

Health Insurance, Your Patients, and Chiropractic Services

Date: November 20, 2019

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Agenda

- Insurance Industry
- How are benefit plans developed?
- What does CLHIA do?
- Let's talk anti-fraud
- Questions



How health insurance is purchased



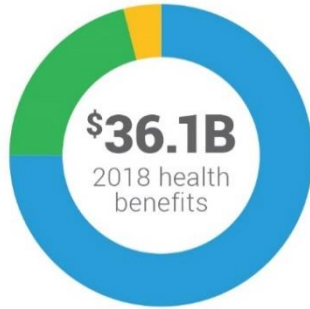
Canadians access health insurance in two ways, through group plans provided by employers, unions or professional associations, and individual plans that are purchased by individual consumers.

- Individual: 10%
- Group: 90%

80% of working Canadians and their families are protected by private health insurance plans, **up from 73 per cent a decade ago.**



Benefits by coverage type



Extended health breakdown



\$11.7B
Drugs



\$8.5B
Dental



\$3.9B
Paramedical*
& vision



\$1.9B
Hospital



\$0.9B
Travel



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Why Employers offer Benefits



Key Players



Employer/Plan Sponsor

- Decision criteria → Cost, product/service needs, risk tolerance and relationships
- Employers with employees in more than one province look for consistency in plan design and adjudication no matter where the claim is incurred
- Employers offer benefit plans primarily as an integral part of total compensation and an employee attraction and retention tool



Advisor/Consultant

- Employers often work with an advisor/consultant
- Compensation on commission or fee for services basis
- Primary responsibilities include marketing plan, renewal negotiation and client service

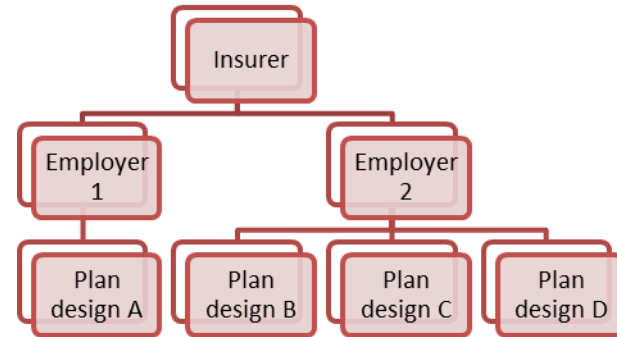


Insurance Company/Administrator

- Owns the plan risk (or shares with employer)
- Manages the employer's investment, manages benefits to slow rate of increase
- Delivers service to employer and plan members
- Protects benefit plans from fraudulent claims practices

Coverages Vary

- Critical to remember that employers make decisions on what is covered and on what basis
- An insurer serving two employers may support totally different plan designs and criteria.
- Employers themselves may have different plans for different employee groups (unionized, management, etc.)
- **You cannot infer from the insurer or the employer what the plan coverage will be**



The Benefit

- Benefit = for the services of a regulated chiropractor
- Orthotics, Orthopedic shoes
- Contracts employer - insurer



Provider Credentialing

- Regulated Professions
- Unregulated Professions – association approach
- Each insurer sets own criteria
- Check status of license or association membership
- What to do if you leave an employer?



What does CLHIA do?

- Represent private insurers to governments, media, stakeholder at the table
- Ensure smooth transitions
- Develop policy, tools for insurers and consumers
- Work with member companies



Health Policy Advocacy – Provider Associations

- Ontario Chiropractic Association is a key stakeholder
- Assistance in developing guidance documents
- Education and exchange of information



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Fraud and Abuse- what's the difference??

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

-Example: Claiming for services or products not provided or received

Abuse = Exploiting the plan

-Example: Healthcare provider performs unnecessary treatment on a Plan Member to maximize billings



The Cost of Benefits Fraud

Fraud is inherently about deception, designed to go undetected, so the reality is we do not have hard numbers in Canada.

