

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section O: Fraud & Abuse (Section § 15 of RFP)	25		
O-1	A, B, and C	O.1 Describe your approach for meeting the program integrity requirements including a compliance plan for the prevention, detection, reporting, and corrective action for suspected cases of Fraud and Abuse in the administration and delivery of services. Discuss your approach for meeting the coordination with DHH and other agencies requirement.	25		

Question O.1

Fraud and Abuse Compliance Plan

Section O: Fraud & Abuse

O.1 Describe your approach for meeting the program integrity requirements including a compliance plan for the prevention, detection, reporting, and corrective action for suspected cases of Fraud and Abuse in the administration and delivery of services. Discuss your approach for meeting the coordination with DHH and other agencies requirement.

Louisiana Healthcare Connections (LHC) will operate a Fraud and Abuse Compliance Plan (FACP) to meet program integrity requirements that includes policies, procedures, work plans, and an oversight committee, in accordance with federal regulations at 42 CFR 438.608 and State regulatory and contractual requirements. With guidance from its parent company, Centene Corporation (Centene), LHC will adopt best in class processes from our affiliate health plans in 11 other states that have achieved “best practice” status. LHC’s staff expertise and infrastructure will contribute toward the administering of a robust waste, abuse and fraud (WAF) program that meets the expectations of the Department of Health and Hospitals (DHH). Centene’s Special Investigation Unit (SIU) conducts oversight activities and coordinates directly with LHC and all of our affiliated health plans from its location in St. Louis, Missouri.

LHC Program Integrity Plan and Processes

The LHC Fraud and Abuse Compliance Plan (FACP) and work plan will focus on identification, prevention, deterrence, reduction, correction and reporting of waste, abuse and fraud while preventing potential health risks to members. In addition, LHC will cooperate with DHH, federal and any authorities in the investigation and prosecution of any suspected fraud by a provider, member, or subcontractor and will fully comply with all state and federal laws and regulations relating to fraud, abuse, and waste in the Medicaid and CHIP programs. LHC will submit our FACP document and work plan to DHH within 30 days from the date of contract signing and will submit all updates and modifications to DHH for approval at least 30 days in advance of making them effective. We will review and update our program document, following DHH approval, at least annually to ensure that the results of previous year’s activities and “lessons learned” are incorporated into our program. Revisions to the document will incorporate the best practices of our affiliate health plans and any DHH requested additions or revisions. This document includes citations to all applicable State and federal laws and documents the commitment of all LHC staff to compliance. The FACP outlines LHC’s responsibilities, processes, lines of communication, standards, and is organized around four major components: Education and Training, Prevention, Detection and Investigation Processes, and Reporting.

Program Goals and Objectives. LHC will update its FACP at least annually and will set goals and objectives outlining the compliance activities we will conduct to achieve program goals. Compliance activities are developed by adhering to state and federal laws, rules and regulations from the Office of Inspector General; direction from DHH; issues identified by Centene’s Special Investigation Unit (SIU) or affiliate health plans; and issues identified by the LHC staff in their interactions with members, providers and subcontractors. The main components of the FACP are outlined below:

- 1) **FACP Leader:** Designate a Compliance Officer and Compliance Committee to oversee internal and external monitoring activities. Compliance Officer has the authority to carry out the provisions of the FACP and communicate effectively with regulatory authorities and DHH agents.
- 2) **Administrative Provisions:** Provide a systematic method for identifying, investigating, and taking corrective action against any person found in violation of items related to Medicaid Program Integrity.

- 3) **Communication, Training and Education**: Ensure that all LHC providers, subcontractors, officers, directors, managers, and employees understand the FACP and their role in the compliance process as well as consequences of noncompliance.
- 4) **Confidential Reporting Mechanisms**: Ensure confidential reporting of WAF issues through hotlines and other well-publicized means and prevent retaliation against providers, members, and staff for reporting incidents.
- 5) **Timely Reporting to Authorities**. Provide a method for reporting suspected and/or investigated cases of WAF to the appropriate State or Federal authorities, with the right information at the right point in the process.
- 6) **Ongoing Monitoring**: Provisions made and procedures developed for internal monitoring and auditing, including timelines for development and completion of corrective action plans and prompt response to reported WAF.

