Stop health care fraud

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Did that headline get your attention? I sure hope so, because fraud has become a major problem over the last few years. How many times have you seen the news warning people about telephone scams, hacking schemes and data breaches? Unfortunately, it's all too common.

We are all familiar with the term "fraud," but in this column I would like to discuss a couple of other words as well: waste and abuse, as they apply to insurers.

What is fraud, waste and abuse (FWA)?

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.

Waste is the expenditure, consumption, mismanagement, use of resources, practice of inefficient or ineffective procedures, systems and/or controls to the detriment or potential detriment of entities. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Federal Employee Health Benefit (FEHB) program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud because the distinction between fraud and abuse depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors. Some examples of FWA:

- Billing for services that were not rendered
- Misrepresenting who provided the services; altering claim forms, electronic claim records or medical documentation
- Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that aren't medically necessary
- Waiving patient co-pays or deductibles and overbilling the FEHB plan
- Misusing codes on the claim (i.e., the way the service is coded on the claim does not comply with national or local coding guidelines or is not billed as rendered)

Here are some things you can do to prevent fraud:

- Do not give your plan identification number over the telephone, or to people you do not know, except for your health care provider, authorized health benefits plan or Office of Personnel Management (OPM) representative.
- Let only the appropriate medical professionals review your medical records or recommend services.
- Avoid using health care providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Periodically review your claim history for accuracy to ensure that we have not been billed for services you did not receive.
- Do not ask your physician to make false entries on certificates, bills or records to get us to pay for an item or service.
- Do not maintain as a family member on your policy:
  - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise). If you are divorced from a federal employee, or annuitant, you may not continue to get benefits under your former spouse's enrollment. This is the case even when the court has ordered your former spouse to provide health coverage for you. However, you may be eligible for your own FEHB coverage under either the Spouse Equity Law or Temporary Continuation of Coverage.
  - Your child age 26 or older (unless he/she was disabled and incapable of self-support prior to age 26).
  - If you have any questions about the eligibility of a dependent, check with your personnel office if you are employed, with your retirement office (such as OPM) if you are retired, or with the National Financial Center if you are enrolled under Temporary Continuation of Coverage.

The NALC Health Benefit Plan has a comprehensive FWA program. If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service or misrepresented any information, do the following:

- Call the provider and ask for an explanation. There may be an error.
- If the provider does not resolve the matter, call the NALC HBP Special Investigation Unit (SIU), 888-636-NALC (6252), and explain the situation.
- You also can call the Health Care Fraud Hotline at 877-499-7295.