

Fraud awareness—protecting the affordability of your benefit plan



Health care fraud is a national problem that costs billions of dollars and impacts the sustainability of benefit plans across Canada. The increased plan prices could mean passing along premium rate hikes to your employees or even reducing plan options.

Fraud comes in many different forms and is as simple as misrepresenting a service or product received in any way. Examples can range from forgery, substitutions, misrepresentation of claimant or services received, false claims and more.

HOW CAN YOU PREVENT FRAUD?

Being an active participant in the protection of your benefits plan helps your employees know that you take their security and health care seriously.

Here are some steps you can take to reduce and prevent benefits fraud within your organization:

1. Review your benefits plan

Make sure you are aware of the benefit plan coverage limits, deductibles, co-payments and maximums of your plan to help limit the risk to your organization.

2. Ensure your organization has a code of ethics that references benefits fraud

Helping your team understand the severity of benefits fraud can discourage members from considering it or carrying it out. A formal policy will help to keep it top-of-mind.

3. Educate your members

Define benefits fraud, explain who can be involved, display the potential effects on and consequences of fraud on the organization. Education is the first step in growing awareness.

4. Talk to your members about taking ownership of their benefits plan

Your employees deserve quality treatment at a reasonable cost and benefits fraud can take that away. Help your team understand the role they can play in avoiding and reporting fraud if they see it.

5. Report suspicious activity

Both you and your employees can report suspicious plan activity from a member or a healthcare provider, by calling Alberta Blue Cross Fraud, Privacy and Ethics Reporting Service hotline toll free at 1-866-441-8477 or online at www.albertabluecross.confidenceline.net.

WHAT IS ALBERTA BLUE CROSS DOING TO PREVENT FRAUD?

We have a zero-tolerance policy towards any benefit plan fraud and actively investigate all suspected fraudulent activities. Our claim adjudication process uses technology to identify and verify high-risk claims and members, and random claim verification for further protection. Our team of experts focuses on detection and prevention to make sure your employees' plans are protected and stay sustainable.

Contact your Alberta Blue Cross representative to see how we can help your organization prevent fraud.

DID YOU KNOW?

- Health care fraud is illegal—if your members are committing fraud, it can put your employees' benefit plan at risk and raise the potential of prosecution.
- Fraud can be committed by either the plan member, the service provider, or both.
- Alberta Blue Cross uses advanced analytics and investigative teams to detect and prevent fraud.