LHC develops each goal, objective, and activity so that responsibility and accountability for the steps involved, the documentation required, and the oversight is clear. LHC documents all WAF activities, including correspondence with providers, recoupments if applicable, receipts of voluntary repayments, and education activities conducted.

Compliance Officer. LHC will designate its LHC Compliance Officer as the organization's FACP authority with the ultimate oversight responsibility for carrying out the LHC FACP. This individual and his staff will be experts on the regulations related to health care fraud and abuse, and he or his designee will interface and communicate with DHH and CMS, as the issue demands. The LHC Compliance Officer routinely communicates with Centene's Compliance Committee as well as colleagues at affiliate health plans on common issues, best practices, and training initiatives. The LHC Compliance Officer is accountable to the LHC Board of Directors and is also answerable to Senior Management.

Compliance Committee. The LHC Compliance Officer will serve as the Chair of the LHC Compliance Committee, which meets monthly and includes managers from every LHC department. This committee reviews and determines the need for further action regarding any identified issues of noncompliance.

Policies & Procedures. The LHC FACP will include policies and procedures specific to fraud and abuse detection, prevention, investigation and reporting. LHC will adopt those fraud and abuse policies and procedures that its parent company, Centene, has implemented through its SIU for affiliate health plans. LHC is committed to complying with all State and federal standards regarding fraud and abuse prevention and detection and shares the same definition of Fraud presented by DHH in CCN-P RFP. In addition to adopting the policies and procedures in Appendix EE of the CCN-P RFP, LHC will develop additional policies and procedures as may be required by DHH or to comply with relevant state and federal laws, CMS, HHS, the Office of Inspector General or any such standards established or adopted by the state of Louisiana or its Departments.

Corporate Compliance Meetings. The LHC Compliance Officer will meet at least every other month with representatives from LHC's Claims Research, Provider Relations, Provider Services, and Member Services teams, as well as Centene's SIU to review the FACP, update all open activities, share results, and discuss any outstanding issues. These meetings, when coupled with regular calls and ad hoc meetings, allow the LHC Compliance Officer and other LHC representatives to interface with our parent company's SIU and share compliance best practices with affiliate health plans. The SIU provides this committee with reports, analysis, and research on any potential issue.

Corporate Support. The Senior Director of the SIU reports to Centene's Vice President of Ethics and Compliance, and is a member of the National Health Care Anti-Fraud Association's (NHCAA) Board of Governors and regularly attends trainings and conferences. The SIU interacts with Centene's Chief Medical Officer, Medical Management, Contracting, Compliance Coding and Claim Services Units as needed and shares all information and best practices with affiliate health plan staff, including the LHC Compliance Officer. Support from the SIU, along with other input, provides us with cutting edge information for inclusion in the LHC FACP and work plan.

State Meetings. The LHC Compliance Officer and other designated LHC representatives will attend all meetings set by DHH to collaborate on FACP policies and operations, including procedural updates or training sessions. The LHC Compliance Officer will be the point person for communication with DHH officials and will be available to meet periodically with DHH and the State’s Office of Inspector General Medicaid Fraud Control Unit (MFCU) to discuss any identified issues of fraud, abuse, neglect or overpayment.

