

Combating health care fraud, waste and abuse



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The NALC Health Benefit Plan (the Plan) is committed to combating health care fraud, waste and abuse (FWA) through the prevention, detection, investigation and civil/criminal prosecution of FWA. This commitment is reinforced through the development of policies and procedures and the allocation of resources for our anti-fraud effort.

Fraud increases the cost of health care for everyone and increases your Federal Employees Health Benefits Program (FEHBP) premium.

Here are some steps you can take to prevent fraud:

- Do not give your plan identification number over the telephone or to people you do not know, except for your health care provider or an authorized health benefits plan or OPM representative.
- Let only the appropriate medical professionals review your medical records or recommend services.
- Avoid using health care providers who say that an item or service is not usually covered but they know how to bill us to get it paid.
- Periodically review your claim history for accuracy to ensure we have not been billed for services that you did not receive.
- Do not ask your physician to make false entries on certificates, bills or records to get us to pay for an item or service.
- If you suspect that a provider has charged you for services that you did not receive, billed you twice for the same services or misrepresented any information, do the following:
 - Call the provider and ask for an explanation. There may be an error.
 - If the provider does not resolve the matter, call the NALC HBP Special Investigation Unit (SIU) at 888-636-NALC (6252) and explain the situation.
 - You can also call the Health Care Fraud Hotline at 877-499-7295.
- Do not maintain as a family member on your policy:
 - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise).
 - Your child age 26 or over (unless he/she was disabled and incapable of self-support prior to age 26).
- If you have any questions about the eligibility of a de-

pendent, check with your personnel office if you are employed, with your retirement office (such as OPM) if you are retired, or with the National Financial Center if you are enrolled under temporary continuation of coverage.

- Fraud or intentional misrepresentation of material fact is prohibited under the Plan. You can be prosecuted for fraud and your agency may take action against you. Examples of fraud include falsifying a claim to obtain FEHBP benefits; trying to or obtaining service or coverage for yourself or for someone else who is not eligible for coverage; or enrolling in the Plan when you are no longer eligible.
- If your enrollment continues after you are no longer eligible for coverage (i.e., you have separated from federal service) and premiums are not paid, you will be responsible for all benefits paid during the period in which premiums were not paid. You may be billed by your provider for services received. You may be prosecuted for fraud for knowingly using health insurance benefits for which you have not paid premiums. It is your responsibility to know when you or family members are no longer eligible to use your health coverage.

Medical insurance card sharing

Sharing or giving your medical insurance card or number with someone other than your doctor, clinic, hospital or other health care professional plays a part in health care fraud. Sharing your card with someone who really needs care but doesn't have health care insurance coverage might seem harmless, but you may not be able to get the care you need.

Why would people share their health care insurance card or number?

- Help a family member or friend who needs to see a doctor but doesn't have insurance.
- Sell or trade the card or number for money or goods.
- Protect themselves and their family from someone who threatens harm if their card or number is not shared.

What happens if you share your card or number?

- Someone else's information could be in your medical records, which are linked to your insurance number.
- Your insurance may not pay for the care that you need if they already paid for the same care for the person you loaned your card to.
- You may have a medical problem that conflicts with the person who used your card and the doctor may order tests and drugs that you don't need.
- You may have to pay back money to your insurance company.
- You might have to pay a fine of up to \$500,000 and spend up to 10 years in prison if found guilty of fraud.