Privacy Update

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Reporting benefit fraud
The who, what, where, when and why of reporting benefit fraud.

Who is the Fraud Investigations Unit and what do they do?

The DHS Fraud Investigations Unit (FIU) investigates allegations of client benefit fraud in programs administered by the Department of Human Services. When a client fails to report or misreports information such as income, assets, child support or marriages, it may affect their eligibility for food stamps, cash assistance (TANF), Oregon Health Plan and child care payments. The unit also frequently investigates other types of fraudulent information on applications, including:

- A parent reported absent who actually lives at home;
- A listed child who actually lives elsewhere;
- Duplicate benefits;
- Electronic benefits transfer fraud; and
- Child care fraud.

Resources

Privacy program
Telephone: 503-945-5780

Information security
Telephone: 503-945-6812

Information security/Privacy Web site
www.oregon.gov/DHS/admin/infosec/

Privacy help e-mail
PrivacyHelp, DHS

Information security e-mail
SECURITY, DHSINFO

Privacy policies
www.dhs.state.or.us/policy/admin/infosecurity.htm

Staff contacts

DHS PRIVACY PROGRAM STAFF

Jane Alm	Susan Teruya	Marilyn Herron
Privacy officer	Incident coordinator	Program support
503-947-5255	503-947-5026	503-947-7658

DHS PRIVACY COORDINATORS

Linda Weight, CAF/field services 503-945-6119	Marilee Bell, SPD/DD 503-945-5262	Joni DeTrant, State hospitals 503-945-2981
Gloria Anderson, CAF/program and policy 503-945-5700	Diane Duncan, AMH 503-945-6083	Genevie Rosin, GAO 503-945-6726
Sherri Rita, CAF/OVRS 503-945-5227	Dale Elder, DMAP 503-945-6589	Linda Grimms Legal Counsel, DOJ assistant attorney general 503-947-4540
Donna Weaver, SPD/field services 503-945-5977	Steve Modesitt, Public Health 971-673-1293	

Send requests for future privacy/security update topics to: dhs.privacyhelp@state.or.us

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FRAUD

Fraud is intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him - or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

ABUSE

Abuse is practice that is inconsistent with sound fiscal, business or medical practices. These practices result in unnecessary costs to the Medicaid program, or in reimbursement for services not medically necessary or which fail to meet professionally recognized health care standards. Recipients also can engage in abuse that results in unnecessary cost to the Medicaid program.

What if I am not certain something is fraud?

Fraud is the intentional misstatement of or failure to reveal information that affects eligibility for cash, medical, food and child care assistance. If you not sure something is fraudulent it is best to report and let FIU make the determination. By reporting, you are only suggesting that a situation may warrant research. FIU encourages reporting, and it reviews all referrals.

Where or how do I report suspected benefit fraud?

FIU provides numerous options for reporting. These include the following.

- Telephone Hotline 1-888-FRAUD01 (888-372-8301)
- Web site: www.oregon.gov/DHS/aboutdhs/fraud/#clientfraud
- Mail to: Investigations Unit, PO BOX 14150, Salem, OR 97309
- FAX: 503-373-1525

When I report benefit fraud, can I remain anonymous?

Yes. It would help FIU to have your contact information in case the investigator has follow-up questions. But FIU respects the decision of those wishing to remain anonymous. You have the option of reporting without providing your name, number or personal identifiers. The Fraud Reporting Web site does not require identification and only stores the information you provide. In this way you are assured of anonymity.

Why should I care about program integrity, fraud, waste and abuse?

Program integrity ensures that people who need DHS services receive those services in the most efficient and cost-effective manner possible. Fraud, waste and abuse threaten the ability of DHS and providers to supply those services.

What about privacy and confidentiality?

The Department of Human Services holds employees to high standards of confidentiality, and protecting client information is a high priority. However, circumstances may require the use or disclosure of confidential client information without an authorization signed by the client. The federal HIPAA

Privacy Rule and Oregon State law support disclosures when necessary to investigate allegations of fraud and abuse.

