

**LOUISIANA UNITED METHODIST CHILDREN
AND FAMILY SERVICES, INC.**



**CODE OF ETHICS
AND COMPLIANCE**

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Greetings!

As an employee of Louisiana United Methodist Children and Family Services, you are a member of a large family of individuals who work across Louisiana to achieve our Mission: We guide children and families home to experience God's love by following the teachings of Christ.

Since our founding in 1902, our work has been ministry. We are the hands of the church ministering to Louisiana's children and families.

Today we benefit from and participate in a tradition of ethical behavior, exceptional ministry, and a solid reputation. These three will continue into the future for those who follow us only if we remain committed to our values, vision of ministry, and our mission – and act with integrity.

Over the years, our Board of Directors and staff have given particular attention to ethical behavior. We have taken the time to put our ideas about ethics on paper. Three critical documents exist in our *Personnel Policy and Procedures Manual*, which articulate the ethical standards we maintain for ourselves.

The *Organizational Code of Ethics* (Policy 1.2.1) is a commitment by Louisiana United Methodist Children and Family Services to perform its ministry in keeping with a set of ethical standards established by our Board of Directors. The *Ethical Reporting Policy* (1.2.2) requires members of the Board of Directors, officers of the corporation, and employees to observe high standards of business and professional ethics in their duties and responsibilities.

The *Employee Code of Ethics* (Policy 6.1) is a statement each employee signs when hired, affirming he or she agrees to abide by the ethical standards it stipulates for employees. This is a crucial agreement each of us enters into as an employee of Louisiana United Methodist Children and Family Services.

Violations of this *Code of Ethics* may be grounds for dismissal from employment.

Ethical behavior does flourish in organizations that encourage transparency and where staff discuss moral dilemmas. The environment in which we work changes frequently, offering us both opportunities and barriers. When we first face a new decision, it is essential that we take time to discuss the options it presents and determine which choices may be best.

You have heard it from the Sermon on the Mount. If salt loses its taste, it is useless. Hidden light leaves only darkness.

Our ministry requires that we flavor Louisiana with grace, shine light in those dark corners where children and families are neglected and needy, and work to further the Kingdom of Heaven. This is our calling. Being faithful to that call requires exemplary behavior.

These pages provide the minimum standards we have chosen for ourselves and some of the regulations we have accepted in partnership with others. You are part of an organization committed to doing ministry in ways that offer you opportunities to become more than you could be if you were to choose anything else. Act ethically, talk with your coworkers about ethical behavior, ask questions about ethical behavior, and report unethical behavior.

Rick Wheat

President and CEO

Code of Ethics and Compliance

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ORGANIZATIONAL CODE OF ETHICS

Personnel Policy and Procedures 1.2.1

Louisiana United Methodist Children and Family Services, Inc., inspired by its mission and long tradition of ministry, covenants perpetually to act in an ethical manner. As an organization grounded in Scripture, and balanced by reason and experience, Louisiana United Methodist Children and Family Services, Inc. acknowledges and strives to emulate the example of Jesus Christ who cared for persons in ways which were appropriate, compassionate, patient, empowering, liberating, complete and sacrificial. To this end, Louisiana United Methodist Children and Family Services, Inc. commits to perform its ministry in keeping with the following ethical standards:

Louisiana United Methodist Children and Family Services, Inc. treats all individuals with dignity and respect, guarding against abuse, neglect, invasion of privacy and economic exploitation. This organization does not discriminate against or refuse professional services to anyone on the basis of race, color, creed, age, sex, religion or nationality. Louisiana United Methodist Children and Family Services, Inc. does not condone or tolerate any form of harassment or discrimination of clients or employees. Louisiana United Methodist Children and Family Services evidences a genuine respect for and interest in all persons served as well as those who provide services. This agency is dedicated to the best interests of clients and employees and works to help them help themselves.

As an organization committed to provide the highest quality of service, Louisiana United Methodist Children and Family Services, Inc. values the individuals it employs to accomplish its mission. Employees are recruited, employed, trained, supervised and evaluated in a responsible, fair, considerate and equitable manner. Louisiana United Methodist Children and Family Services, Inc. appropriately trains staff members for the positions they hold and encourages the personal growth and development of all employees.

