

KEEPING YOUR BENEFITS 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 and dental coverage is important, and we should all participate in helping to control costs by being informed consumers. In addition, we need to be aware that benefits fraud happens, and it's everyone's responsibility to make sure that they are using the benefits plan responsibly and helping to protect it from fraud.

It's your plan

Plan members play a key role in the prevention of fraud – take ownership of the plan and treat your benefit dollars like it is your own money. Make sure you are familiar with your benefits plan: know what you are eligible for and how your plan works, so you can make informed decisions.

When fraud does occur, Green Shield Canada (GSC) tries to reduce its impact. We investigate its incidence to identify the root causes and establish additional preventive measures to protect the health and well-being of all our plan members. We know extra steps can be frustrating; however, they help protect your benefits plan in the long run.

Keep in mind, if you are found to have committed fraud, the consequences are serious. GSC is obligated to reveal the fraud to your plan sponsor, and you could lose your benefits coverage or your job. The case could even be escalated to law enforcement.

What is benefits fraud?

Benefits fraud refers to any abuse, misuse, or over-utilization of the plan as well as inappropriate health provider billing practices – whether intentional or not.

A benefits plan can be affected by a variety of different forms of fraud by both plan members and health services providers. Fraud can include things such as:

- Submitting false claims
- Altering invoices
- Billing for an ineligible service disguised as an eligible service
- Overcharging/over-utilization
- Returning an item after reimbursement

How you can help protect your 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 health providers who ask you to sign a blank claim form.
- Accept only services and products that you need and will use. Don't purchase a product if there's no real medical need.
- Treat your GSC ID card like you would a credit card. Keep it – and your benefits plan information – in a safe place. Don't let anyone else use your card to obtain products and services. And don't use anyone else's card.
- Check receipts to ensure the details about the products and services received are correct. Contact GSC if you find any inaccuracies.
- Read your explanation of benefits statement regularly like you would your credit card statement – question products or services you don't recognize. If your health 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 benefits 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.
- If you've paid for a product or service out of pocket, submit your own receipts to GSC – don't let your provider do it for you as you can't confirm what they're submitting.
- Call us if something doesn't look right.

Be a smart consumer

Here are a few ideas for how to get the best quality/service for your benefit dollars:

- Make sure your health care service provider provides you with costs/fees for services upfront and explains what other treatment options/alternatives exist.
- Ask questions about the services or products you receive and always ask how much is being billed to your benefits plan.

- Watch out for health 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.
- Watch out for ads promoting that you use up your benefit maximum each year – use only the services and products you need.
- Look out for offers of incentives from health providers. Nothing is free! The cost of “free” products or services are often hidden or built in to the cost of the item billed to your benefits plan.
- Be suspicious of “free” services that require your health plan information. Remember, if it is free, there isn’t any need to share benefit information.
- Beware of providers requesting that you see their physician or use their supplier/dispensary. You may want to check with your own physician first.
- Alert GSC of any health providers who routinely waive your co-payment or deductible.
- Notify GSC if you receive products or supplies that you haven’t requested or authorized. Providers should not be automatically sending you anything.
- Don’t let a health provider talk you into something that you may not use or need. Be cautious when entering into a payment plan or contract.

Get to know your health care provider

To ensure plan members receive appropriate treatment, GSC requires that paramedical health practitioners must:

- Be licensed with the appropriate provincial regulatory agency or association
- Operate within their scope of practice

To check whether your provider has the proper credentials, you can use the “Find a Provider” tool on Plan Member Online Services (via greenshield.ca) or on the GSC on the Go app. Our database contains only health care providers who meet GSC’s standards for reliability and are in good standing with their applicable regulatory agency or professional association. Alternatively, you can access GSC’s list of delisted providers, which is updated quarterly – just visit the “What’s New?” tab on Plan Member Online Services and click on “GSC News.”

When visiting a health care provider, note that the facilities are a clean and professional environment. Don’t be afraid to ask for the name of the person who will be providing the service to you and look for the health provider’s license – it should be on display, and if it’s not, you can ask to see it.

Yes, we audit claims – it’s part of our Fraud Prevention Program

GSC has a variety of different tools to prevent and detect fraudulent activity. GSC’s Fraud Prevention Program involves a team dedicated to analyzing claims data and watching for unusual claiming patterns or anything else that stands out as odd. To do this we will periodically audit claims. If inappropriate claiming behaviour is suspected, we may 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
- **Sometimes we require additional claim information** – 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 that may be necessary to complete the processing of claims. We need this information to make sure the claim is supported. For example, we may require an invoice from a supplier or manufacturer, or your treatment record from the health provider that confirms the treatment you received.
- **Sometimes health providers aren't allowed to submit your claims or bill us directly** – In these cases, you will have to pay out of pocket for the services that are provided to you, then submit a claim form and your receipts directly to GSC (with confirmation of payment). Sometimes we won't consider reimbursement for some providers, due to our investigation. Providers are notified when these situations occur. You can check whether a provider has submission or billing privileges, etc., through Plan Member Online Services.

If you're asked to provide us with any documentation about a claim, you can easily upload electronic copies of your forms, receipts, debit/credit card slips, etc. through Plan Member Online Services.

Submitting claims online? When you are submitting your own claims using Plan Member Online Services, your claims may be selected for audit where you will be required to upload copies of your receipts. Submitting claims online is both easy and convenient; however, we need to make sure that this feature isn't being abused. Audits are a way to keep tabs on the online claiming activity.

Suspect fraud?

If you suspect fraud or the possible abuse of your benefits 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. Or you can email us at **bmis@greenshield.ca** or complete the contact form on greenshield.ca.