Reporting provider fraud

The Office of Payment Accuracy and Recovery's primary objectives are to improve the accuracy of provider and client payments, thus reducing the number and size of overpayments. Another goal is to identify money owed to DHS, including from liable third parties, and recover those amounts.

OPAR's work reflects the value the department places on being a good steward of the public funds, and it helps ensure that DHS is helping as many people as possible with its resources.

Medical provider fraud information
Providers who receive payments from the Division of Medical Assistance Programs (DMAP) and the other DHS divisions are subject to audit. An audit ensures that proper payments were made, to discover possible fraud or abuse, and to recover overpayments.

What is the difference between fraud and abuse?
Fraud is intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him - or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

What are some examples of provider fraud?
- A Medicaid provider submits a claim for services or supplies that were not provided.
- A Medicaid provider uses another medical provider's unique provider identification number to gain reimbursement for services.

Abuse is practice that is inconsistent with sound fiscal, business or medical practices. These practices result in

unnecessary costs to the Medicaid program, or in reimbursement for services not medically necessary or which fail to meet professionally recognized health care standards. Recipients also can engage in abuse that results in unnecessary cost to the Medicaid program.

What are some examples of abuse?
- A medical provider orders diagnostic tests that are not medically necessary.
- A medical provider supplies a power wheelchair for a client who only meets the coverage criteria for a manual wheelchair, and bills DHS for it.

How can one report provider fraud and abuse?
You can report fraud and abuse allegations several ways:
- Telephone Hotline: 1-888-FRAUD01
- Web site: www.oregon.gov/DHS/aboutdhs/fraud/
- Fax to: ATTN: HOTLINE at 503-373-1525
- Report to your immediate supervisors
- Report to your human resources generalist or human resources administrator

Are DHS employees protected from retaliation when reporting suspected fraud and abuse?
Yes. State and federal laws, such as the False Claims Act, protect employees who report suspected fraud and abuse retaliation. Retaliation can take the form of discharge, demotion, suspension, threats, harassment, or other manner of discrimination.

Fraud reporting regulations

Self sufficiency programs
OAR 461-105-0010 to 461-105-0410 (See: 461-105-0130)
http://arcweb.sos.state.or.us/rules/OARS_400/OAR_461/461_105.html
ORS 410.150, 411.320, 418.130, 418.135

Child welfare program
OAR 413-310-0200 to 413-310-0240 (See: 461-310-0230)
http://arcweb.sos.state.or.us/rules/OARS_400/OAR_413/413_310.html
ORS 419b.305

Alcohol and drug treatment records
42 CFR Part 2 - www.gpoaccess.gov/cfr/index.html

Mental health records
ORS 179.505 - www.leg.state.or.us/ors/179.html

Seniors and People with Disabilities
Overpayment Recovery - www.dhs.state.or.us/spd/tools/additional/generic/g.htm
Other Provider Payment Related Procedures - www.dhs.state.or.us/spd/tools/additional/ssam/03.c.htm

Fraud investigations
ORS 409.120 - www.leg.state.or.us/ors/409.html
ORS 411.111 - www.leg.state.or.us/ors/411.html
ORS 411.375 - www.leg.state.or.us/ors/411.html

Vocational Rehabilitation Program
34 CFR 361.38
CFR (Code of Federal Regulations) main page - www.gpoaccess.gov/cfr/index.html

Provider Audit Unit
OAR 410-120-1260, OAR 410-120-1280, OAR 410-120-1320, OAR 410-120-1360, OAR 410-120-1380, OAR 410-120-1395, OAR 410-120-1505, OAR 410-120-1510
http://arcweb.sos.state.or.us/rules/OARS_400/OAR_410/410_120.html

Section 1902(a)(27) of the Social Security Act
42 CFR 431.107
42 CFR 455 and 456
42 CFR 455 regarding Medicaid Integrity states "...requires the State (1) report fraud and abuse information to the Department (CMS)..."
CFR (Code of Federal Regulations) Main Page - www.gpoaccess.gov/cfr/index.html