

# HEALTH CARE PROVIDER WASTE AND ABUSE

## How do health care providers commit fraud or abuse?

Some examples of provider health care fraud/abuse include:

- › charging for services never rendered or unnecessary treatments;
- › falsifying a patient's diagnosis to justify tests, surgeries or other procedures that otherwise would not be deemed to be medically necessary;
- › misrepresenting procedures performed to obtain payment for non-covered services, such as cosmetic surgery;
- › charging for more expensive services than actually rendered;
- › unbundling – billing each stage of a procedure as if it were a separate procedure;
- › accepting incentives for patient referrals;
- › waiving patient co-pays or deductibles and over-billing the insurance company or benefit plan;
- › billing a patient more than the co-pay amount for services that were prepaid or paid in full by the benefit plan under the terms of a managed care contract.

## REPORTING FRAUD

Cigna has a whistleblowing policy in place. If you suspect that a fellow plan member or health care provider has committed fraud or is engaging in committing fraudulent activities, there are several ways you can let us know. Rest assured: we guarantee strict confidentiality and a thorough investigation 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

## WHAT CAN YOU DO?

As a plan member, you can help prevent fraud by thoroughly examining the invoice you receive. You can also seek clarification from the health care provider if you do not understand the charges for any of the billed services.

## EXAMPLES

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 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.

## WHAT IS CIGNA DOING TO PREVENT FRAUD?

Cigna performs plausibility checks, such as matching treatments with the underlying medical conditions prior to the settlement of 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.