

# healthcare fraud prevention partnership

## What is the Healthcare Fraud Prevention Partnership (HFPP)?

The Healthcare Fraud Prevention Partnership (HFPP) is a voluntary, public-private partnership between the federal government, state agencies, law enforcement, private health insurance plans, employer organizations, and healthcare anti-fraud associations to identify and reduce fraud, waste, and abuse across the healthcare sector. HFPP partners regularly collaborate, share information and data, and conduct cross-payer studies to achieve these objectives. Given the HFPP's broad membership encompassing a variety of players interested and involved in detection of fraud, waste, and abuse in the healthcare system, it is uniquely positioned to examine emerging fraud, waste, and abuse trends and develop key recommendations and strategies to address them.

### The HFPP Currently Has 77 Partners, Including:

- 7 Federal Agencies
- 40 Private Payers
- 19 State & Local Partners
- 11 Associations

## Why does the Healthcare Fraud Prevention Partnership (HFPP) exist?

- TO DELIVER UNIQUE CROSS-PAYER ANALYSES of healthcare data across the Centers for Medicare and Medicaid Services (CMS), state Medicaid offices, and private payers
- TO IDENTIFY POTENTIAL SAVINGS that Partners cannot identify in their data alone
- TO INCREASE DETECTION of fraud, waste, and abuse across the private and public healthcare spectrum

## What makes the HFPP unique?

### IMPACT

HFPP's studies enable Partners to take substantive actions to stop fraudulent and improper 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 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 PUBLIC AND PRIVATE DATA:** The HFPP is the only organization through which Partners can combine their data with public and private data, including data from CMS, in order to gain heightened insights into fraud, waste, and abuse and develop actionable leads
- **EXPAND RESEARCH:** Partners inform study criteria and designs for maximum impact and join forces to address emerging trends with fraud, waste, and abuse implications
- **CONFIDENTIALITY AND SECURITY:** 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*
- **COLLABORATION:** Partners play a leading role in shaping the future direction of the Partnership

### To learn more about joining the Healthcare Fraud Prevention Partnership

Please contact us at [TTP@csra.com](mailto:TTP@csra.com), or visit our website at [hfpp.cms.gov](http://hfpp.cms.gov).

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## HFPP Members

### State & Local Partners

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:** CountyCare, Cook County, HHS
6. **Illinois:** Department of Healthcare and Family Services Office of Inspector General
7. **Iowa:** Insurance Fraud Bureau (NAIC's representative on the Information Sharing Committee)
8. **Kansas:** Kansas Department of Health and Environment
9. **Maryland:** Department of Health and Mental Hygiene
10. **Massachusetts:** Massachusetts Executive Office of Health and Human Services, Office of Medicaid
11. **Massachusetts:** Office of the State Auditor
12. **New York:** Office of Medicaid Inspector General
13. **North Carolina:** Department of Health and Human Services, Division of Medical Assistance
14. **Ohio:** Attorney General's Office (NAMFCU's representative on the Information Sharing Committee)
15. **Ohio:** Ohio Department of Medicaid
16. **Oregon:** Oregon Health Authority
17. **Texas:** HHS Commission Office of Inspector General
18. **Vermont:** Program Integrity Unit, Department of Vermont Health Access
19. **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. Healthfirst, Inc.
22. HealthSun
23. Highmark
24. Horizon BCBS of New Jersey
25. Humana
26. Independence Blue Cross
27. Kaiser Permanente
28. Magellan Health
29. Medical Mutual of Ohio
30. MediGold
31. Moda Health
32. Molina Healthcare
33. Premera Blue Cross
34. SCAN Health Plan
35. Sentry Insurance
36. The Hartford
37. Travelers
38. Tufts Health Plan
39. United HealthCare
40. 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
7. Department of Veterans Affairs

### 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. Delta Dental Plans Association (DDPA)
6. National Association of Insurance Commissioners (NAIC)
7. National Association of Medicaid Directors (NAMD)
8. National Association of Medicaid Fraud Control Units (NAMFCU)
9. National Business Group on Health (NBGH)
10. National Health Care Anti-Fraud Association (NHCAA)
11. National Insurance Crime Bureau (NICB)