



## **Update to fraud and abuse requirements UnitedHealthcare Community Plan of Arizona**

The Arizona Health Care Cost Containment System (AHCCCS) has updated its fraud and abuse requirements for subcontractors, effective **Oct. 1, 2021**. These requirements are provided in the Minimum Subcontract Provisions.

Subcontractors are any health care provider, group biller, pharmacy benefit manager, administrative services organization or any other third party that has a contract with UnitedHealthcare Community Plan or another managed care organization (MCO).

### **What's changing**

Effective Oct. 1, 2021, the following updates are being made to the Minimum Subcontract Provisions regarding fraud and abuse:

- AHCCCS/Office of the Inspector General (OIG) has the sole authority to handle and dispose of any matter involving fraud, waste and/or abuse
- The subcontractor must assign to AHCCCS/OIG the right to recoup any amounts overpaid to a provider resulting from fraud, waste and/or abuse
- If the subcontractor receives anything of value that could be construed to represent the repayment of any amount expended due to fraud, waste and/or abuse, the subcontractor must forward that recovery to AHCCCS/OIG within 30 days of receipt
- Failure to forward the recovery to AHCCCS/OIG within 30 days will be deemed an overpayment subject to set off in the amount received by subcontractor

### **Learn more**

See the [AHCCCS website](#) for more information about the updated Minimum Subcontract Provisions. You can also [sign up to receive notifications](#) regarding these provisions.

### **We're here to help**

If you have questions, please contact Provider Relations at 800-445-1638. Thank you.