Louisiana United Methodist Children and Family Services, Inc. maintains a safe, secure and accessible environment which supports the provision of services in an atmosphere of holistic caring.

All financial policies of Louisiana United Methodist Children and Family Services, Inc. are based upon sound economic principles and are public and non-discriminatory and in keeping with the standards set by this Organizational Code of Ethics. No client's financial condition will be a barrier to care, nor will services be withheld or terminated due to a client's inability to pay provided other financial resources are available in sufficient amount to support the client financially. No treatment information, continuing care recommendations or discharge information will ever be withheld for financial reasons.

Louisiana United Methodist Children and Family Services, Inc. provides spiritual growth opportunities for those receiving and providing services. Louisiana United Methodist Children and Family Services, Inc. respects the privacy of persons served and holds in confidence all information obtained in the course of professional service. This organization maintains confidentiality when storing or disposing of client records and upholds the confidentiality of employees, applicants and the organization.

Louisiana United Methodist Children and Family Services, Inc. respects and honors the rights and views of all persons, treating them with fairness, courtesy and good faith. This organization will never exploit the trust of the public, its clients, its employees, or other agencies and makes every effort to avoid relationships which may present conflicts of interest.

Louisiana United Methodist Children and Family Services, Inc. conducts or assists in research, experiments or clinical trials only after full disclosure has been made to participants regarding alternative treatments, the nature of the research and its possible ameliorative and harmful consequences. Written consent to participate is required of all research participants and their parents or legal guardians and all research participants are given complete and accurate information about their absolute right of refusal. No refusal to participate in research will ever compromise an individual's access to the services of Louisiana United Methodist Children and Family Services, Inc.

Louisiana United Methodist Children and Family Services, Inc. makes honest statements regarding itself and its services. This organization will not present statements proclaiming competence which are false, nor will it perform services outside of its abilities. Louisiana United Methodist Children and Family Services, Inc. will correct, when possible, misleading or inaccurate information and representations made by others concerning the agency or services. This organization will honestly represent the qualifications of employees in all written and verbal statements regarding competencies and experience. All statements made by Louisiana United Methodist Children and Family Services, Inc. in marketing materials and presentations will be unambiguous and truthful.

Louisiana United Methodist Children and Family Services, Inc. continually assesses its strengths, limitations, biases and effectiveness for purposes of systematically improving the delivery of services. This organization seeks to facilitate the sharing of knowledge, collective wisdom and experience so that services may be improved and the care of clients, before and after discharge, may be done in the most beneficial manner.

ETHICAL REPORTING POLICY

Personnel Policy and Procedures 1.2.2

General

Louisiana United Methodist Children and Family Services (LUMCFS) *Code of Ethics and Conduct* requires directors, officers and employees to observe high standards of business and professional ethics in the conduct of their duties and responsibilities. As employees and representatives of the LUMCFS, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

Reporting Responsibility

It is the responsibility of all directors, officers and employees to comply with the *Code* and to report violations or suspected violations in accordance with this *Ethical Reporting Policy*, including concerns regarding corporate accounting practices, internal controls, auditing, or the misuse of any Agency funds.

No Retaliation

No director, officer or employee who in good faith reports a violation of the *Code* shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This *Ethical Reporting Policy* is intended to encourage and enable employees and others to raise serious concerns within LUMCFS prior to seeking resolution outside the Organization.

Reporting Violations

The *Code* addresses the Organization's "open door" policy and suggests that employees share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an employee's supervisor is in the best position to address an area of concern. However, if you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak with your Department Director, the Director of Human Resources, the Chief Operating Officer, the Vice President of Clinical Services, the Vice President of Methodist Foster Care, or the President/CEO. Supervisors and managers are required to report suspected violations of the LUMCFS *Code of Conduct* to the President/CEO, who has specific and exclusive responsibility to investigate all reported violations.

Any employee who believes the alleged incident involves the President/CEO will report the incident to the Chief Operating Officer or the Vice President of Clinical Services who shall inform the President/CEO and the Chairperson of the Board who will notify the Chairperson of the Audit and Budget Committee. The Audit & Budget Committee of the Board of Directors shall investigate reported violations that implicate the President/CEO. The Audit & Budget Committee shall report the findings to the Board of Directors. Corrective action shall be taken and enforced by the Board of Directors.

