

# REPORTING

## ❖ Who should report?

Any individual, family, community member who suspects fraudulent activity, waste, or abuse is asked to immediately report the activity to the Quality Improvement Department (1-877-814-4891). Individuals who make a report on good faith are protected by the Federal False Claims Act that prohibits retaliation against individuals for filing, investigating, or participating in a whistleblower action and will be informed that their report will remain confidential.

❖ **Will I be asked to give my name?** YES, however you are not obligated to give your name; however, providing your name gives investigators a point of contact, in the event that follow-up information is needed.

❖ **Will my call be taken seriously?** YES, all reports of possible fraud, waste and abuse are taken seriously and investigated, even if the call is anonymous.

❖ **Will the QI Department reveal my name to the person(s) I am reporting?** NO, even if you decide to give your name when you call, your name is held confidential.

❖ **Will I be told of the outcome of the investigation?** No, all investigations are confidential.

**Your report is  
CONFIDENTIAL  
CALL**

**1-877-814-4891**

**&**

**Ask for the**

**Quality Improvement Department**



**BEDFORD OFFICE**  
1243 Shed Road  
Bedford, Pennsylvania 15522  
Phone 814.623.5166 • Fax 814.623.1298  
[www.ccsprovider.co](http://www.ccsprovider.co)

**SOMERSET OFFICE**  
The Bennett Building, 245 West Race Street  
Somerset, Pennsylvania 15501  
Phone 814.443.4891 • Fax 814.443.4898  
[www.ccsprovider.co](http://www.ccsprovider.co)

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**REPORT  
FRAUD,  
WASTE, &  
ABUSE**



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Department**

## Types of Health Care Fraud and Abuse

- Billing for services, prescriptions, supplies, or equipment that were not needed or provided.
- Submitting duplicate claims for the same service.
- Charging for a more expensive or complex service than what was actually provided.
- Billing for services that were not done, “no shows”, intentionally using incorrect code/modifier, rounding up units, intentionally using or omitting incorrect time in/time out times or intentionally using incorrect date of service when billing.
- Failing to meet quality of care standards resulting in patient abuse and neglect.
- Misrepresenting the service provided.
- Billing for services provided by unlicensed or unqualified persons
- Falsifying or misrepresenting signatures on documentation.

## WHAT IS FRAUD WASTE & ABUSE?

### ABUSE –

Generally refers to provider practices that are inconsistent with sound business, financial or medical practices; and that cause unnecessary costs to the healthcare system or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

FRAUD – Is an intentional false statement made or submitted by an individual or entity who knows that the statement is false, and knows that the false statement could result in some otherwise unauthorized benefit to the individual or entity. These false statements could be verbal or written.

WASTE – Generally means over-use of services or other practices that result in unnecessary costs due to thoughtless or careless expenditures, mismanagement, or incurring costs because of inefficient or ineffective practices. In most cases, waste is not considered caused by reckless actions but rather the misuse of resources.

## Types of Employee Crimes & Misconduct

- Mismanaging or wasting Federal funds, extravagantly, carelessly, or needlessly.
- Soliciting or accepting gifts from outside sources
- Violating conflict of interest standards
- Misusing Government time, equipment, or information.
- Violating conflict of interest standards
- Misrepresentation of information on documents (employee history, falsifying credentials, time sheets, financial