

Benefit Facts Article - March 29, 2012

How to Fight Against Benefits Fraud

An employee benefit plan is an important investment in your company's future and the last thing you want is to have it eroded by benefits fraud.

Benefits fraud happens when information is intentionally withheld or misinformation is provided to ensure a claim is paid. It can be committed by anyone with access to your personal information and can include creating inflated or fictitious claims, or simply misrepresenting the treatments received. Benefits fraud can even raise the cost of your program beyond the point of affordability.

Although the Chambers of Commerce Group Insurance Plan has a number of processes in place to flag and investigate potential benefits fraud, there are also measures that you, as an employer, can take. Here are a few steps that you can ask your employees to do to protect themselves against fraud:

- Encourage your employees to review their benefit claims prior to submission to ensure the services identified are the services they received. Also, ensure that all receipts submitted reflect the accurate dates and payments of the services received.
- Remind your employees to never sign a blank claim form and not to allow their signature to be kept on file at a benefit providers office. By signing forms, they are confirming their authorization and consent, as well as verifying the accuracy of the information in the claim being submitted.
- Request employees report any incidences of providers offering to alter claim information to meet your claiming requirements.
- Remind your employees to protect their personal information, including their firm and certificate numbers, by keeping it in a safe place at all times.

Fraud can lead to significant losses to a benefit plan and it's in all of our best interests to work together to minimize and prevent it from happening.