

Member Anti-Fraud Policy

Introduction

Family Care is a fee for service product, it does not process claims, perform bill review audit or review provider claims history as the member pays for service at the time of the visit. However, in an effort to assist in the prevention of health service fraud, Family Care maintains an Anti-Fraud Program. Should a member suspect fraud or abuse we ask that they notify Family Care immediately. Some examples of provider fraud are:

- » Billing for services not rendered
- » Altering of medical records
- » Use of unlicensed staff
- » Charged for more expensive services than provided
- » Incorrectly stating condition or diagnosis to maximize payment
- » Knowingly making or causing to be made any false or fraudulent claim for payment of a healthcare benefit

A member may notify us using the following means:

- » Email at: compliance@familycarecard.com
- » By telephone via Member Services: **(800) 323-4057**
- » Or by written correspondence to:

Family Care

Attention: Director of Quality Assurance and Compliance

11111 Richmond Avenue, Ste 200

Houston, Texas 77082

Family Care evaluates the complaint and monitors the activity to insure an appropriate resolution. The complaint is researched to determine if evidence supports the details of the complaint. Family Care will also make appropriate efforts to recover any improper payments made by the member. If evidence of criminal wrongdoing is uncovered, the proper authorities are notified. The proper authorities are responsible of enforcement of the law.

Family Care is committed to:

- » Aggressive pursuit of those who commit healthcare fraud and abuse
- » Protecting consumer interest
- » Embrace fraud prevention and awareness as essential tools in preserving affordable, quality healthcare
- » Detecting and investigating healthcare fraud and assisting in the recovering of improper payments