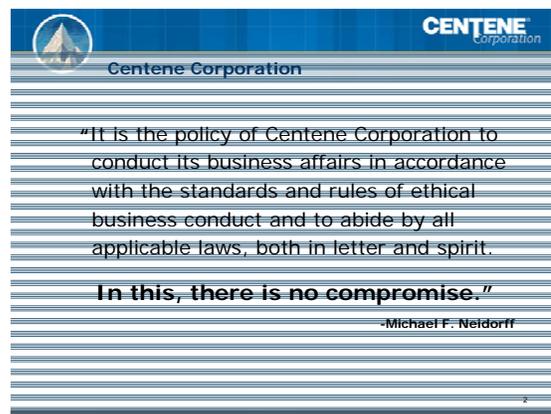
LHC Education and Training Regarding Fraud and Abuse

Annual Staff Training. LHC believes that the key to preventing, deterring, detecting and stopping waste, fraud, and abuse lies in training employees at all levels of the organization. LHC will include training on WAF in our Business Ethics and Conduct training module and during new hire orientation. The Employee Handbook, which every employee is required to read, also reinforces this information. We also conduct a series of company wide mandatory training sessions each year. Every fall, the LHC Compliance Officer will attend a Centene Corporate Compliance Conference where each attendee receives an updated guide and training materials, which are used to train all health plan staff. During the fourth quarter each year, all employees, subcontractors, temporary staff and any consultants must attend a FACP training session led by a trained member of the LHC Compliance Department. These training sessions are limited to 20 persons to allow the attendees to confirm their understanding, share relevant experiences, and ask and receive answers to questions. We document each session through attendance logs and the training materials, which are scanned and saved to show completion in our Compliance 360[®] comprehensive compliance program management tool. The latest PowerPoint training deck is available for DHH’s review.

The goals of our FACP and extensive training initiatives are to:

- Uphold LHC’s commitment to business ethics and compliance
- Educate our employees on identifying and preventing occurrences of WAF
- Provide discipline or additional education, as appropriate
- Provide reporting mechanisms and complete any necessary reporting

For the past two years, we have set the tone organization-wide for our training sessions by starting with the following slide:



The focus of our training is the LHC and Centene code of conduct, which insists that all employees, officers, and directors, have the responsibility to comply with our compliance policies and all applicable state, federal and local laws and regulations at all times and to report any concern they have regarding possible noncompliance. LHC employees will be trained to notify the SIU, either directly or through the Compliance Officer or toll-free hotlines, of any identified issues. Our organizational value of integrity

stipulates that failure to report a violation is considered a violation of our code of conduct. In addition to all WAF requirements, both state and federal, other training modules include requirements to not use or disclose confidential information, engage or assist with insider trading, and not provide monetary business courtesies to government employees. Staff will also be trained on the requirements of the False Claims Act and Anti-Kickback statute. This annual mandatory training also educates and reminds employees of our obligations under the federal HIPAA privacy rules (including updates like HITECH), and State laws to protect the privacy of our members' information.

We conclude training sessions with a reminder that there can be a wide range of consequences for employees who violate our policies and the applicable laws and regulations. This includes personal, civil and criminal consequences for people who engage in violations, or know about them and do not report them; as well as consequences under our disciplinary guidelines up to and including termination of employment. LHC's goal is to maintain transparency and continue to build on our parent company's reputation as an organization that strives for the highest ethics and compliance and proactively identifies and mitigates any potential instances of noncompliance.

Intranet Training for Employees. In addition to the annual training, Centene and LHC provide computer based training modules on topics such as "Speaking Up: How and When to Speak Up with a Concern." This online course takes employees through a scenario of speaking up to a manager about a potential conflict of interest, including the proper way to make a report, how the manager should handle the situation, our zero tolerance non-retaliation policy for a report submitted in good faith, and what to expect from an investigation and follow up. Other online sessions related to maintaining program integrity have included:

- Identification, Reporting, and Resolving Conflicts of Interest
- Avoiding Insider Trading
- Centene 101 – Compliance, HIPAA and Fraud and Abuse
- Handling Employee Complaints and Concerns

Provider and Subcontractor Training. During orientation sessions, LHC will educate providers about our FACP, which includes information about their obligations and how to report any concern directly to the health plan or via our WAF hotline. We also disseminate this information in our Provider Handbook, through articles in LHC's quarterly Provider Newsletter, *Provider Watch* (also available on the web to both contracted and non-contracted providers), in letters, in classes, and during onsite visits to individual providers. These visits may be routine, the result of a random audit, an issue focused audit, or an inquiry generated by some reported concern.

