



## **Altais Special Investigations Unit (SIU)**

The AltaiS Special Investigations Unit (SIU) is committed to protecting the integrity of the healthcare system while collaborating with providers. This site provides transparency and guidance regarding our fraud, waste, and abuse (FWA) prevention efforts, including what providers can expect during a review and how to access support and resources.

### **Who We Are**

The SIU is a multidisciplinary team within AltaiS responsible for investigating and resolving potential fraud waste, and abuse across our contracted and non-contracted provider network. Our work is data-driven and aligned with regulatory and industry standards.

### **What We Do**

The AltaiS SIU routinely monitors claims data to identify:

- Statistical anomalies
- Suspect billing patterns
- Coding outliers and improbable billing practices

When concerns are identified, we work with providers to review documentation, resolve issues, and support accurate billing practices. Many reviews involve improper billing rather than fraud, and a review alone does not indicate wrongdoing,

Our reviews assess whether services billed:

- Comply with AMA Current Procedural Terminology (CPT) and/or Healthcare Common Procedural Coding System (HCPCS) requirements.
- Meet applicable regulatory and industry standards
- Are supported by appropriate medical documentation



## **SIU Objectives and Responsibilities**

- Ensuring the integrity of AltaiS and its provider network through data mining, audits, and investigations
- Identifying areas susceptible to FWA using claims analysis and referrals
- Reducing and recovering inappropriate payments.
- Educating providers on appropriate billing, coding, and documentation practices
- Identifying internal control gaps and communicating opportunities for improvement
- Collecting evidence of potential fraud for referral to health plan partners, regulators, or law enforcement, when appropriate.

## **Claims Analytics Investigation Process**

- 1. Identification:** SIU conducts routine audits and investigations of high-risk billing areas using claims analytics tools to identify trends, outliers, and statistical improbabilities. These reviews may relate to billing accuracy, documentation sufficiency, or coding practices and do not necessarily indicate FWA.
- 2. Request for Information (RFI):** If documentation is needed, SIU will send a Request for Information (RFI) letter requesting supporting medical records within 14 days of the letter date. Extensions may be requested through your Physician Services Advisor (PSA). We encourage proactive communication and are flexible when offices remain engaged.

Failure to submit documentation within the specified timeframe may result in the referenced claims being considered unsupported and subject to recoupment.

- 3. Submitting Supporting Documentation:** The RFI letter contains instructions for submitting documentation via fax, mail or secure email (available upon request to your PSA)



4. Documentation should support each individual claim referenced and may include but is not limited to: treatment plans; medical history; progress notes; discharge summaries; lab, radiology, and pathology reports; and physician orders. **SIU Review:** SIU will review the submitted documentation for billing and documentation accuracy. Only documentation provided will be considered during the review. Services lacking documentation may be subject to payment recovery.
5. **Review Outcome:** Following review, an AltaiS Medical Director will evaluate and approve the findings. A results letter will be mailed to your office. Outcomes may include one or more of the following:
  1. **Education Letter:** Guidance and references to regulatory or industry standards related to the findings
  2. **Physician Services Advisor (PSA) Outreach/Site Visit:** Your PSA may contact your office to discuss findings, answer questions, or provide process clarification.
  3. **Peer-to-Peer Review:** When clinical clarification is needed, a peer-to-peer discussion with an AltaiS Medical Director may be requested by SIU or the provider. Your PSA will assist with scheduling.
  4. **Recoupment/Refund:** If applicable, the results letter will outline affected claims, amounts, and reasons for recoupment. Your PSA will follow up directly to discuss next steps.
  5. **Additional Claims Sampling:** SIU may request further documentation for additional claims.
  6. **Ongoing Monitoring:** Continued pre-payment and post-paid claims review.

Egregious or fraudulent billing practices may result in corrective action, network termination, and/or referral to our health plan partners or law enforcement.

#### **Support & Resources Contact Information:**

- **Provider Relations:** [physicianrelations@altais.com](mailto:physicianrelations@altais.com).



- **Provider Contracting:** [networkcontracting@altais.com](mailto:networkcontracting@altais.com)
- **Confidential FWA Reporting:** Providers may report suspected fraud, waste or abuse anonymously:
  - Altais [EthicsPoint Website](#)
  - Toll-Free Hotline: (888) 201-7305
  - Email: [compliance@altais.com](mailto:compliance@altais.com)

## **Frequently Asked Questions**

### **1. What is Fraud, waste, and abuse?**

**Fraud:** Knowing misrepresentation or omission of facts to obtain unauthorized benefits, payments, or services from a healthcare program. Common examples include false claims, billing for non-existent services, and kickbacks.

**Waste:** An overutilization or misuse of resources that results in unnecessary costs to the healthcare system, either directly or indirectly.

**Abuse:** Practices that are inconsistent with sound fiscal, business, or medical practice, and result in an unnecessary cost or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

### **2. Who is subject to these reviews?**

All contracted and non-contracted providers are subject to audits and investigations and are required to provide medical record access and cooperate with reviews.

### **3. How will I know if I am being reviewed?**

Altais will send you a letter notifying you of the intent to conduct a review, the scope and focus of the review, and specific claims subject to medical record review.



Providers not using AltaiS' Epic will receive submission instructions in the letter.

#### **4. How long do SIU reviews take?**

Timelines are outlined in the review letter. Duration may vary depending on the complexity of the review, documentation submitted, and any follow-up communication needed.

#### **5. What happens at the conclusion of the review?**

A letter will be sent outlining review findings, any required next steps, instructions for refunds (if applicable), and appeal rights and processes.

#### **6. Authority**

Medicare Advantage plans, Medi-Cal Managed Care plans, and their delegated provider groups are required to safeguard federal healthcare funds against fraud, waste and abuse (FWA).

Per the provider agreement, providers must cooperate with audits and investigations and provide medical records to AltaiS at no cost and without prior enrollee consent from the enrollee. Please refer to sections 5.1 and 8.1 of our provider agreement.

*5.1 Medical Record Release. Provider shall release Enrollee's medical records to IPA without prior written consent from Enrollee for review of health care services, level of care and quality of care.*

*8.1 Medical Record Retention. Provider shall maintain with respect to each Enrollee receiving Covered Services hereunder a single standard medical record in such form, containing such information, and preserved for such time period(s) as are required by state and federal law. **To the extent permitted by law, in accordance with procedures required by law, and upon receipt of three (3) business days' prior written notice from IPA, Provider shall permit IPA to inspect and make copies of said records, at no cost to IPA, and***



***shall provide copies of such records to IPA upon request and as necessary to characterize the content and purpose of each encounter with an Enrollee.*** Provider shall safeguard the privacy and confidentiality of medical records and any information that identifies a particular Enrollee and shall maintain such records and information in an accurate and timely manner in accordance with federal, state and local laws.