

Please provide a description of your fraud and abuse detection and prevention program, addressing the following questions.

ORGANIZATION

1. Provide a detailed organizational chart showing your fraud control operation. Please include the title and a brief description of each member's role in the unit.
2. Discuss your training program for staff members assigned to your fraud control operation.
3. What is an acceptable level of fraud in your organization in a business sense (i.e., the level at which you would not be willing to invest additional resources in fraud controls)?

BUDGET/COST ALLOCATION

4. What percentage of the plan's total business (based on membership) is the FEHB Program?
5. What percentage of total claims paid by your plan do you estimate is paid on fraudulent claims? What is the basis of this estimate?
6. How are the costs associated with the fraud control operation allocated to the various lines of business?

PERFORMANCE INDICATORS

7. How do you measure the performance of your fraud control operation?
8. What criteria do you use for case/investigation selection and for decisions regarding criminal/civil prosecution or settlement?
9. Does the plan maintain a log/listing of FEHBP fraud recoveries?

OPERATIONAL

10. Explain how you manage referrals from the following sources:
 - a. Calls from subscribers, beneficiaries, and providers received on a toll-free and local "hot lines"
 - b. Referrals from claims examiners
 - c. Referrals from the Utilization Review Department
 - d. Referrals from other plan associates
 - e. Referrals from law enforcement agencies
 - f. Special fraud detection studies
11. Is the FEHBP included in all fraud investigations?
12. Are you currently active in a health care fraud task force?
13. What is your criteria for notifying law enforcement agencies of a potential fraud case? At what point do you notify OPM/OIG of a potential fraud case?
14. Do you notify OPM/OIG of a fraud case that has been accepted for prosecution by the United States Attorney's Office/Attorney General's Office/or local District Attorney's Office? If so, how quickly do you notify these offices?
15. Do you notify OPM/OIG of restitution ordered as a result of a fraud case successfully prosecuted by the United States Attorney's Office/Attorney General's Office/or local District Attorney's Office?

16. Describe your plan's procedures/policies for educating or re-educating providers who are identified by audit or prepayment review as having incorrect billing practices. How long are provider education records retained?
17. Does staff in your fraud control operation have the authority to implement fraud-specific edits in the claims processing system? If so, are results of the fraud-specific edits reviewed?