

Questions or concerns?
Please contact:

Blue Cross and Blue Shield
of Vermont
P.O. Box 186
Montpelier, VT 05601-0186
(800) 344-6690
www.bcbsvt.com
click [here](#) for email contact

Blue Cross and Blue Shield
of Vermont provides
administrative services
and does not assume any
financial risk for claims.

Understanding fraud, waste and abuse

Studies have shown that health care fraud is one of the single largest contributors to the increase in health care costs. It's a serious crime and accounts for up to 10 percent of all health care spending. VEHI and BCBSVT are committed to fighting fraud, waste and abuse to help reduce the cost of health care.

How BCBSVT fights against fraud, waste and abuse

BCBSVT takes a proactive approach to detecting and investigating potential fraud, waste and abuse. BCBSVT has a special investigative team dedicated to preventing, detecting and investigating fraud, waste and abuse. The team of trained professionals have many years of health care and health insurance experience.

BCBSVT uses sophisticated software to continually analyze health care claim patterns and investigate situations in which billing exceeds normal ranges. BCBSVT also collaborates with industry leading firms who specialize in identifying claims that deviate from norms, and auditing provider records to ensure billing is correct. The BCBSVT team, software and partnering firms help recover millions of dollars in erroneous and unsupported claims every year.

How to report fraud

BCBSVT maintains an active fraud hotline where members and providers may report suspected fraud activity. You can help VEHI and BCBSVT identify fraud and control rising health care costs by reviewing your EOB and letting BCBSVT know when you see suspicious activity, as fraud, waste and abuse can occur in a variety of ways.

If you've detected possible fraudulent activity by examining your EOB or an invoice from your provider, you may reach our fraud, waste and abuse team directly in any of the following ways:

- BCBSVT Fraud Hotline: **(800) 337-8440**
- email: Fraud_Issues@bcbsvt.com
- BCBSVT Fraud Team:
Mail: P.O. Box 186
Montpelier, VT 05601

More information?

If you'd like more information about BCBSVT's fraud, waste and abuse programs, click [here](#).



While it's important to be vigilant in detecting fraud, BCBSVT's fraud, waste and abuse team often receives calls and emails from members when there is no evidence of fraudulent activity. The following example scenarios are not evidence of fraudulent activity and are acceptable billing practices:

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Common situations that you should report for investigation

Scenario A: You see a provider who has advertised a free initial consultation, but when you review your Explanation of Benefits (EOB), you see this provider billed you and VEHI for the services. This is not appropriate. Please call or email the BCBSVT fraud hotline.

Scenario B: Your provider encourages you to pay cash for the office visit so he/she does not have to bill BCBSVT. Your provider also tells you that he/she will accept a smaller payment from you than what he would get from BCBSVT. This may be a breach of the provider contract because the provider signed a contract agreeing to accept BCBSVT's allowed amount and bill BCBSVT directly. The provider cannot charge you less without proof of financial burden based upon the practice policy. If this happens to you, please call or email the BCBSVT fraud hotline.

Scenario C: You hear from a co-worker that she is going to have a "tummy tuck" procedure and that her provider knows how to bill it so that VEHI/BCBSVT will pay for it. Please call or email the BCBSVT fraud hotline. BCBSVT will need to know the name of the practice to investigate.

Scenario D: You had a quick physical therapy visit lasting only 15 minutes, but your EOB indicates that you had several services during the visit. Please call or email the BCBSVT fraud hotline.

Scenario E: When you review your EOB, you see services for a procedure you didn't have and are concerned your roommate may have used your VEHI health benefits to obtain services. Please call or email the BCBSVT fraud hotline.

Scenario F: Your provider orders repeat blood work for you and asks that you come to the office every two to three months. You do not understand why you need to have these repeat tests, because the blood results are always within normal limits. This may be waste. Please call or email the BCBSVT fraud hotline.

Scenario G: Your provider requests that you see him/her on a monthly basis or quarterly basis, and you do not feel this is necessary. This may be waste. Please call or email the BCBSVT fraud hotline.

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Common situations that aren't fraud

Scenario A: You had an office visit on September 5th with Jane Doe, RN. When you review your EOB you notice that Dr. John Smith billed for your visit. Even though the billing provider's name doesn't match the name of the provider you saw, it is common for the billing office to bill for nurse visits under their supervising physicians. If you want to confirm that the billing provider is appropriate, you may call your provider's office directly for clarification.

Scenario B: You went to your local hospital to have blood drawn for a routine lab tests. When you review your EOB, you notice that the hospital billed a small charge for surgery in addition to your labs. A routine venipuncture to collect a blood specimen is a surgical procedure because your skin is being broken or otherwise entered through invasive means. It is appropriate for your provider to bill for the blood draw separately from the labs.

Scenario C: You see an orthopedic surgeon, and he provides an injection to your knee. When you review your EOB you notice that the claim from the provider's office has a surgery on it. The injection into your knee is considered a surgical procedure, and it is appropriate for your provider to bill this way.

Scenario D: If you receive a laboratory service or an imaging service (X-ray, ultrasound, MRI, etc.), you will likely see two separate claims on your EOB.

- Hospital where the service was performed (facility component)
- Provider who read the results of the service (professional component)

It is normal and appropriate to see two claims in these instances, because each claim captures a different aspect of the service you had.

Scenario E: While reviewing your EOB, you notice that you have had 12 chiropractic visits and 12 physical therapy visits, but you have only seen a chiropractor. Several physical medicine procedures your chiropractor may perform will apply to your benefit limit for physical therapy, speech pathology and occupational therapy. This is appropriate. If you also need to seek care with a physical, speech, or occupational therapist, you should discuss these accumulated chiropractic visits. Your therapist will help you keep track of your total visit limit to avoid any surprise bills later.