Accounting and Auditing Matters

The Audit & Budget Committee of the Board of Directors shall address all reported concerns or complaints regarding corporate accounting practices, internal controls or auditing. The President/CEO shall immediately notify the Audit & Budget Committee of any such complaint and work with the committee until the matter is resolved.

Acting in Good Faith

Anyone filing a complaint concerning a violation or suspected violation of the *Code* must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the *Code*. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Confidentiality

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Handling of Reported Violations

The President/CEO or designee will notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be investigated promptly, and appropriate corrective action will be taken if warranted by the investigation.

EMPLOYEE CODE OF ETHICS
Personnel Policy and Procedures 1.2.2

By signing a copy of this *Code of Ethics*, I, as an employee of Louisiana United Methodist Children and Family Services, affirm that:

I will not discriminate against or refuse professional services to anyone on the basis of race, color, creed, age, sex, religion or nationality.

I will not use my professional relationship to further my own interests.

I will evidence a genuine interest in all persons served and do hereby dedicate myself to their best interests and helping them help themselves.

I will respect the privacy of persons served and hold in confidence all information obtained in the course of professional service.

I will maintain confidentiality when storing or disposing of client records.

I will maintain a professional attitude, which upholds confidentiality toward individuals served, colleagues, applicants and the organization.

I, during, and following my employment by Louisiana United Methodist Children and Family Services, will maintain client and co-worker confidentiality, and I will hold as confidential any information I obtained concerning the organization and its clients.

I will respect the rights and views of my colleagues, and treat them with fairness, courtesy and good faith.

I will not exploit the trust of the public or my co-workers. I will make every effort to avoid relationships that could impair my professional judgment.

I will not engage in or condone any form of harassment or discrimination.

I will not permit fellow employees to present themselves as competent or perform services beyond their training and/or level of experience.

I will respect the confidences of my co-workers.

When I replace a colleague or am replaced, I will act with consideration for the interest, character and reputation of the other professional.

I will extend respect and cooperation to colleagues of all professions.

I will not assume professional responsibility for the clients of a colleague without appropriate consultation with that colleague.

If I see the client of a colleague during a temporary absence or emergency, I will serve that client with the same consideration afforded any client.

If I have the responsibility for employing and evaluating staff performance, I will do so in a responsible, fair, considerate and equitable manner.

If I know that a colleague has violated ethical standards, I will bring this to my colleague's attention. If this fails, I will report the activity to my supervisor.

I will accurately represent my education, training, experience and competencies as they relate to my profession.

I will correct, when possible, misleading or inaccurate information and representations made by others concerning my qualifications or services.

If serving as a supervisor, I will make certain that the qualifications of persons I supervise are honestly represented.

I will abide by organization's policies related to making public statements.

I am committed to provide the highest quality of service to those who seek my professional assistance.

I will continually assess my personal strengths, limitations, biases and effectiveness.

I will strive to become and remain proficient in professional practice and the performance of professional functions.

I will act in accordance with standards of professional integrity.

I will not advise on problems outside the bounds of my competence.

I will seek assistance for any problem which impairs my performance.

I understand that violation of this code may be grounds for dismissal.

REPORTING FRAUD AND UNETHICAL BEHAVIOR

Silence is Complicity

A culture of integrity exists only where it is encouraged, discussed and honored in an organization. Unethical behavior exists where it is tolerated or can be hidden. Silence about unethical behavior is the same as complicity and participation in the behavior.

Each of us is expected to maintain the ethical standards of the organization. In addition, we are each expected to encourage and support the ethical behavior of others. When unethical behavior is observed, it must be reported.

How to Report Fraud and Unethical Behavior

Any employee who becomes aware of unethical behavior on the part of any person associated with Louisiana United Methodist Children and Family Services is expected to make a report of that observation to her or his supervisor. If the supervisor is the one acting unethically, the employee must go up the chain of responsibility and make report to the supervisor's supervisor.

When in doubt

If you have concern or doubt about an issue, ask questions. Ask until you receive an answer that makes sense.

Discuss the issue with your immediate supervisor. If you are uncomfortable with the answer, discuss the issue with your director or her or his supervisor.

FEDERAL FALSE CLAIMS ACT

What is a Violation of the *Federal False Claims Act*?

The federal government encourages compliance with healthcare laws through the *Federal False Claims Act* (the “*FFCA*”). The *Federal False Claims Act* makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment.

