

SPECIAL POINTS OF INTEREST:

- **Fraud and abuse lead to financial loss to the plan and can take the form of higher premiums to members or decreased coverage**
- **The Carrier employs experts who review and red flag and investigate suspicious claims.**
- **Fraud can be reported through a confidential phone line at 1-877-481-9171**

INSIDE THIS ISSUE:

Fraud	1
Online Claim Submissions	2
Claim Filing Timeline	3

Fraud Matters

Benefit Carriers in Canada estimate that more than \$5 billion dollars is lost each year through benefits fraud and abuse. On a per capita basis that equals \$150 per Canadian. While we have no reason to believe, or even suspect, that anybody is defrauding or abusing the Simcoe ETFO Benefits Plan, extrapolating these figures would equate to a potential loss of \$282,000 annually to our Plan.

What is fraud?

Fraud is the intentional submission of false or misleading information for the purpose of financial gain. It can be committed by medical professionals, plan members, and the people who provide the products and services to consumers. Fraud is a criminal offence under section 380 of the Criminal Code of Canada and is therefore punishable by law.

Fraud can happen in different ways, and schemes are constantly evolving. When fraud is committed, it leads to a financial loss to the benefits plan and invariably, losses to the plan member in the form of higher premiums or decreased coverage.

Although fraud can be hard to detect, our Carrier employs expert staff members who are skilled in carefully reviewing files and red flagging odd or suspicious claims for closer scrutiny. Their strategy is to prevent fraud before it happens, ideally before it costs our Benefits Plan money.

Why you should care

Our Group Benefits Plan represents a significant financial investment. It's an investment that will pay dividends in the overall health and well-being of SCETF members and their families. All plan members should take an active role in protecting their plan so that it's there when they need it.

Fraud versus abuse. What's the difference?

Fraud is the intentional submission of false or misleading information for the purpose of financial gain.

Abuse occurs when a health care provider or consumer exploits the plan provisions or the health profession's guidelines. This includes overbilling for services, providing treatment when it is not necessary, overusing services, or returning items after the plan has reimbursed the costs.

Abuse can be just as expensive and costly as fraud.



Online Claims Submission and Direct Deposit Service Now Available

It's secure, it's convenient and it's free.

Simcoe ETFO Benefit Plan Members now have a choice – submit their claims the way they always have, or to use a convenient, quick and secure method, with online claims submission. By signing up for direct deposit, plan members can receive their money faster than by cheque. They will also receive an email as soon as their claim is paid.

Claims control – committed to protecting your investment

Our partner, Manulife Financial, is a founding member of the Canadian Health Care Anti-Fraud Association and an industry leader in benefits fraud protection. Manulife's robust claims practices mean that their processes, including the online claims service, measure up to stringent standards.

Regardless of whether a claim is submitted using the traditional paper form or through the online service, the hands-on claims management processes followed by Manulife claims staff help to ensure that only eligible claims are paid for by your plan.

With our online claims submission service, clear limits and expectations are set right from the start. Even before Plan Members begin the claims submission process, they must accept the responsibilities associated with submitting claims online, as well as the consequences they will realize if they don't abide by the guidelines. **For example, if a Plan Member is requested to provide a receipt as part of an audit, the plan member has 40 days to provide the receipt. If the document is not provided within that timeframe, the claim is reversed, the funds are collected from the Member and their privilege to submit their claims online is revoked.**

In addition, a variety of techniques are used to effectively control the claims submitted online, such as:

- ▶ Collecting information that can only be provided from an authentic receipt
- ▶ Conducting random audits of all types of claims
- ▶ Collecting provider contact information with every claim
- ▶ Limiting the dollar value of claims that can be submitted online
- ▶ Proprietary and industry leading fraud and profiling detection tools

Plan Member Pluses

Plan Members will find the online claims submission service easy to access – simply log in to the OTIP Services Plan Member Secure Site at www.otipservices.com and select **Submit a Claim** in the navigation bar.

