Learn more about Fraud, Waste & Abuse

As part of our continued efforts to improve the quality of the healthcare services provided to our members, Doctors HealthCare Plans, Inc. (DHCP) has made a commitment to detect, prevent and deter Fraud, Waste and Abuse (FWA).

What is Fraud, Waste & Abuse?

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any healthcare benefit program or to obtain any of the money or property owned by, or under the custody or control of, any healthcare benefit program.

Waste is overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the healthcare system, including the Medicare and Medicaid programs. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowing and/or intentionally misrepresented facts to obtain payment.

How to Report Fraud, Waste & Abuse

If you suspect fraud, waste or abuse, please report it to us and it will be investigated by the Special Investigation Unit.

To report suspected fraud, waste or abuse, you can contact us by:

- **Phone:** English / Spanish: (833) DHCP 911 or (833) 342 7911
- **Fax:** (786) 628 2600
- **E-mail:** reportfraud@doctorshcp.com
- **Mail:** Doctors HealthCare Plans, Inc., Attn: Special Investigation Unit, 2020 Ponce de Leon, Blvd, PH 1, Coral Gables, FL 33134

You have the option to remain anonymous. All information received by the Special Investigations Unit (SIU) will be treated as confidential, and reporting if needed to state and federal authorities.

Preventing Fraud, Waste, and Abuse

Help protect yourself from fraud. Here are a few helpful tips on how you can help prevent health care fraud, waste, and abuse:

1. Understand Common Types of Healthcare Fraud

Knowing what fraud looks like is your first defense. Common schemes include:

- Billing fraud: Upcoding, unbundling, billing for services not rendered.

- Identity theft: Use of stolen patient or provider information.
- Prescription fraud: Forged or inappropriate prescriptions.

2. Maintain Strong Internal Controls

- Segregate duties: Don't let one person handle all billing or accounting.
- Audit regularly: Conduct routine and random audits (internal or third-party).
- Reconcile EHR, billing, and bank records: Discrepancies can signal fraud.

3. Vet and Train Staff Carefully

- Background checks: Especially for billing, coding, and admin staff.
- Fraud training: Educate staff on red flags, HIPAA, and whistleblower policies.
- Code of ethics: Have a formal document and make it part of onboarding.

4. Secure Patient and Provider Information

- Use strong passwords for all systems.
- Encrypt all PHI (Protected Health Information).
- Limit access to sensitive data on a need-to-know basis.

5. Protect Against Billing Fraud

- Use certified coders (CPC, CCS, etc.).
- Stay current with coding standards (e.g., ICD-10, CPT).
- Use reputable billing software with fraud detection features.

6. Know and Follow the Law

- Familiarize yourself with laws and regulations like the False Claims Act Anti-Kickback Statute Stark Law HIPAA CMS and AHCA regulations

7. Report and Respond Quickly

- Have a reporting process for suspected fraud
- Act immediately on any confirmed fraud
- Cooperate with insurers and regulators if you're under audit or investigation.

8. Verify Patient and Provider Identity

- Ask for photo ID and insurance cards during visits.
- Use biometric or digital verification if available.
- Check NPI numbers and licensure for referring providers.

9. Monitor for External Fraud

- Check your NPI regularly to ensure it's not being misused.
- Review Explanation of Benefits (EOBs) or remittance advice to spot anomalies.
- Subscribe to alerts from CMS, HHS OIG, or your Medicare Administrative Contractor (MAC).

10. Build a Culture of Compliance

- Make integrity part of your office culture.
- Reward ethical behavior.
- Encourage team members to speak up.

Additional Information

For more information on preventing, detecting, and reporting fraud and abuse, as well as other Medicare and Medicaid information, refer to the resources listed below:

Resource	Website
CMS Fraud and Abuse Educational Products	MLN Publications | CMS
CMS Fraud Prevention Toolkit	https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/FraudPreventionToolkit.html
CMS National Training Program Resources	https://cmsnationaltrainingprogram.cms.gov/resources
Center for Program Integrity: Protecting the Medicare & Medicaid Programs from Fraud, Waste, & Abuse	https://www.cms.gov/About-CMS/Components/CPI/CPI-Landing.html
Help Fight Medicare Fraud	https://www.medicare.gov/forms-help-resources/help-fight-medicare-fraud
How to Report Medicare Fraud	https://www.medicare.gov/forms-help-resources/help-fight-medicare-fraud/how-report-medicare-fraud
How to Report Medicaid Fraud	https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/Report_Fraud_and_Suspected_Fraud.html
Medicaid Program Integrity Education	https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/edmic-landing.html

MLN Provider Compliance	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html
OIG Advisory Opinions	https://oig.hhs.gov/compliance/compliance-resource-portal/
OIG Compliance 101	https://oig.hhs.gov/compliance/compliance-resource-portal/
OIG Contact Information	https://oig.hhs.gov/contact-us/
OIG Fraud Information	https://oig.hhs.gov/fraud/
Learn how to identify what Medicare considers fraud & abuse, provisions & penalties, prevention methods, and recognize how to report fraud & abuse.	https://www.cms.gov/Outreach-and-education/MLN/WBT/MedicareFraudandAbuse/FraudandAbuse/story.html

Recent CMS Advisory

Date: July 2, 2025
Ref: Alert: Medicare Fraud Scheme Involving Phishing Fax Requests

CMS has become aware of a scheme to obtain patient records through fax requests.

CMS has been made aware of faxes sent to providers demanding all patient information and medical records for Medicare patients. These requests include verbiage demanding information within a 72-hour deadline. These demand requests appear to include CMS headers for authenticity. Other examples include a header for National Archives and Records Administration (NARA).

CMS reminds plan sponsors and providers that medical record reviews requested by CMS or their contractors will identify specific Medicare beneficiaries, time periods, and encounters or prescription drug event records involved. These requests also provide ample time (typically 30- 45 days) for response.

CMS and the I-MEDIC are using this alert to provide plan sponsors with the details of this scheme to aid your compliance programs in the monitoring of potentially inappropriate requests in accordance with Chapter 9 of the Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual.

Please report your complaints to CMS and the I-MEDIC by using the Health Plan Management System Program Integrity portal.

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