LHC will educate our subcontractors and consultants during their initial orientation meetings. Any of their personnel who work onsite are also included in our mandatory annual trainings. LHC's contracts with subcontractors and consultants contain terms obligating them to comply with all relevant laws, regulations, DHH mandates, and incorporate, by reference, our Provider Manual. Furthermore, we contractually obligate subcontractors to immediately report any concerns about noncompliance within their organization; or that they may have observed at LHC, at a provider's office, by a member, or by another subcontractor. At a minimum, LHC will meet quarterly with each of its subcontractors or more frequently based on volume of business, criticality, sensitivity of responsibilities, or historical performance. During these oversight meetings, we review operational reports, compliance, and program integrity efforts.

Member Training. We will educate our members about WAF prevention in the Member Handbook, quarterly Member Newsletters, the Member Portal, and through new member orientation (welcome) calls. LHC will provide these resources to all new members, including those who lose eligibility and re-enroll with the plan. Our materials provide guidance to members about proper use of the Emergency Room (ER), utilization issues, and how to report persons suspected of abusing program benefits.

Internal Communication Processes Regarding Fraud and Abuse

Our Compliance Department, led by the LHC Compliance Officer, uses several methods of communication to address employee concerns, questions, and reports of potential noncompliance. The combination of new hire orientation and ongoing employee training, along with the participation of Compliance Department staff in Quality Improvement Committee and workgroup meetings encourages our employees to approach our Compliance Committee members with any questions or concerns. In addition, we provide an internal and external toll-free hotline for employees, providers, members, subcontractors, or others to anonymously report their noncompliance concerns. These phone lines are available 24 hours a day, 365 days a year, and are operated by a third party that specializes in providing confidential assistance to corporations. Use of a hotline that is administered by a third party enhances the potential for reporting of WAF issues and allows callers to report concerns anonymously. The hotline administrator logs all suspected WAF issues and forwards them immediately to the Centene Compliance Officer or SIU for further investigation. If SIU agrees that there is a problem, the information is forwarded to LHC's Compliance Officer for action. LHC will report this information to the State within 24 hours of discovery, or sooner if possible, and take prompt corrective action.

LHCs' staff training will include instruction on the variety of resources staff can use to report a WAF issue or concern, including the employee's supervisor, the Compliance Department, the toll free WAF Helpline, or Centene's Compliance Committee representatives. We stress during our training that the most important thing is to report any and all suspected instances of WAF or noncompliance without fear of retaliation. All reporting resources (including telephone and e-mail contact information) are listed in training materials and the employee handbook. LHC will ensure that the written policies and trainings described above emphasize that the consequences of any willful violation or failure to report will result in discipline up to and including termination of employment.

Enforcement of Standards

As described above, we use a number of different methods to notify and educate internal staff and providers about our FACP. This includes how LHC will enforce the program requirements. LHC will ensure that the written policies and training programs described herein will also be included in provider agreements and provider manuals and emphasize that any willful violation or failure to report suspected fraud and abuse will result in discipline up to and including termination of employment. For example, our provider contract contains a provision that allows us to terminate a provider's contract for failure to comply with our contractual requirements or cooperate with quality monitoring and improvement activities. Similarly, LHC will enforce compliance by subcontractors with corrective action clauses in our subcontracts and monitor performance through regular reporting and oversight meetings. Should we find an issue or receive a report of a concern, we discuss it with the subcontractor and implement a corrective action plan. Severe or repeated issues may result in termination of the subcontract and if warranted, a report to the appropriate authorities.

LHC's enforcement of program integrity also extends to members. If LHC receives a report of member misuse of benefits, LHC will analyze claims reports and examine any existing case management files to validate or invalidate the report. If we discover member abuse or fraud has occurred, we will report the member to DHH. If waste or inappropriate use of services is identified, we will contact the member, address the concern with them, and offer solutions to avoid recurrence. We will also contact the member's PCP to be sure he or she is coordinating the member's care appropriately. In some cases, we refer the member to case management, or temporarily restrict them to one PCP (according to DHH guidelines) until the issue is resolved.

