



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

Corporate and Financial Investigations



Department Overview

The mission of Corporate and Financial Investigations is to implement cost containment, loss prevention and mitigation strategies.

Additionally, we:

- Manage fraud and keep it out of the health care equation
- Provide awareness to our workforce, customers and stakeholders
- Utilize proactive analytics and early detection monitoring to discover outlier behavior
- Perform root cause analysis to minimize impact to the enterprise, it's customers and stakeholders

Additionally, we collaborate with law enforcement and seek criminal prosecution through the courts when criminal activity has been identified.

The team is composed of investigators, data analysts, and clinical and claims specialists.



Fraud is everyone's responsibility! If you suspect fraud is occurring, report it!

Visit bcbsm.com/health-care-fraud or download the BCBSM app.

The web site address above links to an online fraud reporting form that can be completed and sent to Investigations electronically.

Contact Investigations by Email: stopfraud@bcbsm.com

Call the BCBSM toll-free Fraud Hotline at **844-STOP-FWA** or the Medicare and government business Fraud Hotline at **888-650-8136**.

Contact Investigations by Mail:

Corporate and Financial Investigations Department
Mail Code 1325
600 E. Lafayette Blvd
Detroit, MI 48226-2998



Why Should I Care About Health Care Fraud?

Health care fraud is not a victimless crime, it can also present patient safety issues. Health care fraud increases health care costs for everyone, to include copays, deductibles and cost sharing. To learn more about health care fraud, customers may go to our website at bcbsm.com.

Fraud Hotline: 844-STOP-FWA

Health care fraud may be defined as an intentional act to defraud a health care benefit program or to obtain through false representations, money or other property owned by a health care benefit program. This type of fraud involves a deception or misrepresentation that an individual or entity makes, knowing that the misrepresentation could result in some unauthorized benefit to the individual, entity or some other party.

Examples of health care fraud:

Providers

- Services not rendered
- Unbundling
- Telemarketing fraud
- Misrepresenting services
- Upcoding
- "Free" screenings
- Durable medical equipment
- Unlicensed providers
- Kickbacks

Subscribers

- Doctor shopping
- Identity swapping
- Identity theft
- Ineligible dependents

How can I protect myself against health care fraud?

Subscribers

- Review your medical bills
- Review your Explanation of Benefits, or EOB
- Beware of "free" services
- Protect your health insurance identification card and contract information

Providers

- Verify patient ID
- Use proper billing codes
- Check patient history
- Safeguard prescription pads
- Patient agreements

Contact Us

"Fraud Is Everyone's Responsibility" and "Each dollar lost to fraud, is a dollar not available for legitimate patient care".

Everyone should be conscientious about how health care dollars are spent and take responsibility to report questionable activity.

stopfraud@bcbsm.com

844-STOP-FWA

