



Fighting fraud

How one plan sponsor recovered
\$315,000 in six months

Every year, plan sponsors lose as much as \$300 billion to health care fraud, waste and abuse.¹ And now COVID-19 has opened new entry points for bad actors to defraud plans: submitting false claims, running vaccine scams, writing fraudulent opioid prescriptions and more.²

When plan sponsors lose, everyone loses. Higher premiums. Higher out-of-pocket costs. Diluted benefits. The earlier plan sponsors can detect and prevent trouble, the better they can protect their members, benefits and finances.



Wide, deep nets

As an Optum Rx client, a nursing union representing 1.2 million lives automatically received our Standard Pharmacy Fraud, Waste and Abuse Audit Services as described below. These audit services run 24/7 behind the scenes at no costs to clients and include:

Highest volume of claims,
lowest level of audit scrutiny

Real-time audit

Unlike traditional multi-day audits, 100% of claims are risk scored within seconds.

Desktop audit

Claims run through more than 40 analytic models to identify and recoup duplicate claims, those for overinflated ingredient costs, and more.

On-site audit

Auditors visit pharmacies to validate prescriptions, verify contractual compliance and observe operations.

Lowest volume of claims,
highest level of scrutiny

Investigative audit

A referral tip or activity identified through analytics prompts an Optum Rx auditor to investigate in depth for potential fraud.



Expert audit team

Optum Rx audits are led by a highly skilled experts who are trained annually on fraud, waste and abuse:

- State licensed and nationally certified pharmacy technicians (CPhT)
- Pharmacists who know the requirements of pharmacy professional practice and prescription claims transmission
- Many members are certified as Accredited Healthcare Fraud Investigators (AHFI) and Certified Fraud Examiners (CFE)

“Optum is doing more for pharmacy FWA than other PBMs in my opinion.”

— Pharmacy benefit consultant



Results

Fraud, Waste and Abuse Audit Services helped this plan save significant dollars³:

More than **\$315,000**
recovered within six months

Identified **147** suspected fraud violations
from five independent pharmacies

These services deliver results for our clients as a whole, too⁴:

More than **300%** increase in total
recoveries from suspected fraud claims
the largest ever increase reported by Optum Rx

135% increase in
total recoveries from our
investigative audits

Terminated **45** pharmacies
within our network

In doing so, generated **\$80** million in
cost avoidance for labor and trust clients

What is your impact?

You deserve to know. Contact us at optumrx@optum.com to see how Optum Rx can help you prevent, detect and correct fraud, waste and abuse.



References

1. National Health Care Anti-Fraud Association. The Challenge of Health Care Fraud. Accessed April 6, 2022. | 2. Healthcare Fraud Prevention Partnership. Fraud, Waste, and Abuse in the Context of COVID-19. Published January 2022. Accessed April 6, 2022. | 3. Optum Rx analysis of recoveries under Standard Fraud, Waste and Abuse Audit Services in quarters 1 and 2, 2021. | 4. Optum Rx analysis of book of business comparing 2019 to 2020 results.

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