preventing claims fraud

health care fraud costs millions and adds to the cost of insurance

The National Health Care Anti-Fraud Association conservatively estimates that 3% of all health care spending — or $68 billion — is lost to health care fraud. Other estimates by government and law enforcement agencies place health care-related fraud losses as high as 10% of the nation's annual health care spending — or a whopping $226 billion — each year. *source: nhcaa.org*

The bottom line: Health care fraud is an enormous and intolerable drain on both our private and public health care systems and adds to your cost of coverage.

The more common examples of dental, eye care and hearing care claims fraud include, but are not limited to:

provider fraud

- billing for services/supplies not provided
- duplicate billing
- changing dates of service to coincide with coverage
- not charging the insured patient a coinsurance/deductible
- submitting charges for which, in the absence of insurance, there would have been no charge
- changing procedure codes to qualify for benefits

claims abuse examples

- upcoding (reporting simple extractions as surgical, higher allowance periodontal procedures, higher allowance eye care procedures than actually used, etc.)
- unbundling charges (breaking down component charges incidental to a service and billing separately, such as working X-ray films associated with root canals, full-mouth X-ray films broken down into individual component films, etc.)

employee fraud

- forged claims (no assignment, no claim form, itemized bill is altered)
- changing patient name
- giving false information concerning the existence of other coverage
- using another person's insurance card

plan members can help

To increase awareness, we implemented a toll-free fraud hotline. The following message appears on each benefit statement issued to all plan members:

> State laws require insurance carriers to investigate suspected fraudulent activity. If you suspect fraudulent activity or reporting of incorrect information, call our Fraud Hotline at 800.277.9752.

It is important that each member review his or her benefit statement to be sure all the work reported was actually completed. Even if they're accidental, claims errors can add to the cost of care if undetected.

AMERITAS GROUP

We're Ameritas. We're for people.®