

Coalition Against Insurance Fraud: \$1 billion (in savings) or bust

The Healthcare Fraud Prevention Partnership aims high

When the [ground-breaking anti-fraud partnership](#) between the federal government and the private sector was launched in 2012, there were grand expectations that they could jointly combat fraud much more forcefully than going it alone.



More than 60 organizations have teamed up to share strategy and exchange data. They include federal and state agencies, health plans and p-c insurers. Billions of bits of information have been pooled through a trusted third party. The results are encouraging. More than \$260 million has been saved in recoveries and fraudulent claims not paid.

The HFPP executive board met two weeks ago. It set a goal to expand savings to \$1 billion by this time next year. It's an ambitious goal, yet achievable given the early success of this collaborative effort.

The potential success in future years could far surpass \$1 billion as more data is shared and more partners sign up., And it should, seeing that healthcare fraud totals tens of billions of stolen dollars each year in the U.S..

The ultimate goal is to get so effective in combating healthcare scams that fraudsters will view the risks too high to even try. We're a long way from that day, but collaborative efforts and advanced technology offer the best chance of getting us there.

About the author: *Dennis is executive director of the [Coalition Against Insurance Fraud](#) and serves as co-chair of the Healthcare Fraud Prevention Partnership.*