

Insurers step up efforts to fight fraud

By: Rob Kurtz, FierceHealthPayer

Health insurers nationwide are stepping up their efforts to fight health insurance fraud, which costs an estimated \$80 billion annually, according to the FBI. United Healthcare is the latest health insurer to take a stance against fraud by joining the **Coalition Against Insurance Fraud (CAIF)**, *Insurance Networking News* reported.

In an interview with the *Insurance Networking News*, a CAIF spokesperson called health insurance the "800-pound gorilla in the insurance fraud living room," noting health insurance fraud significantly trumps other insurance scams in dollars lost. CAIF, self-described as the nation's "only anti-fraud watchdog," has more than 40 insurance organizations as members, including BlueCross BlueShield Association and now UnitedHealthcare.

In addition to joining the national coalition, insurers are turning to its members for help. Empire BlueCross BlueShield called on its membership to assist in combating Medicare fraud. Edward Stubbers, vice president of compliance for Empire BlueCross BlueShield's senior products, outlined a series of tips for members to recognize and prevent fraud, including guarding insurance and prescription cards, confirming correct prescriptions and number of pills, reviewing explanation of benefits and immediately reporting suspected fraud.

Insurers also are further developing their investigations units to boost anti-fraud efforts. UPMC Health Plan recently announced the formation of its own special investigations unit intended to detect, prevent and investigate suspected insurance fraud, and Amerigroup Corp. announced earlier in the year the insurer's investigative unit helped lead to the successful conclusion of a \$1.5 million Medicaid fraud case.

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Coalition Against Insurance Fraud