

NEWS RELEASE
FOR IMMEDIATE RELEASE
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Alberta Blue Cross® joins national initiative to fight benefits fraud

Alberta Blue Cross is taking part in a national benefits industry initiative using advanced artificial intelligence to enhance the detection and investigation of benefits fraud.

Led by the Canadian Life and Health Insurance Association (CLHIA), Alberta Blue Cross is joining other national benefit carriers in this initiative—which will see millions of anonymized claims data combined. By identifying patterns, the program will further enhance the effectiveness of benefits fraud investigations across the industry. It will also create an opportunity to undertake joint investigations, increasing the success in reducing fraud.

This initiative complements Alberta Blue Cross's strong practice in fraud prevention and detection. Alberta Blue Cross uses advanced analytics and machine learning to continuously monitor claims behaviours and providers, groups and members for activity that may be fraudulent.

These actions, along with the new CLHIA initiative, help to protect the viability and sustainability of customers' benefit plans.

Employers and insurers across Canada lose what is estimated to be millions of dollars each year to fraudulent health benefits claims. These costs are felt by insurers, employers and plan members and jeopardize the sustainability of benefits plans.

As Alberta's leading benefit provider, Alberta Blue Cross provides coverage to more than 1.8 million Albertans and has been ranked as one of Alberta's most loved brands.

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