LHC Detection and Investigation Processes for Claims

Internal Monitoring and Auditing. Based on previous experience and emerging fraud trends, LHC, in collaboration with the SIU, develops provider and member claims audit tools. Audits may be focused on a group of providers or provider types with concerning billing patterns. LHC's parent company, Centene avails its affiliated health plans, including LHC, with a variety of tools, resources and programs aimed at uncovering and eradicating fraud and abuse. These tools and programs include:

- **ClaimsXten® (CXT):** This McKesson LLC claims prepayment auditing software is used to review outpatient facility and physician claims after adjudication but prior to payment. CXT ensures the claims are in compliance with national coding guidelines published by CMS, the American Medical Association (AMA) and various specialty organizations (i.e., CMS' Correct Coding Initiative). This tool is able to identify billing errors without delaying payment to the provider.
- **HealthCare Insight (HCI):** Centene recently entered into a strategic partnership with Verisk's HealthCare Insight (HCI) to supplement CXT's evaluation of claims to further detect clinical coding errors, inaccuracies, and potentially fraudulent billing behaviors. HCI will enhance the CXT code editing process and will enable LHC to offer an additional screening for clinical billing discrepancies prior to payment without materially disrupting claims turnaround time. While CXT applies CPT and CMS rules, the HCI service focuses on individual patient and provider histories comparing each submitted claim service line to the claims history of each member and the provider's previous billing history. Using supporting medical claims data, HCI can identify claims that previously could not be identified by pure code editing software alone. For example, HCI can identify upcoding, misuse of modifiers, split billing, and extensive use of complex codes. HCI conducts an initial sweep of the paid claims file (typically within two hours) and returns a notification of claims *failing* the edits. Claims successfully passing the HCI edits are released for payment whereas those failing the HCI edits are suspended and flagged for additional review. HCI's certified registered nurses and coders then review the inappropriate or unusual billing patterns detected by the system to assess and evaluate the validity of any detected anomalies. Upon completion of the review (typically within eight hours of the claim failing the edits), HCI will recommend claim payment or denial. Prior to finalizing the claim, our Claims Compliance team will review and approve or deny all HCI recommendations. As a result, these additional fraud and abuse controls will assure that only accurately and properly coded and billed services will be reimbursed. HCI has thousands of edits to help reduce wasteful spending. Since the HCI process was implemented in LHC's Florida health plan affiliate, Centene has identified and eliminated approximately \$30,000 of wasteful or abusive billing per week.
- **Claims Payment Audits:** The corporate Claims Audit Department will perform a comprehensive audit of a statistically valid sample, utilizing a confidence level of 99%, of all LHC processed claims including paid, denied, appealed, and adjusted claims. The steps of this statistically valid claim audit include ensuring the following criteria are met:
 - Claimant was eligible for benefits at the time the services were provided
 - Claims were processed in accordance with utilization review and case management decisions
 - Claims data was complete and accurately entered into the system
 - Authorizations were on file for all claims, where appropriate
 - Contracted providers were paid in accordance with contractual rates
 - Nonparticipating providers were paid in accordance with Louisiana Medicaid rates
 - Other insurance was investigated for coordination of benefits, and when appropriate, LHC liability was reduced
 - Duplicate claim submissions were identified and denied
 - Reimbursement was made to the correct party
 - Non-covered services were appropriately identified and denied
 - Processed claim was supported by adequate documentation