Potential impacts:

- higher costs for everyone
- may impact sustainability of benefit plans
- may create a need for plan design changes



Benefit Fraud = Real Crime, Real Consequences

Think using your dental or health benefits dishonestly is no big deal?

Think again.

Whether it's just a small, one-time thing, or a larger, ongoing scheme, benefits fraud of any kind is still considered fraud, and it's a **real crime with real consequences.**



Trends

- Organized Fraud-Collusion
 - Among plan members
 - Among healthcare providers
 - Among healthcare providers and plan members
- Cross-industry schemes
- Provider Identity theft
- Billing for services not rendered
- Fake facilities



Consideration for Providers

- Could the clinic computer be hacked and your professional information stolen?
- What happens to your professional information if the clinic is sold?
- What happens to your professional information when you stop working at a clinic?
- Do you review the claims for services (receipts or electronic claims) remitted with your professional information frequently



Health & Dental Care Provider Protection

https://www.chia.ca/web/chia_lp4w_lnd_webstation.nsf/page/4E5F3B537E04B0178525832400599DB7!OpenDocument

Step 1: Don't give out your license/provider number until AFTER being hired by a clinic.

Step 2: Make sure clinic staff, the owner (if not you) and your colleagues have an agreement as to the appropriate use of professional information – specifically after a service has been delivered and the invoice/claim made. In order to confirm, you should review all invoices/claims made with your license on a frequent basis to catch any problems, administrative errors and/or fraud.



Health & Dental Care Provider Protection

Step 3: If you are a prescriber, guard your prescription pad.

Step 4: When you stop working for any clinic, have an agreement that no further invoices/claims will be made with your license after your date of departure. Contact your College and advise them that you no longer work at the location. Contact all insurers to advise them of this change by going to <https://fraudisfraud.ca> and click on 'Report Benefits Fraud'.



Industry Initiatives

- Provider Alert Registry (PAR)
- Potential Data Pooling Pilot Project
- Education Awareness Campaign



Prevention Through Education

Health and dental benefits fraud is a real crime with real consequences, but not many people understand how it can affect them on a personal level.

The Fraud = Fraud Program was created to educate Canadians about benefits fraud so they can stop it by using their benefits appropriately, and recognizing and reporting fraud when they see it.



Our Research Showed Us

➤ Most common reasons people commit fraud.

- Bad financial situation and need for money
- No Harm-Victimless Crime
- Encouraged by others

➤ Most common types of Fraud

- Increasing amount of claims
- Claiming services different from those provided
- Transferring unused benefits to other members

➤ Understanding of the possible consequences of committing fraud.

- 75% of Canadians incorrectly believe that the main consequence for benefits fraud is having to pay higher premiums, or be forced to reimburse claim payments.*

