



Health care fraud, waste and abuse

Understand what they are
and how to protect yourself

Every year, tens of billions of dollars are lost due to health care fraud, waste and abuse.* This growing problem could affect the quality of benefits, increase monthly payments and result in higher out-of-pocket costs for you.

It doesn't stop there. If you're the victim of medical information theft, your health plan information could also be used to send false claims. Changes to your health records could put your health at risk.

How Empire fights fraud, waste and abuse.

At Empire, it's a part of our culture to keep a watchful eye on fraud, waste and abuse in all its forms.

Our Special Investigations Unit (SIU) is dedicated to prevention. These are some of the ways our investigative team fights scams:

- Looking carefully at claims and the information in them to spot red flags.
- Keeping a close eye on doctors' billing patterns for unusual or suspicious charges.
- Working with other health care companies to track suspicious activity.
- Partnering with law enforcement to investigate potential fraud.
- Training all our employees to spot unusual claims.



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Turn over for important steps you can take to protect yourself

Step 1: Understand health care fraud, waste and abuse

In a nutshell, **fraud** is when someone intentionally lies to a health insurance company, Medicaid or Medicare to get money. **Waste** is when someone overuses health services carelessly and **abuse** happens when best medical practices aren't followed, leading to expenses and treatments that aren't needed.

Step 2: Be aware of these common scams

- **Identity theft:** This is the fastest-growing type of health care fraud. It can include members having their information stolen and their identity used without their consent.
- **False claims:** Individuals submitting false claims who are not doctors and did not provide a service.
- **Doctor shopping:** This is when a person visits multiple doctors to get many prescriptions for controlled substances.
- **Kickbacks:** People are paid to get procedures they don't need, or doctors pay other doctors for referrals.
- **Misrepresenting services:** Doctors claim they did a more costly procedure.
- **Phantom billing:** A real patient's information is used to make up claims or increase the amount of valid claims.
- **Unbundling:** This is billing for each stage of a procedure one by one, as if the doctor was doing more than one procedure.
- **Upcoding:** Billing for a service that costs more than the service that was actually provided to a patient.

Step 3: Be alert and proactive:

- **Watch out for freebies.** If you get offered free medical exams or copay waivers, or you see ads that say "covered by insurance," be careful.
- **Avoid identity theft.** Don't leave your ID card exposed, report it if it's lost or stolen.
- **Review your explanation of benefits (EOB).** Your EOB is a snapshot of your doctor's visit. When you receive it in the mail or access it online, make sure the services listed on it match the services you actually received. To learn more about understanding your EOB, visit <https://www.fighthealthcarefraud.com>.



What to do in case of fraud

If you believe you are a victim of fraud or think fraud is occurring, call the Member Services number on your Empire ID Card.



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* FBI archives website: *Medicare Fraud Strike Force Charges 107 Individuals for Approximately \$452 Million in False Billing* (accessed October 2017): [archives.fbi.gov](https://www.fbi.gov).

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