



Zero-tolerance fraud policy AWARENESS FOR PROVIDERS

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 extensive measures in place to detect and combat fraud. These measures include monitoring claim patterns, auditing to ensure compliance with plan contracts/agreements and pursuing civil and criminal prosecution where evidence indicates fraudulent activity has occurred and restitution is warranted.

What is health care/fraud plan abuse?

The National Health Care Anti-Fraud Association defines health care fraud as an intentional deception or misrepresentation that an 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. According to industry estimates, health care fraud and plan abuse makes up two to 10 per cent of total health care spending in Canada, translating to anywhere between \$440 million and \$2.2 billion annually. Committing health care fraud is illegal and can result in criminal prosecution, leading to fines or possibly jail time.

Health care fraud comes in many different forms, including billing for products and services that weren't provided. When providing products or services, the claim submitted must reflect the products or services provided accurately. Using alternate products to ensure payment of a claim is considered fraud.

Other types of health care fraud and plan abuse include, but are not limited to, the following:

- Identity theft – a customer might use another person's health benefits card or identification to obtain products or services.
- Forgery or alteration of documentation – including, but not limited to, enrolment information or claims information.
- Billing for a more expensive service than the service actually provided.
- Unbundling – claiming separately for procedures that are actually part of a single procedure.
- Masquerading as health care professionals – delivering health care services without a proper license.
- Incentives – providing a receipt for products or services not supplied while giving in-store credit for products or services that are not covered by a plan member's benefits. In some cases, gifts may be provided by inflating the price of the product or service.

Act responsibly

To avoid facing the serious consequences of fraud, you are expected to adhere to the following procedures:

- Ensure claims are submitted accurately and consistently under the patient's name, date of service and product/service description regardless of how a patient wants the claim submitted.
- Never submit claims for services not yet rendered.
- Ensure services are charted so they can be easily verified.
- Verify patients' identities through a form of photo ID, as well as their Alberta Blue Cross ID card.
- Ensure you have knowledge of what your front end staff is doing when it comes to submitting claims.
- Never substitute products or services.

Please note: Our plan members are well informed of their role in preventing health care fraud. They are also encouraged to report any suspicious activity to our fraud hotline.

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How you can help

If you suspect any suspicious activity from plan members or providers, please report it immediately by calling the Alberta Blue Cross Fraud, Privacy and Ethics Reporting Service hotline toll free at 1-866-441-8477 or through Alberta Blue Cross's web site at <http://www.albertabluecross.confidenceline.net>.

All information will be kept strictly confidential. Suspicions of fraudulent activity may also be reported anonymously to

Fraud Tips, c/o Claims Assurance Services, Alberta Blue Cross, 10009-108 Street, Edmonton, AB T5J 3C5.

Online claims

If you've registered to provide online claim submissions to your patients, you've accepted the Alberta Blue Cross Online Services Billing Agreement. By accepting this agreement, you've assured us that all claims submitted to Alberta Blue Cross are authentic and constitute an accurate account of services rendered and charges billed. You have also consented to a number of other clauses including, but not limited to, post claim audit reviews, on-site audits, requests for information or documentation to support claims and retention of claim records for a period of two years.

If you wish to review the terms of the agreement, please visit <https://www.ab.bluecross.ca/secure/pdfs/provider-terms-of-use.pdf>. Please note that non-compliance with the terms of the agreement will result in the termination of your online billing privileges. In addition, if we find that you knowingly participated in fraudulent claims activity, you may face criminal charges.

Thank you for your cooperation. If you have any questions, please contact Alberta Blue Cross Health Provider Services at 780-498-8083 (Edmonton and area) or 1-800-588-1195 (toll free).

