

Health Choice Arizona

Fraud and Abuse Referral Form

Date of Referral: _____

Your Name: _____

Department at HCA : _____

MEMBER REFERRAL

Member Name: _____

AHCCCS ID #: _____

Rate Code: _____

Reason for Referral (document on separate sheet if necessary): _____

PROVIDER REFERRAL

Provider Name: _____

AHCCCS ID #: _____

Rate Code: _____

Reason for Referral (document on separate sheet as necessary / if claims issues, include copy of claim):

See reverse side for examples of member and provider F/A

Please attach all supporting documentation that is available.

Refer this form & documentation to the HCA F/A Coordinator in the Compliance Department.

If you receive any additional information, please forward it as soon as possible

This information will be tracked in the F/A database.

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

Administrative / 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
Mental Abuse
Emotional Abuse
Sexual Abuse
Discrimination
Neglect
Financial Abuse
Providing Substandard Care
Misdiagnosis

Member Fraud

Eligibility determination Issues:
Resource Misrepresentation (Transfer/Hiding)
Residency
Household Composition
Income
Citizenship Status
Misrepresentation of Medical Condition
Erroneous Reports of Lost/Stolen AHCCCS ID Cards
Misuse of AHCCCS ID Cards
Prescription Alteration/Forgery
Durable Medical Equipment Theft/Misuse

Please note, the above lists only a few examples of potential fraud and abuse scenarios.