General examples of false claims include knowingly billing for services that were not provided; falsifying records; double billing for items or services; submitting bills for services never performed or items never furnished; making a claim for services or products at an inflated price; billing for services that were not ordered by a physician; failing to report overpayments or credit balances; billing for services that were provided at a substandard quality where the government would not pay; or failure to report fraud.

Specific examples of *FFCA* violations include 1) knowingly presenting (or causing to be presented) to the Federal Government a false or fraudulent claim for payment; 2) knowingly using (or causing to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay money or transmit property to the Federal Government; 3) conspiring with others to get a false or fraudulent claim paid by the Federal Government.

What are the Penalties?

The civil penalty for violating the *FFCA* is three times (3x) the dollar amount that the Government is defrauded (i.e., *treble damages*), civil penalties ranging from \$5,500 to \$11,000 per false claim, and the costs of the civil action against the entity that submitted the false claims. Also, if a provider is convicted of a *False Claims Act* violation, the Office of Inspector General may exclude the provider from participation in federal health care programs.

Who Can Make a Claim for a Violation?

A person who knows of a false claim or fraudulent act can file a lawsuit in federal court on behalf of the government under a “*qui tam*” provision, also referred to as the “whistleblower” provision. The purpose of this *qui tam* suit is to recover the funds paid by the U.S. Government as a result of the false claims. Sometimes the U.S. Government decides to join the *qui tam* suit. If the suit is successful, the person who initially brought the suit can share in a percentage of a government recovery in a *FFCA* action or settlement if they bring an action on behalf of the United States as a “*qui tam* relator.”

The court may reduce the reporting person’s share of the proceeds if the court finds that the reporting person planned and initiated the false claims violation. Finally, if the reporting person is convicted of criminal conduct related to his/her role in the preparation or submission of the false claim(s), the reporting person will be dismissed from the civil action without receiving any portion of the proceeds.

Retaliation by the Employer is Prohibited

The *Federal False Claims Act* protects individuals who file a *qui tam* lawsuit (the *qui tam* relator, sometimes called “whistleblowers”) from being fired, demoted, threatened, harassed, or otherwise discriminated against by their employers in retaliation for filing the suit. If a court finds that the employer retaliated against the employee, the court can order the employer to reinstate the employee, pay the employee back pay, and any other compensation arising from retaliatory conduct.

Administrative Remedies

Similarly, the *Program Fraud Civil Remedies Act of 1986* (the “*PFCRA*”) provides administrative remedies for knowingly submitting false claims and statements. The *PFCRA* makes it illegal to submit a claim or statement asserting or omitting a material fact or requesting payment for services not provided as claimed. A violation of the *PFCRA* results in a maximum civil penalty of \$5,000 per claim. In the event the Government has made any payment on the claim, in lieu of damages sustained by the Government, the person committing the violation also may be subject to an assessment of up to twice the amount of such claim.

LOUISIANA MEDICAL ASSISTANCE PROGRAMS INTEGRITY LAW

Louisiana Law

In addition to the *Federal False Claims Act*, health care providers in Louisiana receiving funds for medical assistance programs must abide by Louisiana's *Medical Assistance Programs Integrity Law, RS 46:438*. This state law provides for control of providers participating in the Medical Assistance Program (*Title XIX of the Social Security Act*), commonly referred to as "Medicaid", and other programs operated by and funded in the Louisiana Department of Health which provide payment to health care providers.

The *Louisiana Medical Assistance Programs Integrity Law* applies to "health care providers" which include any person furnishing or claiming to furnish a good, service, or supply under the medical assistance programs, any other person defined as a health care provider by federal or state law or by rule, and a provider-in-fact. For purposes of the *Louisiana Medical Assistance Programs Integrity Law*, Louisiana United Methodist Children and Family Services is a "health care provider".

The *Medical Assistance Programs Integrity Law* contains stipulations about health care provider agreements, claims and claims review, the powers and duties of the Louisiana Department of Health, misrepresentations of health care providers, and sanctions and remedies available for the Department when fraud or violations are identified.

The law defines "misrepresentation" as the knowing failure to truthfully or fully disclose any and all information required, or the concealment of any and all information required on a claim or a provider agreement or the making of a false or misleading statement to the department relative to the medical assistance programs.