Members will also find it easy ...
...to navigate

- ▶ Find clear, easy to read explanations of claims that can and cannot be submitted online and choose from vision, dental or a list of the most common practitioners.



- ▶ Just one click to perform a number of tasks, including:
 - ▶ Selecting the type of claim to submit
 - ▶ Selecting the patient for the claim from a list of family members
 - ▶ Selecting the practitioners from a list of the ones the Member has used before
- ▶ Sample receipts for every type of claim to help find the right information fast.
- ▶ Easy step-by-step process that's the same for every type of claim – once Members have done one, they can do them all.

...to reference

- ▶ Plan Members can download, save and print the statements for the claims they've submitted online.
- ▶ Easy, online claims history – members can view a list of their most recent online claims submissions, check the status of an online claim, look up the claims details or obtain the confirmation number.

...to save time

- ▶ It's all online, so there's no paper required unless receipts are requested as part of an audit.
- ▶ Eliminates mailing time sending in the claim and receiving the cheque in return.
- ▶ Directly deposit the claims payable into the plan member's bank account, so money is received faster than by cheque.
- ▶ Coordinate benefits online with plan member's spouse – if the spouse's plan is with Manulife, the claim will be paid from that plan automatically.

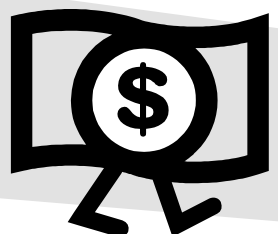
Plan Members can be assured that any other claims conveniences they enjoy today will not be impacted by using the online claims service, whether it's a pay-direct drug card or dental claims submission from their dentist's office.



Holding on to Receipts?

If it is your practice to accumulate several receipts before filing a claim with OTIP, it is important to remember that claims are time sensitive. Written proof of claim, satisfactory to OTIP and/or the Insurer, must be received **NOT LATER THAN SIX MONTHS** following the date the claim was incurred.

Any claims submitted beyond the six month time frame will **NOT BE ELIGIBLE** for reimbursement.



...Continued from page 1

Here are some examples of inappropriate claims practices:

- Double billing or charging more than once for the same service or procedure.
- Charging for procedures or services that were never performed.
- Performing unnecessary procedures or services.
- Knowingly misrepresenting information on an invoice or claim form.
- Signing blank claim forms and leaving them with a provider.
- Returning a product for a refund after receiving payment from the insurance company.
- Receiving a service that isn't covered by your plan and then attempting to recover the cost by submitting a bill for a procedure that is covered.
- Using the coverage of a dependant for a service you are receiving.
- Making false statements or failing to provide complete and accurate information when claiming disability benefits, including:
 - Misstating restrictions and limitations
 - Failure to report other sources of income
 - Failure to report employment activities either paid or unpaid
 - Falsifying or altering any document that supports the claim.

What can Simcoe ETFO Plan Members do to help?

- Treat your benefits card(s) like a credit card, protect it and the information on it.
- Do not sign blank claim forms.
- Report providers who ask you to pre-sign blank claim forms.
- If a provider files an electronic claim make sure you retain a copy.
- Ensure that receipts from your provider are complete, accurate and properly reflect the services provided.
- Know your benefits policy, what is covered, what is not, and what annual/lifetime limits apply.
- Complete claim audit questionnaires if you receive one.
- Review your Explanation of Benefits claim statements, make sure they are accurate.
- If you feel pressured to participate in unethical behaviour or are uncomfortable with the business practices of the service provider, report this to Manulife Financial and find a provider who you are comfortable with.
- Refer tips to Manulife Financial through their **confidential phone line at 1-877-481-9171**

Simcoe ETFO needs your help. If you suspect fraud, please do not hesitate to call the confidential phone line at 1-877-481-9171. Let's all do our part to keep our Benefits Plan healthy and viable.

Questions?

If you have any further questions regarding benefits please contact Nathan Klaassen at the SCETF office at 705-728-2888, or send an email to nathan@scetf.org. You can also contact OTIP Benefits Services directly at 1-866-783-6847.