







How do I report fraud?

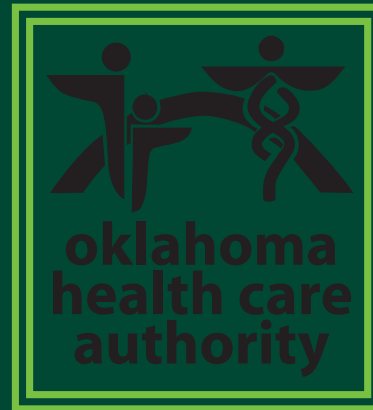


If you suspect SoonerCare fraud, waste or abuse, contact the SoonerCare Helpline at 1-800-987-7767.

Please be ready to provide as much information as possible, including:

-  The name of the SoonerCare member
-  The member's SoonerCare card number
-  The name of the doctor, hospital or other health care provider
-  The date of service
-  The amount of money that SoonerCare approved and/or paid
-  What happened that makes you suspect fraud or abuse

Thanks for helping fight fraud!



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We're Counting on You to Help Us Fight SoonerCare Fraud and Abuse

Tips for Providers from the Oklahoma Health Care Authority



To report fraud,
call the
SoonerCare
Helpline

1-800-987-7767

What is SoonerCare (Medicaid) fraud?

As a SoonerCare provider, you are a valued partner in providing necessary health care to low-income families, people with disabilities, the blind and the elderly. We also recognize that providers are our “front line” in fighting fraud and abuse in the SoonerCare program.

Improper payments drain vital SoonerCare dollars, hurting members and taxpayers. The federal Deficit Reduction Act of 2005 encouraged many organizations to educate their employees about false claims.

Fraud is knowingly and willfully planning and carrying out a scheme to defraud any health benefit program or obtain any money or property owned by or at the cost of OHCA. It also is fraud if you do not report or take action to stop someone from performing fraud against OHCA.

Abuse is defined as unintentionally following practices that violate the guidelines of the SoonerCare program, resulting in unnecessary cost to the agency.

Examples of provider fraud or abuse include:

- Billing for services or equipment that the member did not receive.
- Signing blank documents that can be fraudulently completed later by an unauthorized person.
- Partnering with a company to falsify a Certificate of Medical Necessity form for patients who never needed it.

- Intentionally altering procedure codes to describe more than the services performed for the patient.
- Billing for treatments, services or prescriptions that were not medically necessary or were not covered by program rules.
- Charging members above what SoonerCare pays for services.
- Failing to repay identified overpayments.
- Charging SoonerCare for services provided to patients who are no longer eligible for services or who have died.
- Double billing (charging SoonerCare and the member/other private insurance for the same service or goods, or two providers billing for the same service).
- Billing related services separately to charge a higher amount than if they were combined and billed as one service, group or services or panel of services (“unbundling”).
- Diverting medications meant for patients to provider employees.

Examples of SoonerCare member fraud or abuse include:

- Intentionally selling or sharing SoonerCare ID cards and numbers with others.
- Failing to get prior authorization before receiving services from someone other than their primary care provider.
- Asking for medical care the member does not need.
- Forging or altering prescriptions.
- Allowing someone else to use their SoonerCare card.
- Providing false information in order to qualify for SoonerCare.

Other ways you can help:

- Ensure that a physician orders services for patients.
- Make sure you shred old patient documents.
- Report SoonerCare members who “doctor shop” in an effort to get prescription drugs that can be sold to others.
- Advise SoonerCare about changes in status, such as a physician leaving a provider group or clinic.

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