

Department of Public Health and Human Services  
MENTAL HEALTH SERVICES BUREAU**SECTION**  
PROGRAM DESCRIPTION**SUBJECT**  
Fraud and Abuse**Reference: ARM 37.85.501 – 37.85.513****REQUIREMENT**

The Department is charged by federal and state law with the responsibility of identify, investigating, and referring to law enforcement officials cases of suspected fraud or abuse of the Medicaid Program by either providers or individuals. Sanctions may be imposed against a Medicaid provider for reasons including but not limited to:

1. Submitting a false or fraudulent claim;
2. Failure to maintain and retain required records;
3. Failure to disclose or make available records to the Department;
4. Failure to provide and maintain the quality of services accepted within medical community standards;
5. Breach of the terms of the provider contract;
6. Submitting a false or fraudulent application for provider status;
7. Rebating or accepting a fee or charge for a Medicaid individual referral;
8. Charging Medicaid individuals for amounts over and above the amounts paid by Medicaid; and/or
9. Failure to meet federal or state licensure or certification requirements.

**REPORTING PROCEDURE**

Cases of potential fraud and program abuse must be referred to the Department. All such referrals are held confidential and may be made anonymously. To make a report, call 1-800-376-1115.

