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.

2017 AUDIT RESULTS AND 2018 AUDIT PLAN HELP EDUCATE PROVIDERS

During 2017, FIPR conducted a series of audits and investigations that revealed results that will interest you. We're sharing the 2017 audit outcomes with our network providers to increase awareness and support your efforts toward accuracy of claim submissions. The 2017 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 2017 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 (FWA), we’re providing you with the 2018 Summary Audit Plan. The 2018 Audit Plan includes descriptions of planned audits and these key initiatives for 2018:

1. Partner with our current vendors, other Blues Plans, and our diversified businesses to identify opportunities for overpayment recoveries and to address national FWA schemes.

2. Enhanced customer specific FWA dashboards to demonstrate to our ASO clients our efforts to drive recoveries and savings to lower costs.

3. Partner with Allegheny Health Network physicians to provide community education and outreach around the opioid epidemic and aid law enforcement through investigation of identified high prescribers of opioids.