

# 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
- 37 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](mailto:hfpp@cms.hhs.gov) or visit our website at [hfpp.cms.gov](http://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. Geisinger Health Plan (GHP)
19. Health Alliance Plan (HAP)
20. Health Care Service Corporation (HCSC)
21. HealthSun
22. Highmark
23. Horizon BCBS of New Jersey
24. Humana
25. Independence Blue Cross
26. Kaiser Permanente
27. Magellan Health
28. Medical Mutual of Ohio
29. Moda Health
30. Molina Healthcare
31. Premera Blue Cross
32. SCAN Health Plan
33. The Hartford
34. Travelers
35. Tufts Health Plan
36. United HealthCare
37. 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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