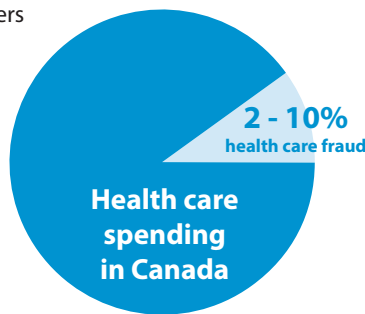


Your role in the detection and prevention of health care fraud and benefit plan abuse



Most customers, health services providers and suppliers are honest and ethical in their dealings with Alberta Blue Cross. As a result, health care fraud and benefit abuse is rare. Unfortunately, however, it sometimes does occur.



As an Alberta Blue Cross plan member, it's vital to understand what health care fraud is. Health care fraud is an intentional deception or misrepresentation that the individual or entity makes knowing that the misrepresentation could result in some unauthorized benefit to the individual, or to the entity or to some other party.

(Source: National Health Care Anti-Fraud Association)

According to industry estimates, health care fraud makes up two to ten per cent of total health care spending in Canada, translating to anywhere between \$440 million and \$2.2 billion annually.

What does health care fraud look like?

Health care fraud can come in many different forms. Service providers or individual plan members might submit claims for products and services that weren't actually provided. In some cases, plan members might receive a service or product not covered by a benefit plan but then submit a claim for something that is. Examples include

- receiving spa treatments and claiming them as therapeutic massages,
- receiving designer sunglasses and claiming them as prescription glasses, and
- receiving cosmetic dental work and claiming it as regular dental care.

Other types of health care fraud and plan abuse include the following:

- **Identity theft**—using another person's health benefits card or identification to obtain products or services or to impersonate that individual.
- **Forgery or alteration of documentation**—including, but not limited to, enrollment information or claims information.
- **Claiming for a more expensive service** than the service that was actually provided.
- **Double doctoring**—going from one prescriber to another in order to obtain multiple prescriptions for the same product.
- **Unbundling**—claiming separately for procedures that are actually part of a single procedure.
- **Masquerading as health care professionals**—delivering health care services without proper licenses.
- **Incentives**—receiving a receipt for products or services not provided while receiving in-store credit for products or services that are not covered by your benefits. In some cases, gifts may be provided by inflating the price of the product or service.

What are the consequences for committing fraud?

Health care fraud is illegal. People who commit it can face criminal prosecution and may receive fines or jail time. Plan members who receive benefits through their employer can put their employment at risk. Committing fraud can also affect a plan member's future ability to be insured, either through Alberta Blue Cross or another benefits provider.

Health care fraud affects everybody, even those who do not commit it. Fraud can lead to

- increased benefit costs and premiums while reducing benefit packages and coverage under benefits plans;
- inaccurate or false records being created which could affect a plan member's ability to be insured, either through Alberta Blue Cross or another benefits provider; and
- reimbursement of claims paid by a plan member being denied.



Your role in the detection and prevention of health care fraud and benefit plan abuse

What is Alberta Blue Cross doing to prevent fraud?

As a member of the Canadian Life and Health Insurance Association, Alberta Blue Cross takes fraud seriously. With our policy of zero tolerance toward any fraudulent abuse of the benefit plans we administer on behalf of our customers, we actively investigate and pursue all suspected fraudulent activities and have exhaustive methods in place to detect and combat fraud. These measures include

- monitoring claim patterns,
- regular audits to ensure compliance with plan contracts and agreements,
- robust analytics process to identify outliers so we can focus on areas of greater risk,
- terminating agreements and deeming providers ineligible,
- pursuing civil and criminal prosecution where evidence indicates fraudulent activity has occurred, and
- restitution where warranted.

What can plan members do to prevent it?

While Alberta Blue Cross works towards preventing health care fraud and plan abuse, you also play an important role in prevention. Protecting yourself against health care fraud benefits you and protects you and your benefit plan.

- Never give anyone your policy numbers or other information about your benefits plan.
- Never sign a blank claim form and review anything you do sign to make sure all the information is correct. Always ask for copies of any form you sign.
- Never allow a claim to be submitted on your behalf before receiving the service or product.
- Check your receipts, make sure they are correct and keep them for two years.
- Never accept credit for services or products you have not yet received and do not substitute products or services for something not covered under your benefits plan.

Reporting suspected fraud or plan abuse

With your assistance, we can prevent health care fraud and plan abuse.

If you suspect any potential fraud or plan abuse, or any improprieties which may include fraudulent activity—such as actions that provide little or no benefit to you but maximize payments to your provider or supplier based on your plan coverage—please visit our web site at <http://www.albertabluecross.confidenceline.net> or contact Alberta Blue Cross directly through our toll free fraud hotline at **1-866-441-8477** or by email to fraudtips@ab.bluecross.ca.

All information will be kept strictly confidential including your identity. Suspicions of fraudulent activity may also be reported anonymously to the address below.

Mail to

Fraud Tips

c/o Claims Assurance Services

Alberta Blue Cross

10009 108 Street

Edmonton, AB T5J 3C5

For more information, please visit

www.ab.bluecross.ca/aboutus/fraud-prevention.html.

