

How to keep your benefit plan safe from fraud...

Health and dental benefits are a vital part of your overall compensation package, and the cost of providing these benefits to you and your family continues to rise each year. Good health care coverage is important, and we should all participate to help control costs by being informed consumers. Here are some helpful hints to keep in mind when receiving health care services that will help protect your Green Shield Canada (GSC) benefit plan:

Protecting your benefit plan

- Never sign a blank claim form. You should always verify what you are signing and only sign a claim form on the date that the product/service is received or picked up.
- Report providers who ask you to sign a blank claim form.
- Accept only those services and products that you need and will use. Don't fill a prescription if you don't intend to take the medication.
- Treat your GSC ID card like you would a credit card. Keep it – and your benefit plan information – in a safe place.
- Read your *Explanation of Benefits* (EOB) statement like you would your credit card statement – question services or products you don't recognize. If your provider submits your claim directly to GSC, you can look at the claim details online via GSC's Plan Member Online Services.
- Complete claim audit questionnaires when you get them. These help us protect all of our plan members and their benefit plans from abuse, misuse and overuse.
- Sign the *Release of Information Authorization Form* when requested. This gives us permission to review your claims information to make sure claims are appropriate and properly submitted on your behalf.

Shop around to get the best quality/service for your benefit dollars

- Your health care provider should be providing you with costs/fees of services up front and explaining what other treatment options/alternatives exist.
- Providers do not always advise of the cost of a product or service. Posted fees/costs of services should be provided up front.
- Ask questions about the services or products you receive and always ask how much is being billed to your benefit plan.
- Avoid overcharging/product switching – ensure the quantity and quality of items being billed are actually what you are receiving.

Know your health services provider

- Make sure your practitioners are licensed with the appropriate regulatory agency or association.
- Watch out for providers requesting a list of your covered benefits and the plan maximums.
- Be concerned if there is no change in treatment regimen or no measurable improvement after an extended period.
- Look out for offers of incentives. Nothing is free! 'Free' products or services are often hidden or built-in to the cost of the item your benefit plan is being billed for.
- Beware of providers requesting you to see their physician or use their supplier/dispensary.

Yes, we audit claims. It's part of our Fraud Prevention Program.

We recognize that fraud is often unintentional however, whether intentional or not, abuse, misuse, and overuse of benefit plans is a reality. So periodically we have to audit claims. Sometimes, through our auditing processes, inappropriate claiming behavior is suspected. In those situations, we need to take extra steps when we adjudicate and pay claims. Here are some of the policies we have in place to ensure that the services being claimed were performed and paid for in full:

- **Sometimes cash isn't an acceptable form of payment** – From time to time, when processing claims, confirmation of a traceable and identifiable source of payment is required. What does that mean? It means that you need to submit a copy of your payment transaction with your claim to confirm the claim was paid in full. Accepted forms of confirmation of payment include:
 - cancelled cheque
 - authorized electronic credit card receipt and/or credit card statement
 - direct payment/debit receipt
 - bank statement

Please note: Any information that does not pertain to the claim awaiting payment may be omitted.

- **Sometimes we require additional claim information** – From time to time, we may send you a *Release of Information Authorization Form* because we require additional information related to one of your claims. That additional information, in accordance with legislation, can only be obtained with your written consent. By signing the form, you are providing us with consent only for information which may be necessary to complete the processing of current and/or future claims.
- **Sometimes providers aren't allowed to submit your claims or bill us directly** – Although for the most part a temporary inconvenience, in these cases, you will have to pay out-of-pocket for the services that are provided to you and submit a claim form and your receipts directly to GSC (with confirmation of payment).

The emphasis of the GSC Fraud Prevention Program is to tackle fraud, misuse or abuse head on – before it happens. If it does occur, we try to reduce its impact. We investigate its incidence to identify the root causes and establish additional preventive measures to protect all of our plan members. We know extra steps can be frustrating. However, they are good for you and the protection of your benefit plan in the long run. Thank you for helping us to protect your benefit plan and reduce unnecessary health care costs. We hope that this information will help you become a more engaged consumer of health care services.

If you suspect fraud or the possible abuse of your benefit plan, your concerns can be reported anonymously toll-free at 1.800.265.5615 ext. 6921 or 1.888.711.1119 by asking for our Confidential TIPS Hotline.