



## Facts For Providers

### **ANTI-FRAUD MISSION STATEMENT**

MHNet will not tolerate healthcare fraud or abuse in any of its relationships with our employees, providers, or members. MHNet will monitor, identify, report—and when appropriate—refer for prosecution anyone involved in an instance of suspected fraud or abuse.

#### **WHY SO STRICT?**

It is estimated that fraud and abuse costs the industry from 3 to 10% of its outlay every year. These losses are passed onto the consumers and associated providers in the form of higher premiums and a reduction in benefits offered.

#### **WHAT CAN YOU DO?**

**Educate** yourself and co-workers on what fraud and abuse is and their most common occurrences.

**Incorporate** “Fraud and Abuse” into regular meetings and discuss how to prevent it within your practice or facility.

**Watch** for warning signs of fraud and abuse and help reduce losses.

**Report** questionable activities to the health plan or MHNet.

### **Understanding Fraud and Abuse**

#### **Fraud**

Healthcare fraud may be defined as intentional deception, concealment, or misrepresentation that could result in an unauthorized benefit to an individual or entity.

#### **Abuse**

Healthcare abuse involves practices that do not meet the legal definition of fraud or behaviors that do not meet the criteria for fraud but involve a pattern of practice that results in improper reimbursement.

#### **Warning Signs**

- Suspected use of altered and/or stolen prescription pads
- Repetitive or excessive tests, visits, supplies, drugs, or treatments
- Identify theft
- Falsification of address in an attempt to obtain Medicaid services from another state

### **HOW TO REPORT FRAUD**

If you have knowledge of suspected fraud or abuse involving members, other providers, or employees, please contact MHNet’s QI Department at

**1-800-646-6889**

You may remain anonymous if you wish. Additional information on reporting fraud and abuse can be found at <http://www.cms.hhs.gov/FraudAbuseforProf/>