

Types of Potential Healthcare FWA

Below are examples of fraud you may encounter as a member or healthcare provider of State-sponsored programs.

- Member/Beneficiary/Recipient:
 - Impersonation: Someone using personal information of another person to obtain Medi-Cal or Medicare benefits for which he or she would otherwise not qualify or be entitled to receive.
 - Selling prescription drugs or supplies obtained under CenCal Health benefits.

- Provider:
 - Capping: When an individual or provider recruits and pays individuals money or offers gifts in exchange to participate in the Medicare or Medi-Cal program.
 - Balance Billing: A provider charging a Medicare or Medi-Cal beneficiary for the difference between the allowed reimbursement rate and the customary charge for the service.

- Provider Billing and Coding Issues:
 - Billing for services not rendered.
 - Billing for services at a frequency that indicates the provider is an outlier as compared with their peers.
 - Billing for non-covered services using an incorrect CPT, HCPCS and/or Diagnosis code in order to have services covered.
 - Billing for services that are actually performed by another provider.
 - Up-coding.
 - Unbundling services that should be billed together.
 - Billing for more units than rendered.
 - Services performed by an unlicensed provider, yet billed under a licensed provider's name or information.
 - Altering records to receive covered services.