- Verification that services for which reimbursement was made was provided to member
- **EDIWatch:** Centene will utilize EDIWatch to monitor LHC claims postpayment activities. EDIWatch is a fraud and abuse software that identifies suspicious billing trends and is used to train claims investigators. EDIWatch employs hundreds of edits to identify outliers, such as high cost claims, upcoding, procedures not approved at an ambulatory surgery center, unusually high number of units, excessive new patient visits, diagnoses or procedures incompatible, mutually exclusive codes billed together, add-on codes billed without primary CPT codes and non-emergency procedures billed on Sundays or holidays. In addition to known fraud schemes, EDIWatch utilizes both CMS and AMA guidelines for these edits. Recently, Centene identified an OB/GYN provider serving our affiliated Texas health plan billing for infertility services, which were not covered benefits. Record review confirmed the billing of infertility treatment, unnecessary ultrasounds and services not documented. The provider has been referred to the Texas Health and Human Services Commission OIG and a prepayment review has been initiated, which is expected to result in a savings of approximately \$125,000.
- **Business Objects:** Business Objects is a claims extraction tool that Centene will utilize to review LHC claims. We periodically review the number of doctor and emergency department (ED) visits per LHC member. Member queries are written using Business Objects to help identify potential doctor shoppers, ED abusers, and individuals who share their Medicaid ID card. These reports will be forwarded to LHC for further investigation and to develop appropriate corrective actions.
- **Quality Control Audits.** LHC and Centene's Medical Management units will conduct regular joint quality control audits by reviewing various reports including those related to providers with a high number of referrals, providers providing outdated treatment, and member ED utilization.
- **Subcontractor Oversight.** As part of LHC's oversight of all subcontractors, we will require subcontractors to report any suspected fraud or abuse to LHC's Compliance Officer. The LHC Compliance Officer will ensure that any subcontractor reporting follows the same processes described herein.

The SIU will review the potential concern, usually as part of the regular Joint Internal WAF meetings, and determine if it is a billing error correctable with education or if it appears to be an issue of abuse or fraud, which requires further investigation. The SIU will evaluate and provide the WAF meeting attendees with analyses of the relevant claim history, comparable provider billing practices, comparable member utilization patterns, State regulations; an evaluation of the claims causing potential concern; and a review of member or provider addresses. If necessary, the opinions of the Medical Director or Peer Review committee members will be sought and considered. LHC will work with DHH to review our current processes and will comply with any requested process changes.

Investigating and Reporting of Fraud and Abuse

If any situation is believed to be fraud or abuse after review by the Internal Joint WAF Committee or the SIU, LHC's Compliance Officer will be notified immediately. The LHC Compliance Officer will immediately notify the appropriate State offices, depending if the case is member or provider related. When LHC believes that a provider billing error exists, but the problem does not amount to fraud, we will work together with the SIU to investigate, educate the provider, and correct the situation. If necessary, a provider may be placed on prepayment review. When this occurs, the LHC Compliance Officer and the SIU will work together to ensure that medical records are reviewed to prevent overpayments for future claims submitted by the provider. Once a provider is educated, the SIU will re-review the provider's billing practices within one year of the education to validate that the erroneous billing pattern has been corrected. If the billing pattern has been corrected, the case will be closed and the resolution reported to DHH. If it has not, the LHC Compliance Officer will be notified. The LHC Compliance Officer will work closely with DHH to determine the next steps of the investigation.

Investigation Conducted by State. Once a case of suspected fraud is reported to the State, LHC will suspend all plan efforts to investigate, resolve, or take further action, unless otherwise directed by the DHH, so as not to interfere with any ongoing State investigation or enforcement process. Neither LHC nor our parent company will disclose the existence of any investigation conducted by DHH or a federal law enforcement agency. If the State gives us approval to complete our investigation, the LHC Compliance Officer will notify Centene's SIU. It is our policy to verify with DHH on how they prefer LHC to handle future claims received from the provider while an investigation is underway. For example, we will not put a reported provider on pre-payment review without DHH permission. We understand that should a recovery be made by the State, LHC may share in that recovery to the extent that we have documented any losses. We understand that we will receive reimbursement only after the State has recovered its cost of pursuing the action and that reimbursement will not exceed actual losses.

