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Newly Formed *Consortium to Combat Medical Fraud* Announces National Agenda to Intensify Fight Against Health Care Fraud

***Goals: Collaboration across industries; Alignment of resources;
Increased awareness among public and private stakeholders including
Federal Bureau of Investigation; Department of Justice***

***“Never before have different parts of the insurance system
cross-pollinated to seek new ways to prevent fraud.”***

Washington, DC – The newly formed *Consortium to Combat Medical Fraud*, a joint project of the **Coalition Against Insurance Fraud**, the **National Health Care Anti-Fraud Association** and the **National Insurance Crime Bureau**, along with participation from the **Federal Bureau of Investigation** and **Department of Justice**, announced today their national agenda to aggressively pursue the perpetrators of medical fraud. The Consortium is designed to create a more open and collaborative environment between different segments of the insurance industry to heighten the detection and prevention of health care fraud.

“Never before have different parts of the insurance system cross-pollinated to seek new ways to prevent fraud. This approach will break down barriers and increase awareness across insurance lines so that we share information and coordinate our approach more systematically,” said **Louis Saccoccio, Executive Director, National Health Care Anti-Fraud Association**.

“By unleashing this group’s collective resources against both organized crime as well as individual perpetrators, the Consortium will intensify the battle against fraud in our insurance system,” said **Gary Healy, Director of Operations for the Mid-Atlantic, National Insurance Crime Bureau**.

Insurance fraud today is the most sophisticated in the industry’s history. Organized crime, as well as individuals, set up elaborate schemes designed to attack this nation’s health care system where it is most vulnerable. This Consortium will address this by increasing collaboration in a number of ways:

- Sharing information across industry and among stakeholders;
- Leveraging industry best practices;
- Influencing the public policy debate and shaping the future agenda; and
- Optimizing and aligning objectives of various associations.

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“These criminals are smart – they leverage cutting-edge technology to probe for the soft underbelly of the health care system. As a result, we need to modernize our approach to combating them,” stated **Dennis Jay, Executive Director, Coalition Against Insurance Fraud.**

To that end, the Consortium will engage in specific activities such as:

- Joint educational programs designed to help property/casualty insurance and health insurance investigators learn each others techniques and strategies in order to encourage cooperation across lines of insurance in detecting and investigating fraud;
- Cross-matching claims and other types of data used by property/casualty and health insurance companies to better detect fraudulent schemes as well as collaborating to build stronger cases against criminals;
- Industry-wide research focused on gathering information across lines of insurance to better understand the current trends seen in insurance fraud. Specifically, the first study will focus on state medical boards to evaluate how well they are disciplining licensees who commit fraud.

“Those that perpetrate medical insurance fraud are sophisticated criminals, it is the job of law enforcement and the private sector to thwart their efforts to defraud. The collaborative efforts of both the public and private sector, such as working with the NHCAA and the Consortium, is one of the tools that is available to the FBI to investigate those committing medical insurance fraud,” stated **Robert Montemorra, Chief of the Federal Bureau of Investigation’s Health Care Fraud Unit.**

“The Department of Justice is committed to fighting health care fraud in both the public and private sectors,” said **Steve Tyrrell, Chief of the Criminal Division's Fraud Section at the U.S. Department of Justice.** “As more people enroll in the Medicare program and private health care plans and the amount of money spent on health care continues to rise, so too does the importance of the Department's efforts to combat fraud and our cooperative efforts to increase awareness and detection of fraud. Recent enforcement efforts highlight the Department's continued commitment to protecting the fiscal integrity of our health care system.”

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