LOUISIANA MEDICAID FRAUD AND ABUSE LAWS

To report suspected fraud, waste, or abuse of the Louisiana Medicaid Program, visit the *LDH Medicaid Site Fraud and Abuse Page* at: <http://ldh.la.gov/index.cfm/page/219>

To maintain the integrity of Louisiana Medicaid, providers must understand and follow Louisiana Medicaid's policy concerning fraud and abuse. The following lists the different types of fraud and abuse and sets forth specific sanctions for providers who commit fraud and who abuse Medicaid.

Federal regulations require that Louisiana Medicaid establish criteria that are consistent with principles recognized as affording due process of law for identifying situations where there may be fraud or abuse, for arranging prompt referral to authorities, and for developing methods of investigation or review that ascertain the facts without infringing on the legal rights of the individuals involved.

Fraud

Fraud is a matter of law rather than of ethics or abuse of privilege. The definition of fraud that governs between citizens and government agencies is found in *Louisiana R.S. 14:67* and *Louisiana R.S. 14:70.01*. Legal action may also be mandated under *Section 1909* of the *Social Security Act* as amended by *Public Law 95-142 (HR-3)*.

Prosecution for fraud and the imposition of a penalty, if the individual is found guilty, are prescribed by law and are the responsibility of the law enforcement officials and the courts. All such legal action is subject to due process of law and to the protection of the rights of the individual under the law.

Provider Fraud – Cases involving one or more of the following situations shall constitute sufficient grounds for a provider fraud referral:

- Billing for services, supplies, or equipment which are not rendered to, or used for, Medicaid patients
- Billing for supplies or equipment which are clearly unsuitable for the patient's needs or are so lacking in quality or sufficiency for the purpose as to be virtually worthless
- Claiming costs for non-covered or non-chargeable services, supplies, or equipment disguised as covered items
- Materially misrepresenting dates and descriptions of services rendered, the identity of the individual who rendered the services, or of the recipient of the services
- Duplicate billing of the Medicaid Program or of the recipient, which appears to be a deliberate attempt to obtain additional reimbursement
- Arrangements by providers with employees, independent contractors, suppliers, and other, and various devices such as commissions and fee splitting, which appear to be designed primarily to obtain or conceal illegal payments or additional reimbursement from Medicaid

Recipient Fraud – Cases involving one or more of the following situations constitute sufficient grounds for a recipient fraud referral:

- The misrepresentation of facts in order to become or to remain eligible to receive benefits under Louisiana Medicaid or the misrepresentation of facts in order to obtain greater benefits once eligibility has been determined

- The transferring (by a recipient) of a Medicaid Eligibility Card to a person not eligible to receive services under Louisiana Medicaid or to a person whose benefits have been restricted or exhausted, thus enabling such a person to receive unauthorized medical benefits
- The unauthorized use of a Medicaid Eligibility Card by a person not eligible to receive medical benefits under Medicaid

Abuse

Abuse of Louisiana Medicaid by either providers or recipients includes practices which are not criminal acts and which may even be technically legal, but which still represent the inappropriate use of public funds.

Provider Abuse – Cases involving one or more of the situations listed below constitute sufficient grounds for a provider abuse referral:

- The provision of services that are not medically necessary
- Flagrant and persistent overuse of medical or paramedical services with little or no regard for the patient's medical condition or needs or for the doctor's orders
- The unintentional misrepresentation of dates and descriptions of services rendered, of the identity of the recipient of the services, or of the individual who rendered the services in order to gain a larger reimbursement than is entitled
- The solicitation or subsidization of anyone by paying or presenting any person money or anything of value for the purpose of securing patients (Providers, however, may use lawful advertising that abides by Bureau of Health Services Financing (BHSF) rules and regulations)

Recipient Abuse – Cases involving one or more of the following situations constitute sufficient grounds for a recipient abuse referral.

- Unnecessary or excessive use of the prescription medication benefits of Louisiana Medicaid
- Unnecessary or excessive use of the physician benefits of the program
- Unnecessary or excessive use of other medical services and/or medical supplies that are benefits of the program

Fraud and Abuse Detection

The first step in the fraud and abuse process is a referral of the suspect claim to a review board.

