Fraud and Abuse

It is the intent of MIHS-HP to prevent fraudulent and/or abusive behavior on the part of its members, providers, subcontractors, and others associated with the management and operation of MIHS-HP. MIHS-HP educates and trains its employees in the detection of fraud and abuse, and instructs them on how to report suspected occurrences.

Fraud and abuse is defined as follows:

- Abuse of a member includes any intentional infliction of physical harm or injury caused by negligent acts or omissions, unreasonable confinement, sexual abuse or sexual assault.

- Abuse by a provider includes practices that are inconsistent with sound fiscal, business, or medical practices, and results in an unnecessary cost to AHCCCS and/or other MIHS-HP plans, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

- Exploitation is defined as the illegal or improper use of an incapacitated or vulnerable person's resources for another person' profit or gain.

- Fraud is defined as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law. (42 C.F.R. 455.2)

The Fraud and Abuse Coordinator is MIHS-HP point of contact when a fraudulent or abusive behavior is detected or brought to the attention of MIHS-HP staff. The Fraud and Abuse Coordinator will report, investigate and follow-up on activities in accordance with MIHS-HP and AHCCCS policies and procedures. MIHS-HP reports all suspected cases of fraud and abuse to AHCCCS and other appropriate regulating agencies.

Control to prevent and detect fraud and abuse include the following:

- All new MIHS-HP employees will be trained on MIHS-HP fraud and abuse policies and procedures, and receive a fraud and abuse information sheet
- A copy of MIHS-HP' policy and procedure is distributed to all staff following each annual review
- Employees who interact with providers and/or members, will be observant for signs/incidents of provider fraud, abuse, neglect, and/or exploitation
- The Member Handbook, which is distributed to all MIHS-HP members, will encourage members to report providers that may be providing unnecessary/inappropriate services, as well as reporting the difference of services rendered and services billed

Any MIHS-HP staff member that suspects fraud and abuse shall immediately report it in writing to the Fraud and Abuse Coordinator. If a staff member has questions or requires advice regarding suspected activity, he/she may call the 24-hour line at 602/344-8111. All information reported will be held in confidence by those reporting or receiving information.

Fraud and Abuse cont.

Confidentiality

MIHS-HP staff will refuse to discuss or share information with unauthorized individuals, protect information from being changed, destroyed, or mishandled, and will keep all information secured. MIHS-HP may take appropriate action if the confidentiality of fraud and abuse reports is violated.