



NEWS FOR ALL PROVIDER TYPES

# HIGHMARK TARGETS HEALTH CARE FRAUD AND ABUSE

## AUDITS DISCLOSE ACCOMPLISHMENTS AND FUTURE ENDEAVORS

Highmark Blue Cross Blue Shield continues to take proactive measures in its fight against the rising threat of health care fraud and abuse. Our Financial Investigations and Provider Review (FIPR) unit works to minimize health care fraud by detecting and investigating potential cases of fraudulent activities. FIPR takes an active role in identifying suspected fraud cases by using specific tools to help find and prevent health care fraud.

### 2015 AUDIT RESULTS AND 2016 AUDIT PLAN HELP EDUCATE PROVIDERS

During 2015, FIPR conducted a series of audits and investigations that revealed results that will interest you. We're sharing the 2015 audit outcomes with our network providers to increase awareness and support your efforts toward accuracy of claim submissions. The 2015 audit findings offer useful coding and billing information that will assist you in submitting your claims accurately and will reduce your chances of being audited.

Please review the [2015 Audit and Investigations Observations](#) summary to learn about the results of FIPR's audits and investigations. Examples of the findings are presented in two categories: one for hospital and facility providers, and a section for professional providers.

To show you how FIPR is continuing to improve its procedures for combating health care fraud, waste and abuse, we're providing you with the [2016 Summary Audit Plan](#). The 2016 Audit Plan includes descriptions of planned audits and these key initiatives for 2016:

1. Expand the scope of our audits and initiatives with emphasis on high-spend lines of business to achieve incremental savings.
2. Broaden our advisory role to drive greater pre-payment cost containment across medical and reimbursement policies and pre-payment editing solutions.
3. Augment our internal data analytic software tools and resources used by the Centers for Medicare & Medicaid Services and national health plans.
4. Increase the volume of high-dollar facility claim reviews by lowering the dollar threshold of claims.