

HEALTH CARE FRAUD COMMITTED BY PLAN MEMBERS

The fight against fraud is essential in order to preserve a balanced and financially sound medical plan. As a plan member, it could mean a higher co-payment for you, lower coverage limits and increased premiums for your plan. That's why it's important to know what to look out for when it comes to recognising and reporting fraud, so that you can prevent it.

UNDERSTANDING PLAN ABUSE

Plan members could be committing fraud or abusing their plan without knowing it. For example, a plan member undergoes dental implant surgery in December 2014. 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 2015. To some, this may not seem like fraud at first glance, but it is.

WHAT ACTIONS CAN YOU TAKE TO PREVENT FRAUD?

By being aware of what to look out for, you can help Cigna prevent fraud. These examples of fraud or plan abuse have been put together based on confirmed cases detected by Cigna:

- › Submitting claims for services or medication that were not received.
- › Modifying medical bills, medical records and prescriptions in view of getting reimbursed for non-covered items.
- › Using someone else's coverage or sharing membership details with anyone else, including family members. If you lose your membership card, let us know and we'll send you a new one.
- › Obtaining prescriptions for medications or appliances that are not needed by the patient and sold/given to others afterwards.
- › Making an agreement with a provider that misrepresents a claim in view of a higher reimbursement.

WHAT IS CIGNA DOING TO PREVENT FRAUD?

Cigna has developed an anti-fraud policy aimed at prevention, detection and investigation. We perform plausibility checks, such as matching treatments with the underlying medical conditions before we reimburse a claim. Cigna also conducts retrospective reviews of all historical claimed expenses through sophisticated fraud detection technology in view of identifying patterns or trends in previous claims.

As a result of these checks, we may ask you or the health care provider to provide more detailed information about the costs of medical treatment sent for reimbursement.

WHAT ARE THE RISKS?

Fraud is a serious offence. When fraud is committed, the person who commits it put himself or herself at risk of financial penalties, criminal charges and dismissal from the organisation. Your employer is fully supportive of this awareness programme.

REPORTING FRAUD

Cigna has a whistleblowing policy in place and fraud report form that is accessible to all plan members via the website.

If you suspect that a fellow plan member or health care provider has committed fraud, there are several ways you can let us know. Rest assured: we guarantee strict confidentiality and will thoroughly investigate of all reports we receive.

1. Call our **fraud hotline** on + 32 3 217 68 71
2. Fill in the **fraud report form** on your personal webpages