



Facts for Keeping You and Your Family Safe



HOW HEALTH CARE FRAUD IMPACTS YOU:

Health care fraud occurs when a person or group of people intentionally deceives the health care system in order to receive unlawful benefits or payments. The impact of health care fraud is widespread and affects consumers, patients, communities and businesses.

Between 4 –10% of all health care expenditures are estimated to be potentially fraudulent. This loss directly impacts patients, insurers, and government agencies through higher health care costs. Additionally, health care fraud often hurts patients who may be subjected to unnecessary or unsafe procedures or be the victims of identity theft.

WHAT YOU CAN DO:

Highmark is committed to preventing fraud in our communities, and has a team of experts in our anti-fraud department who work with local, state and federal law enforcement to detect, report and prevent health care fraud. That department's biggest ally in the fight against health care fraud is YOU. There are several ways you can protect yourself while helping to curb health care fraud in your area:

- **Safeguard your insurance card** by treating it the same as a credit card. Don't lend your insurance card to others. Doing so is not only potentially criminal, but can also pose a health risk to you through inaccurate medical records.
- **Beware of "free" services**, especially if you're asked to provide your insurance card. The service may not be free and could be fraudulently charged to your insurance company.
- **Closely examine your Explanation of Benefits**, or EOB, which you should receive in the mail following a doctor or hospital visit. Ensure the dates, places and services billed were the ones you received.



REPORT SUSPECTED FRAUD:

Your assistance is vital in helping to identify, investigate, and prosecute fraud. If you think you've experienced fraud or suspect fraudulent activity, contact

Pennsylvania: 800-438-2478

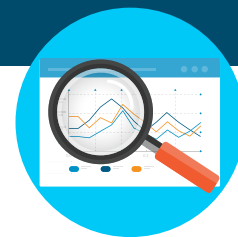
Delaware: 800-352-9100

Western New York: 800-333-8451

West Virginia: 800-788-5661

Types of Health Care Fraud

Health care providers, such as doctors and hospitals, as well as patients and consumers can commit fraud when they intentionally deceive the health care system in order to receive unlawful benefits or payments.



PROVIDER-RELATED FRAUD:

Phantom Billing – Provider charges for services that were not performed or equipment that was not delivered.

Upcoding – Provider bills an insurer for a service that is more expensive than what was actually provided, such as billing for a specialist when the patient saw a nurse or an intern.

Unbundling – Provider bills an insurer separately for parts of a single procedure.

NON-PROVIDER-RELATED FRAUD:

Masquerading as a Health Care Professional – Individual or group delivers health care services or equipment to a patient without a proper license.

Identity Theft – Individual utilizes another person's health insurance or personal information to access health care services or to fraudulently bill for services that were not rendered or equipment that was not delivered.

Doctor shopping – Patient visits multiple practitioners to get several prescriptions for controlled substances.

Bogus marketers – Unscrupulous marketers deceive consumers with promises of enrolling them in a high quality insurance plan but instead enroll them in a plan that is either fraudulent or inferior to what was initially represented.

FRAUD EXAMPLES:

"Free" Services – Glen received a "free" genetic test from a doctor at a shopping mall booth. He provided his health insurance info via a survey. Later, Glen found out from his Explanation of Benefits (EOB) that his insurance was billed for the test. Had he known, he wouldn't have taken it, as this could impact his future access to similar services.

Phantom Billing – Marian attended an initial session with a physical therapist. However, she chose an alternative treatment path thereafter. Upon examining her EOB, Marian noticed that her insurance provider had been billed for thirteen subsequent visits that did not occur.

Online Solicitation – Bobbi filled out an online form on social media and began receiving monthly deliveries of medical supplies she didn't need. She found her insurance was being billed for these items on her EOB. Despite her efforts to stop the shipments, the company continued sending them, and billing persisted.



BEWARE OF ACA-RELATED SCAMS

Numerous schemes have been devised to prey on people who are new to purchasing insurance from the health insurance marketplaces established by the Affordable Care Act (ACA). Follow these simple tips to protect yourself and your loved ones against ACA-related scams:

1. **Beware of unsolicited calls or visits.** Do not give your personal information to anyone who calls or visits to talk about ACA-related health coverage, unless it's in response to an inquiry you made.
2. **Be a smart shopper.** Make sure the company you're purchasing insurance from is legitimate. If you're unsure about the company or an agent, call your state health insurance department to ensure they're licensed in your state.
3. **Beware of sham websites.** The U.S. Department of Health and Human Services – Office of Inspector General (HHS-OIG) advises to always look for official government seals, logos or website addresses.
4. **Don't give money.** Per HHS-OIG, don't send cash, credit, debit or gift card information to anyone claiming you must pay them to keep or apply for coverage. Marketplace representatives and your state will never threaten you or your household or ask for your credit card information or payment to keep or qualify for health coverage.