other medical information with anyone except your doctor, clinic, hospital or other health care provider.
- **DO NOT** give your Provider One card to anyone or do business with door-to-door or telephone sales people who tell you that services or medical equipment are free.
- If you are offered free tests or screenings in exchange for your Medicaid card number, be suspicious. Be careful about accepting Medicaid services when you are told they will be free of charge.

FOR PROVIDERS

EXAMPLES OF FRAUD, WASTE, & ABUSE

- Billing for services not provided.
- Falsifying medical necessity.
- Billing for a more expensive service than was actually provided.
- Double-billing, or billing to both Medicaid and a private insurance agency for the same medical service.
- Billing for services provided by unlicensed individuals.
- Falsifying treatment plans or medical records.
- Giving or accepting “kickbacks,” or something of value in return for providing medical services.
- Falsifying cost reports.
- Providing incentives for referrals.

TIPS TO REMEMBER

- Learn how your job is critical to the efforts of compliance in the system.
- Educate yourself on federal and state laws.
- Ask questions.
- Know the Thurston-Mason BHO Compliance Program.
- Regard auditing and monitoring as opportunities for improvement.
- Create a culture of honesty and high ethics.
- Evaluate risks and implement processes, procedures and controls to prevent, deter and detect fraud, waste and abuse.