

Better understanding and preventing insurance fraud

As a member of your employer's group insurance plan, you benefit from the reimbursement of your healthcare expenses, among other advantages.



Paramedical services
(e.g., massage)



Dental treatments



Medical supplies



Prescription drugs

Be aware

Submitting or colluding to submit falsified claims for any of these services constitutes insurance fraud, **which is a criminal act that can lead to major consequences.**

What is insurance fraud?

Fraud occurs when information is deliberately withheld or misrepresented so as to ensure the payment of an insurance claim from which a claimant, a service provider or another party stands to benefit financially.

By whom and how is fraud usually perpetrated:

- **By a single plan member**
Example: A plan member claims expenses for services that were never rendered
- **By a plan member or a group of plan members colluding with a service provider**
Example: A plan member or a group of plan members colluding with a service provider to falsify claims with the intention of splitting the gains
- **By medical and dental service providers**
Example: Providers falsifying receipts for plan members to ensure they are covered under the group insurance plan

Fraud is far from victimless.

Defrauding your group insurance plan can result in severe outcomes. Let's look at how it can hurt you, your colleagues, your group insurance plan and your employer.

Consequences



For you

- Recovery of funds
- Job loss
- Criminal file
- Fine
- Prison
- Tainted reputation in the eyes of any employer and your family and friends



For your plan and colleagues (including you)

- Higher group insurance premiums to pay due to incorrect usage of the plan
- Reduction or loss of coverage (depending on severity)



For your employer

- Loss of revenue that may generate modifications to your group insurance plan

Avoid fraudulent situations by following these 9 TIPS

It is your responsibility to lead by example and adopt ethical behaviours when using your group insurance plan.

1 Never leave a blank claim form bearing only your signature with a healthcare or dental provider. You would make it easy for them to commit fraud in your name.

2 Never give anyone (especially health or dental providers) your policy and certificate numbers or any other information about your plan **in exchange for money or other incentives**. Report those who ask for that information.

3 Review your Explanation of Benefits statements to make sure the information is accurate. You can find them in My Client Space.

4 Check your Claims History Profile regularly in My Client Space. Ensure that the expenses were incurred by you and/or your family members.

5 Ensure that the treatments you receive are medically necessary and have been recommended for you and/or your family members, following a diagnosis from a physician.

6 Never submit a claim before you have received the health or dental treatment, service or product. You need a **clear invoice** as proof of service rendered.

7 Ensure that the medical or dental practitioner providing the service has the appropriate qualifications and meets the requirements of your plan (i.e.: member of a recognized college/association).

8 Stay away from – and report – health or dental service providers trying to trick you into producing **false claims** or assuring you that their services are covered under your plan. Always verify before paying.

9 Carefully read your group insurance booklet or consult your My Client Space account to know the maximums that can be reimbursed for specific health or dental treatments, services or products.

What is iA Financial Group doing to minimize and prevent insurance fraud?

iA Financial Group's Investigative Services keep a close watch on claim patterns and potential problematic health or dental service providers. iA Financial Group is also a member of the Canadian Life and Health Insurance Association (CLHIA), where insurance providers pool their ideas and resources to eradicate fraud in our industry.

More specifically, iA Financial Group's Investigative Services:

- Take appropriate measures to identify providers involved with problematic claims
- Initiate thorough inspections of various service providers in order to put a stop to questionable practices
- Compile and analyse the data obtained from a sampling of claims to detect atypical situations on a larger scale
- Seek input from clinical experts to help handle contentious claims

Be part of the solution

If you witness or suspect a fraudulent act, either from a colleague or a health or dental service provider, you can easily, **and in full confidentiality**, report it to iA Financial Group's Investigative Services or to the CLHIA.

iA Financial Group's Investigative Services

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Canadian Life and Health Insurance Association

<https://www.clhia.ca/antifraud>

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