



## WHAT IS FRAUD?

In a nutshell, health insurance fraud is committed when a dishonest health care provider or plan participant intentionally submits, or causes someone else to submit, **false or misleading information**.

## WHY IT MATTERS

The promotion and maintenance of a culture of transparency, integrity and accountability is an integral part of **UN principles**, a requirement for combating fraud and corruption and a primary responsibility of staff at all levels.

However, health insurance fraud also has a **significant impact on all plan participants**. Although only a small percentage of health care providers and plan participants might commit fraud, all parties are disadvantaged in the long run as a result.

As UNHQ offers self-funded plans to all plan participants, fraud results in **higher premiums paid by all staff and retirees** to cover the cost of the plan. In addition, fraudsters jeopardize access to cashless care for themselves, their loved ones and their colleagues.

In order to prevent fraud, it is important to know what to look out for when it comes to recognizing and reporting fraud.

THE UN HAS A  
ZERO TOLERANCE  
POLICY

FOR INSURANCE FRAUD

## PLAN PARTICIPANT FRAUD

**False claims:** Plan participants submitting claims for services not incurred.

**False information:** Plan participants submitting alterations or false information on applications or individuals using someone else's coverage or sharing membership details with anyone else, including family members.

**Doctor shopping:** This is when plan participants visit multiple doctors to get many prescriptions for controlled substances that do not coincide with medical claims history.

**Kickbacks:** Plan participants are paid to get procedures they do not need or offered incentives such as advertisements for 'free services'.

**Disability fraud:** This applies when the plan participant has a history of self-employment or ability to easily work for cash while receiving disability benefits and showing a lack of interest in rehabilitation.



## HEALTH CARE PROVIDER FRAUD

**Identity theft:** This is the fastest-growing type of health care fraud. It can include participants having their information stolen and their identity used without their consent.

**False claims:** Health care providers billing non-covered treatments (i.e. cosmetic procedures) as covered services.

**Kickbacks:** Plan participants are paid to get procedures they do not need; plan participants are offered waiver of customer/patient coinsurance, copays or deductibles; doctors paying other doctors or patients for referrals.

**Misrepresenting services:** Health care providers claim they did a more costly procedure, charge for services never rendered or unnecessary treatments.

**Phantom billing:** A real patient's information is used to make up claims or increase the number of valid claims.

**Unbundling:** Billing for each stage of a procedure one by one, as if the doctor was doing more than one procedure.

**Upcoding:** Billing for a service that costs more than the service that was provided to a patient.



Contact us

E-mail: [hliis@un.org](mailto:hliis@un.org)

Website: [www.un.org/insurance](http://www.un.org/insurance)

# WHAT TO DO IF YOU NOTICE SUSPICIOUS BEHAVIOR?



## HOW CAN WE AVOID AND DETECT FRAUD?

## EXAMPLES

### PROVIDER FRAUD

*Dr O'Neill received the results of medical testing performed by a diagnostic firm for her interpretation of the results. She billed the patients' health insurance as if she had performed both the testing and interpretation of the tests.*

*A plan member is due for a check-up with his dentist. Dr Williams notices that his patient is privately insured and charges more than the normally applicable fee. The plan member is asked to pay in cash and is provided with an unofficial invoice.*

### PLAN PARTICIPANT FRAUD

*Plan participants could be committing fraud or abusing their plan without knowing it. For example, a plan participant undergoes dental implant surgery in December 2020. The plan ceiling for dental treatment has been reached for the year and he asks the dentist to alter the invoice so that he can claim for the treatment in January 2021. To some, this may not seem like fraud at first glance, but it is.*



Contact us

E-mail: [hlis@un.org](mailto:hlis@un.org)

Website: [www.un.org/insurance](http://www.un.org/insurance)

If you suspect that another plan participant or health care provider has committed fraud or would like to self-report an incidence of fraud, please contact your Third-Party Administrator directly through the contact details below:

#### Cigna International for UN MIP and UN WWP

Call the Cigna Fraud Hotline at **+32 3 217 68 71** or fill in the **Fraud Report Form** on your personal Cigna webpage.

#### Empire Blue Cross

Call the **Member Services Number** on your Empire ID Card.

#### Aetna

Call the Aetna Hotline at **+1 800 338 6361** or send an email to [aetnasiu@aetna.com](mailto:aetnasiu@aetna.com).



---

**For questions on misconduct**, please contact DMSPC/OHR/ALD/CDS ([cds-ohr@un.org](mailto:cds-ohr@un.org)), or for matters specific to insurance, DMSPC/FD/HLIS ([hlis@un.org](mailto:hlis@un.org)).

**For advice on ethical issues**, the Ethics Office provides independent and confidential advice through its helpline ([ethicsoffice@un.org](mailto:ethicsoffice@un.org)).

---

**Watch out for freebies:** Be careful if you are offered free medical exams, copay waivers, or you see advertisements that say "covered by insurance".

**Avoid identity theft:** Never share your membership details or insurance certificate with anyone else. Do not leave your ID card exposed and if it is lost or stolen, report it immediately.

**Review your explanation of benefits (EOB):** Your EOB is a snapshot of your doctor's visit. When you receive it in the mail or access it online, make sure the services listed in the EOB match the services you received.

**Review your invoice:** As a plan participant, you can help prevent fraud by thoroughly examining the invoice you receive and checking whether the billed amount corresponds to the treatment you received. You can also seek clarification from the health care provider if you do not understand the charges for any of the billed services.

**Keep record of all your treatments and documentation:** Never sign a blank document. Always keep a copy of any document you sign.

**If possible, only visit in-network providers:** The medical providers in these networks have been reviewed and have agreed to follow TPA and UN guidelines.