

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.
ACCESS TO RECOVERY (ATR)

POLICY MANUAL	AAIR PROGRAM	PAGE	1 of 1
CHAPTER 22	FRAUD AND ABUSE	NUMBER	c22.s1.0

SUBJECT Definition of Fraud and Abuse

EFFECTIVE DATE 8/11/09
REVISION DATE

POLICY:

It is the AAIR program policy to prevent, detect, and prosecute acts of fraud and abuse committed against the AAIR program and its business associates, providers, and clients. AAIR program business associates, providers, and clients who suspect a potential act of fraud or abuse must file a fraud and abuse report with the AAIR program in accordance with **c22.s2.0 - Reporting Fraud and Abuse**. Upon receipt of a report, the AAIR program will initiate a fraud and abuse investigation as outlined in **c22.s3.0 - Investigation of Fraud and Abuse**.

DEFINITIONS:

1. Fraud means an act of deception or misrepresentation made knowingly by an individual or group, with the intention of obtaining an unauthorized benefit made possible by the fraudulent act. Some examples of fraudulent practices are:
 - a. Omissions of relevant material facts
 - b. Making false or fictitious statements
 - c. Misrepresenting credentials
 - d. Violating AAIR program participation agreements
 - e. Failure to make appropriate disclosures
 - f. Falsifying records and other documents

2. Abuse means a practice that is inconsistent with accepted professional standards, resulting in improper costs to the AAIR program or its business associates, providers, and clients. Some examples of abusive practices are:
 - a. Making improper diagnoses
 - b. Billing for services not rendered
 - c. Accepting payment for services not rendered
 - d. Overcharging for services rendered
 - e. Misrepresenting treatment encounters
 - f. Misrepresenting client outcomes
 - g. Providing sub-standard levels of care

[END]