Referrals – Situations involving potential fraud and/or abuse which are to be followed up for review by Louisiana Medicaid may include any or all of the following:

- Cases referred by the U.S. Department of Health and Human Services. Louisiana Medicaid in turn refers suspected cases of fraud in the Medicare Program to the Center for Medicare and Medicaid Services (CMS) and works closely with that agency in such matters
- Situations brought to light by special review, internal controls, provider audits, or inspections.
- Referrals from other agencies or sources of information.

Recipient Verification Notices

The federal regulations (*Public Law 92-693, Sec. 253 3*) for Medicaid Management Information Systems (MMIS) require that Louisiana Medicaid provides prompt written notice of medical services which are covered to the recipients of these services. The information contained in the notice includes

the name of the person(s) furnishing medical services, the date on which the services were furnished, and the amount of payment required for the services. A predetermined percentage of the recipients who have had medical services paid on their behalf during the previous month will receive the required notice, that is, the Recipient's Explanation of Medical Benefits (*REOMB*). Periodically, Louisiana Medicaid may send notices to 100% of the recipients receiving services from any provider for any given period.

Surveillance Utilization Review

The Surveillance Utilization Review (*SUR*) Department, operated by Molina in partnership with the Louisiana Department of Health/Office of Program Integrity, reviews provider compliance with the policies and regulations of the Louisiana Medicaid Program. Providers with service profiles which fall outside excepted norms are reviewed by skilled medical staff using the personal computer-based Surveillance and Utilization Review System (*SURS*).

Providers should anticipate an audit during their association with the Medicaid Program. When audited, providers should cooperate with the representatives of LDH, which may include Molina, Magellan of Louisiana or one of the *Healthy Louisiana* Medicaid management companies, in accordance with their participation of agreement signed upon enrollment. Failure to comply with program regulations can result in mild to severe administrative sanctions, which include, but are not limited to:

- Withholding of Medicaid payments
- Referral to the Attorney General's Office for investigation
- Termination of Provider Agreement

Providers are reminded that a service undocumented is considered a service not rendered. Providers should ensure their documentation is accurate and complete. All undocumented services are subject to recoupment. Other services subject to recoupment are:

- Upcoding on level of care
- Maximizing payments for services rendered
- Billing components of lab tests, rather than the appropriate lab panel
- Billing for medically unnecessary services
- Consults performed by the patient's primary care, treating, or attending physicians
- Billing for services not rendered
- Inappropriate use of provider number by unauthorized users

Fraud and Abuse Hotline

The State has created a hotline for reporting possible fraud and abuse in the Louisiana Medicaid Program. Anyone can report concerns to this number.

Call toll-free **1 (800) 488-2917** for **Provider** Fraud complaints.

Call toll-free **1 (833) 920-1773** for **Recipient** Fraud complaints.

Providers are encouraged to give these phone numbers to any individuals or providers who want to report possible cases of fraud or abuse.

Source: http://www.lamedicaid.com/provweb1/about_medicaid/fraud.htm

REPORTING MEDICAID FRAUD AND ABUSE

Medicaid fraud is a crime that steals taxpayer money and robs vulnerable residents of care. If you suspect a recipient or a doctor, clinic, hospital, home health service or any other kind of medical provider is committing Medicaid fraud, report it.

There are presently 4 different ways to report Medicaid Fraud, Waste, and Abuse in Louisiana:

1. **CALL** toll free 1 (800) 488-2917 for **Provider Fraud** complaints, or
CALL toll free 1 (833) 920-1773 for **Recipient Fraud** complaints.
2. Complete the appropriate **ONLINE** form(s) below, and click the **SUBMIT** button at the bottom of that form:

Provider Fraud Form:

<http://ldh.la.gov/index.cfm/form/22>

Recipient Fraud Form:

<http://ldh.la.gov/index.cfm/form/23>

3. A. Print out the completed **Provider Fraud Form** and **MAIL** it to:

**Gainwell
SURS Department
8591 United Plaza Blvd.
Baton Rouge, LA 70809**

- B. Print out the completed **Recipient Fraud Form** and **MAIL** it to:

**Customer Service Unit
Louisiana Department of Health
P.O. Box 91278
Baton Rouge, LA 70821-9278**

4. Submit by **FAX:**

Fax **Provider Fraud** complaints to (225) 216-6129

Fax **Recipient Fraud** complaints to (225) 389-2610