

healthcare fraud prevention partnership

Why does the Healthcare Fraud Prevention Partnership exist?

- TO DELIVER UNIQUE AGGREGATE FRAUD ANALYSES of healthcare data across the Centers for Medicare and Medicaid Services (CMS), state Medicaid offices, and private payers.
- TO IDENTIFY SAVINGS for insurers in unpaid or recovered claims that partners cannot identify alone.
- TO INCREASE DETECTION of covert fraud schemes and identify the perpetrators.

Members Include:

- 6 federal agencies
- 36 private payers
- 13 state agencies
- 10 associations

What is the Healthcare Fraud Prevention Partnership (HFPP)?

The HFPP is a voluntary public-private partnership advancing the detection and prevention of healthcare fraud. Comprised of private payers, anti-fraud associations, state agencies and federal government partners, the HFPP prevents fraud, waste and abuse by:

- Sharing data across industry and between public and private sectors
- Collaborating on successful anti-fraud methodologies

What makes the HFPP unique?

IMPACT

The HFPP's initial studies enabled partners, including CMS, to take substantive actions to stop payments from going out the door.

INSIGHT

HFPP provides partners with broader visibility into the universe of payments beyond those issued by a single payer.

INNOVATION Partners work with anti-fraud experts to identify emerging threats and design new methods to combat them.

What are the benefits of joining the Healthcare Fraud Prevention Partnership?

- **ENHANCED ANALYTICS USING CMS DATA:** The HFPP is the only organization through which partners can combine their data with CMS data to gain heightened anti-fraud insights.
- **EXPANDED RESEARCH:** Partners inform study criteria and design for maximum impact.
- **CONFIDENTIALITY:** A Trusted Third Party enforces the security and de-identification of partner data. No partner — public or private — has access to the data of other partners.
- **LEADERSHIP:** Partners play a leading role in shaping the future of the Partnership.
 - Executive Board, Technical Sub-Groups, Tiger Teams

To learn more about joining the Healthcare Fraud Prevention Partnership

Please contact us at hfpp@cms.hhs.gov or visit our website at hfpp.cms.gov.

The following disclaimer applies: Regarding all Healthcare Fraud Prevention Partnership (HFPP) communications and activities, this is a purely voluntary activity. The committees regarding data sharing and analysis; information sharing; and the Executive Board, are to be used solely as discussion groups where the individual members can share facts or information or individual input. No group or consensus advice or recommendations will be given by the partners in the committees or the Executive Board. In addition, no policy-making or decision-making will be performed by the committees or the Executive Board. The Secretary and the Attorney General or their designees will make the final policies or other decisions.



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Membership

State Organizations

1. **Arkansas:** Medicaid Office of the Inspector General
2. **Arizona:** Medicaid Office of the Inspector General, Arizona Health Care Cost Containment System
3. **California:** Department of Healthcare Services
4. **Connecticut:** Department of Social Services
5. **Illinois:** Department of Healthcare and Family Services Office of Inspector General
6. **Iowa:** Insurance Fraud Bureau (NAIC's representative on the Information Sharing Committee)
7. **Maryland:** Department of Health and Mental Hygiene
8. **Massachusetts:** Office of the State Auditor
9. **New York:** Office of Medicaid Inspector General
10. **Ohio:** Attorney General's Office (NAMFCU's representative on the Information Sharing Committee)
11. **Texas:** HHS Commission Office of Inspector General
12. **Vermont:** Program Integrity Unit, Department of Vermont Health Access
13. **West Virginia:** Bureau for Medical Services

Private Payers

1. Aetna
2. Amerigroup
3. Anthem
4. AvMed
5. BCBS of Alabama
6. BCBS of Kansas
7. BCBS of Louisiana
8. BCBS of Nebraska
9. Blue Shield of California
10. CareFirst Blue Cross Blue Shield
11. CareSource
12. Centene
13. Central Health Plan of California
14. Cigna
15. Emblem Health
16. Fidelis Care New York
17. Florida Blue
18. Health Alliance Plan (HAP)
19. Health Care Service Corporation (HCSC)
20. HealthSun
21. Highmark
22. Horizon BCBS of New Jersey
23. Humana
24. Independence Blue Cross
25. Kaiser Permanente
26. Magellan Health
27. Medical Mutual of Ohio
28. Moda Health
29. Molina Healthcare
30. Premera Blue Cross
31. SCAN Health Plan
32. The Hartford
33. Travelers
34. Tufts Health Plan
35. United HealthCare
36. WellCare

Federal Partners

1. Department of Defense, Defense Health Agency
2. Department of Health and Human Services, Associate Deputy Secretary's Office
3. Department of Health and Human Services, Centers for Medicare & Medicaid Services
4. Department of Health and Human Services, Office of Inspector General
5. Department of Justice, Criminal Division
6. Department of Justice, Federal Bureau of Investigation

Associations

1. America's Health Insurance Plans (AHIP)
2. American Insurance Association (AIA)
3. Blue Cross and Blue Shield Association (BCBSA)
4. Coalition Against Insurance Fraud (Coalition)
5. National Association of Insurance Commissioners (NAIC)
6. National Association of Medicaid Directors (NAMD)
7. National Association of Medicaid Fraud Control Units (NAMFCU)
8. National Business Group on Health (NBGH)
9. National Health Care Anti-Fraud Association (NHCAA)
10. National Insurance Crime Bureau (NICB)

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