Investigation Conducted by LHC. When we have reported a concern to the State and have received authorization to pursue the investigation ourselves, Centene's SIU will assign a case number and conduct a preliminary investigation within 30 working days of receipt. The preliminary investigation includes a description of other investigated SIU issues, when the provider or member last received education, a review of billing patterns for suspicious indicators, discussion of which State regulations or program guidelines have been violated, and a review of the preliminary conclusions with Centene's Chief Medical Officer. If no irregularity is detected, the case is closed, filed for future reference and the Internal Joint WAF Committee and LHC's Compliance Officer will be informed of the results.

If it is determined that there is a billing error, but not fraud, the Internal Joint WAF Committee and the LHC Compliance Officer will request that the SIU prepare and send an education letter to the provider. This letter may contain a notice to recoup overpayments. Providers have the right to appeal any planned recoupment. The Provider Relations Specialist to the Internal Joint WAF Committee will work with Provider Relations and Network Development staff to determine if the notice should be delivered via mail or in person.

If it is determined that medical records are necessary to facilitate review, the SIU has 15 working days to select a sample and send the request to the Internal Joint WAF Committee and the LHC Compliance Officer for review and approval. Upon approval, the SIU will send a certified letter to the provider requesting records. Once the medical records are received, within 60 working days, the SIU will review the medical records and discuss the results with Centene's Chief Medical Officer. The Internal Joint WAF Committee and the LHC Compliance Officer will be informed of the results; the LHC Chief Medical Director will also have the opportunity to review the results. If fraud or abuse is identified by the reviews conducted, Centene's SIU will work closely with the Internal Joint WAF Committee and the LHC Compliance Officer to ensure that DHH receives all relevant information pertaining to the case in a timely manner.

Reporting Concerns to the State. A crucial part of our FACP is to report any provider (individual, group, clinic, hospital, pharmacy, agency) whose billing activity appears to be more than erroneous or even abusive to the State. While LHC will provide any assistance including written materials, an onsite visit, or resources to help educate providers and their office billing staff about errors, LHC will report any provider to DHH if we suspect a provider is submitting claims that are wrongly coded or not supported by documentation, we receive a credible report of fraud, or we have requested recoupment that is not received. Our LHC Compliance Officer, or designee, will forward the following information to the appropriate State agencies:

- Provider name and ID number
- Source of the potential compliance issue (if known)
- Type of provider
- Nature of the potential compliance issue
- Approximate dollars involved

LHC recognizes and will provide documentation to any of the state identified resources below:

- Louisiana Medicaid Office of Program Integrity via US Mail
- The Louisiana Medicaid fraud hotline toll free number, 1-800-488-2917
- Fraud reporting fax line 225-219-4155; or
- DHH website www.dhh.louisiana.gov/offices/?ID=92

Member fraud is often on a smaller scale than provider fraud; however, it is critical to monitor our program, including case management data, member calls, and claims data to deter, detect, and resolve any issue. Some of the indicators we will train our staff to be aware of include:

- Similar treatments or medications prescribed by more than one doctor
- Members receiving similar treatment by more than one doctor
- Excessive doctor visits to providers other than the member's PCP
- High volume of ER visits

These indicators are not absolute proof of member fraud but simply caution that a member's chronic condition is not under control or the member has a condition that has not been properly diagnosed and requires plan intervention. If LHC has suspicions or knowledge of member fraud or abuse, we will report it immediately to DHH.

Quarterly Reporting to the State. LHC will report quarterly to DHH on our progress in accomplishing our compliance activities, including meeting our goals and objectives. We will also report provider educational initiatives related to billing and medical records. We will keep DHH informed of important findings of our investigations, such as if we were to identify what appeared to be a trend in a certain type of billing error in one part of the State or an identifiable health system, or a group of providers that appeared to be billing members inappropriately. LHC will also include a list of recoupments from providers in its quarterly report. All instances of suspected fraud, abuse, waste, neglect, and overpayment will be reported to DHH immediately upon discovery.