
Program Memorandum

Intermediaries/Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal AB-00-23

Date: APRIL 2000

CHANGE REQUEST 1105

SUBJECT: Medigap (Medicare supplemental insurance) Insurers Fraud Referrals

Carriers and intermediaries should give high priority to fraud complaints made by Medicare supplemental insurers. If the referral by a Medigap insurer includes investigatory findings indicating fraud stemming from site reviews, beneficiary interviews, provider interviews and/or medical record reviews, contractors should (a) conduct an immediate data run to determine possible Medicare losses and (b) refer the case to the Office of Inspector General (OIG).

In addition to the referral of such cases to the OIG, contractors should also identify and take additional corrective action to prevent future improper payments (e.g., by placing the provider or supplier's claims on prepayment review). Contractors are responsible for taking reasonable and appropriate measures to protect the Trust Fund.

The effective date for this Program Memorandum (PM) is April 1, 2000.

The implementation date for this PM is April 1, 2000.

These instructions should be implemented within your current budget.

This PM may be discarded as of April 1, 2001.

If you have any questions, contact either regional office program integrity staff or Letticia Ramsey, LRamsey@hcfa.gov.