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## HIGHMARK TARGETS HEALTH CARE FRAUD, WASTE, AND ABUSE

### Audits Disclose Accomplishments and Future Endeavors

The Highmark Blue Cross Blue Shield Association continues to take proactive measures in its fight against the rising threat of health care fraud, waste, and abuse (FWA). Our Financial Investigations and Provider Review (FIPR) unit works to minimize health care FWA by detecting and investigating cases of suspect activities and deploying specific tools and techniques for early detection and prevention.

### 2020 Audit Results and 2021 Audit Plan Help Educate Providers

We're sharing the 2020 audit outcomes with our network providers to increase awareness and support your efforts toward accuracy of claim submissions. The 2020 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 [2020 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: facility and professional providers.

To show you how FIPR is continuing to improve its procedures for combating health care FWA, we're providing you with the [2021 Anti-Fraud, Waste, and Abuse Plan](#). The 2021 Audit Plan includes descriptions of planned audits and these key initiatives for 2021:

1. Partner with our current vendors, other Blue 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 Administrative Services Only (ASO) clients our efforts to drive recoveries and savings to lower costs.
3. Partner with physicians, motivational speakers, and law enforcement agencies to provide community education and outreach around the opioid epidemic. This includes a continued focus on referrals to and from law enforcement for investigations of identified high prescribers of opioids.