Fact Sheet 10-03

Preventing and Reporting Fraud, Waste and Abuse

What is health care fraud, waste and abuse?

Health care fraud is the intentional misrepresentation of a material fact on a health care claim in order to receive untitled payment. Health care waste and abuse describes practices that, either directly or indirectly, result in unnecessary costs to a health care program. Some elements of fraud, waste and abuse include:*

- Misrepresentation or concealment of a material fact on a health care claim
- Knowledge of false or misrepresented facts on a claim
- Intent to financially deprive or harm the Chief Business Office Purchased Care (CBOPC) and its customers
- Lack of conformity to professionally recognized standards
- Billing for unnecessary medical services or supplies, or billing at prices exceeding customary and usual charges

Who commits health care fraud, waste and abuse?

Providers who intentionally engage in any of the following are committing health care fraud, waste and abuse:*

- Bill incorrectly or bill for services never rendered, inappropriate/unnecessary services or "free services"
- Make false claims about qualifications, licensure and/or education
- Forge a physician's signature or alter information on care plans, prescriptions and/or other medical documentation
- Bill for multiple family members when only one family member received service(s) and/or supplies
- Change or incorrectly code a claim, or falsify a diagnosis or procedure to receive maximum payment
- Falsify records to suggest on-going medical services
- Change dates of service for double billing
- Waive the deductible and copays

Individuals who intentionally engage in any of the following commit health care fraud, waste and abuse:*

- Share health plan authorization cards, claim noncovered dependents or use of a beneficiary's health plan authorization card to obtain health care services
- Use a stolen or a deceased beneficiary's health plan authorization card to obtain health care services
- Ineligible persons using a beneficiary's health plan authorization card to obtain medical services or benefits
- Consent with providers to submit claims for services not received or not necessary
- Fabricate claims or alter submitted medical documentation of any type
- Participate in doctor shopping. ("Doctor shopping" commonly refers to a patient who may or may not have a legitimate physical ailment, but goes from doctor to doctor with the objective of obtaining multiple prescriptions)

CBOPC employees who engage in any of the following acts commit health care fraud, waste and abuse:*

- Fabricate claims
- Provide false application data
- Change a provider's address to intercept claim payments

What are some things a beneficiary can do to assist in combating fraud, waste and abuse?

- Always protect your health plan authorization card and immediately report a card that is lost or stolen
- Be cautious and know to whom you give your health plan authorization card or medical information to

What should I do if I suspect fraud, waste or abuse?

Thoroughly review your Explanation of Benefits. Immediately report, in writing, if a service and/or supply billed to us was not received. Please indicate in your letter that you are filing a fraud complaint and include the following facts:

- Name and address of the provider
- Name of beneficiary listed as receiving the service or item
- Claim number
- Date of the service in question
- Service or item you believe was not provided
- Reason and any information or documentation supporting why you believe the claim should not have been paid

How do I get more information?

- Mail: Chief Business Office Purchased Care
Attn: Program Integrity
PO Box 461307, Denver CO 80246
- Fax: 1-303-398-5295
- Email: CBOPCProgramIntegrityTeam@va.gov
- Website: CBOPC at ***http://www.va.gov/purchasedcare/***

**These lists are not all-inclusive.*

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