

FRAUD PREVENTION

Highmark's Financial Investigations and Provider Review (FIPR) department's mission is to ensure that provider reimbursements are appropriate and to investigate all suspected cases of health care fraud, waste, and abuse that impacts Highmark financially or impacts the health and welfare of our members. Because even a small amount of health care fraud can raise the cost of health care benefits for everyone, FIPR takes a proactive approach to detecting and investigating potential health care fraud, waste, and abuse.

Health insurance fraud occurs when a provider or consumer intentionally submits, or causes someone else to submit, false or misleading information to a health insurance company for the intention of changing the amount of health care benefits paid. Fraud is a crime that is an intentional deception. Health care waste occurs when there isn't any intent to deceive for a monetary gain (as in fraud), but there is inappropriate utilization and/or inefficient use of resources. Health insurance abuse occurs when an individual or entity unintentionally provides information to a health insurance company that results in higher payments than the individual or entity is entitled to receive.

HIGHMARK FRAUD HOTLINE

Highmark provides a fraud hotline that can be used by members and providers to anonymously notify FIPR of potential fraud. The fraud hotline is answered live during working hours, Monday through Friday, 8 a.m. to 4 p.m. During non-working hours, the fraud hotline is automated and allows anyone to leave a message. Due to the nature of these investigations, every effort will be made to keep information confidential. You can report suspected health care fraud by calling the fraud hotline phone number below for your location:

- Pennsylvania and Delaware: **1-800-438-2478**
- West Virginia: **1-800-788-5661**

FRAUD PREVENTION SITES ON OUR REGIONAL WEBSITES

For additional options for reporting suspected fraud, red flags that could indicate fraud, and more about Highmark's efforts to fight fraud and what you can do to help, please see the Fraud Prevention section on our public website in your region. Select **Fraud Prevention** under **ADDITIONAL LINKS** in the blue footer on the site's homepage.

- Highmark Blue Cross Blue Shield: [highmarkbcbs.com](https://www.highmarkbcbs.com)
- Highmark Blue Shield: [highmarkblueshield.com](https://www.highmarkblueshield.com)
- Highmark Blue Cross Blue Shield Delaware: [highmarkbcbsde.com](https://www.highmarkbcbsde.com)
- Highmark Blue Cross Blue Shield West Virginia: [highmarkbcbswv.com](https://www.highmarkbcbswv.com)

WHERE TO FIND THIS INFORMATION ON THE PROVIDER RESOURCE CENTER

The *Highmark Provider Manual's* Chapter 6.8: Payment Review offers more detailed information on FIPR's work to ensure provider reimbursements are appropriate and also on their investigations into potential fraud, waste, and abuse.