


PROTECT YOUR PLAN



Insurance fraud and abuse are not victimless offences. They have many consequences that impact all of us and can lead to higher insurance rates, benefits not being offered under health plans and employers choosing to reduce benefits to keep escalating costs down.

Insurance Fraud and Insurance Abuse: What Are They?

Insurance fraud is the intent to obtain reimbursement for goods or services that were neither received nor provided. Examples include:

- misrepresenting items supplied on receipts
- returning items after reimbursement and not refunding Manitoba Blue Cross
- submitting claims for services not rendered
- altering receipts — including patient name, billed amount, service date, etc.

Insurance abuse is any action that utilizes the plan in a way that is contrary to the intended purpose of the benefit, which results in unnecessary cost to the plan. Examples include:

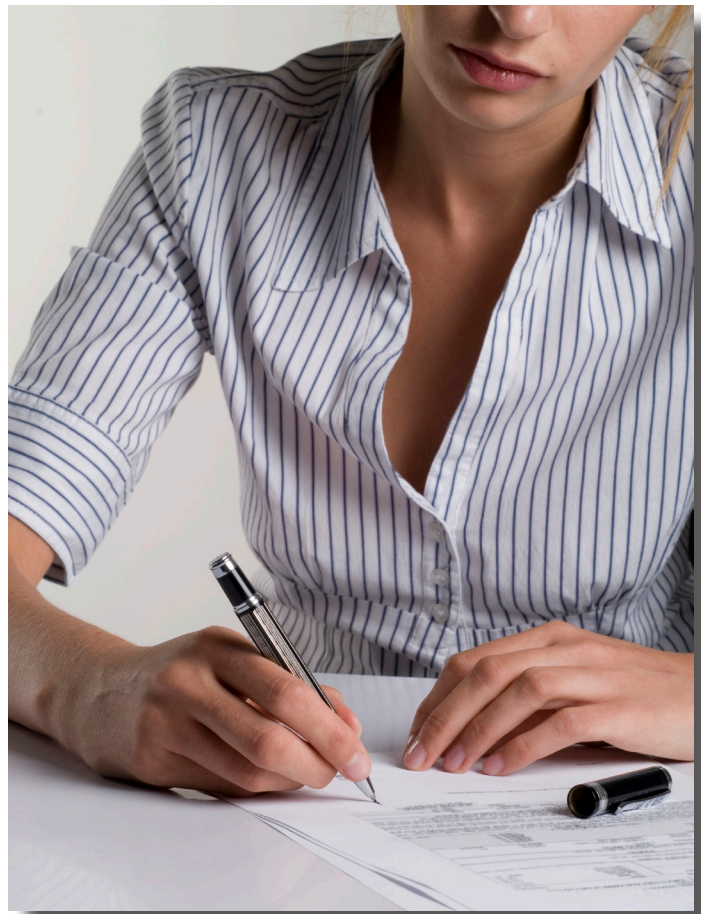
Examples include:

- receiving services that are not part of a therapeutic treatment for illness or injury
- excessive use of benefits



How can YOU prevent insurance fraud and abuse?

- Never sign blank claim forms for providers – by signing forms, you are confirming your authorization and consent as well as verifying the accuracy of the information in the claim being submitted on your behalf.
- Verify that your provider is approved by and registered with Manitoba Blue Cross prior to obtaining services.
- Ensure that the benefits you are claiming are the goods and services that you received.
- Treat your Manitoba Blue Cross card like a social insurance number; do not let anyone use your number.
- Ensure that all receipts submitted reflect the accurate dates and payments and that services have been provided in full before submitting a claim.
- Report any incidences of providers offering to alter claim information to meet your claiming requirements.
- Report any incidences of providers recommending services to maximize your benefit payments.
- Notify Manitoba Blue Cross if you return an item that had been previously processed under your plan.
- Keep records of appointments and treatment dates and receipts for co-payments.
- Review your Explanation of Benefits for claims where the provider submits directly to Manitoba Blue Cross on your behalf.



How do WE at Manitoba Blue Cross prevent insurance fraud and abuse?

Manitoba Blue Cross takes a number of approaches to fraud and abuse prevention. We have a profiling system designed to monitor claiming practices, identify abnormal billing patterns, over-utilization of services, excessive fees and potential abuse. Furthermore, our staff is educated on a variety of fraud detection techniques and processes. Specifically, our Claims and Information Services staff is trained to identify red flags such as altered claim forms and/or receipts, unusually high charges or claims frequencies. We have a Benefit Services Investigative Unit that conducts audits based on confidential tips, random selection and profiling results. All tips and red flags are taken seriously and investigated.

Consequences of insurance fraud or abuse:

Depending on our findings, we may:

- educate a subscriber on appropriate claiming and billing procedures
- cancel a subscriber's coverage
- request restitution directly from subscribers and send unpaid accounts to collection agencies
- initiate civil proceedings
- forward our findings to local authorities for criminal investigation

What to do if you know someone potentially engaging in insurance fraud or abuse:

- Report it anonymously to Manitoba Blue Cross
 - within Winnipeg (204) 789-8805
 - toll-free within Canada 1-877-998-TIPS (8477)
 - Email: protectyourplan@mb.bluecross.ca