



## Fraud and Abuse

Highmark Health Options (Health Options) will make every effort to prevent, detect, investigate and report violations of fraud, waste and abuse (FWA). It is Highmark Health Options' policy to investigate any actions by members, employees or providers that affects the integrity of Highmark Health Options and the Medical Assistance Program.

Highmark Health Options defines FWA as follows:

**Fraud:** an intentional deception or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

**Abuse:** Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to health care benefit program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care.

**Waste:** the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs.

Participating providers and their staff are required to comply with Highmark Health Options' policies and procedures for the detection, prevention and reporting of potential FWA.

### Examples of provider prohibited acts include but are not limited to:

- Billing or charging Medical Assistance recipients for covered services
- Billing for services not rendered
- Billing separately for services in lieu of an available combination code (Unbundling)
- Submit a claim for a service at a fee which is higher than the usual and customary charge to the general public for the same service or item (Up coding)
- Billing more than once for the same service
- Falsifying records
- Performing inappropriate or unnecessary services
- Misrepresenting locations of service
- Soliciting, offering or receiving a kickback or bribe

### Examples of prohibited acts for Highmark Health Options members may include but are not limited to:

- Forging prescriptions for pharmacy or medical services
- Members getting identical prescriptions from different doctors
- A person using an insurance card that is not theirs
- A member using transportation service for something other than medical services
- A member in collusion with a provider (example: provider pays a patient a kickback for participating in fraud)

**If fraud or abuse is suspected it is your responsibility to contact Highmark Health Options' Fraud Hotline at: 1-844-325-6256**

The fraud hotline answers 7 days a week, 24 hours a day. It allows for confidential and anonymous reporting.

**Detailed information regarding the Federal False Claims Act and Provider Prohibited Acts can be found on the Highmark Health Options website at [www.HighmarkHealthOptions.com](http://www.HighmarkHealthOptions.com)**

**Highmark Health Options is an independent licensee of the Blue Cross and Blue Shield Association.**