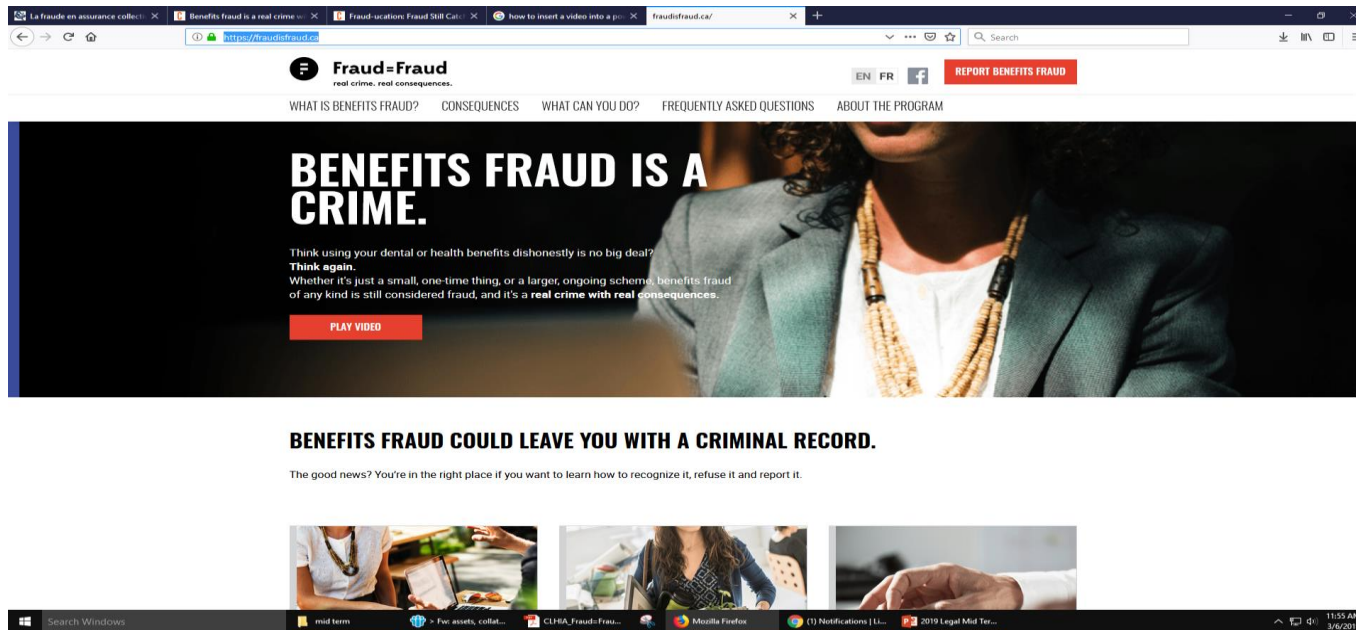


*CLHIA Anti-Fraud Campaign Research Report, Environics Research Group, March 2018



Industry Website

<https://fraudisfraud.ca>

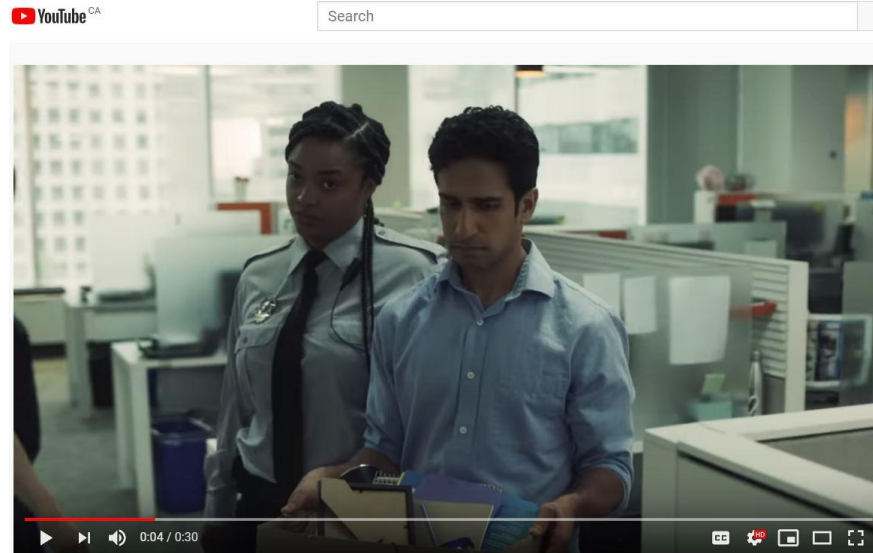


What's The Worst That Could Happen?



- You could lose your benefits
 - You could see an increase in premiums or your employer could reduce coverage to recoup losses. In addition to having to pay the money back, you could lose your benefits completely.
- You could lose your job
 - Benefits fraud could result in the loss of your job. After all, stealing from your employer is a serious offence, and many employers have a zero-tolerance policy for benefits fraud. Being fired for benefits fraud could also impact your chances of being employed in the future.
- You could go to jail
 - Being convicted of fraud results in a criminal record. Jail is a real possibility, but even if you avoid it, having a criminal record could make it very difficult for you to get a job or travel... potentially for the rest of your life.

fraud=fraud real crime real consequences



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What does health and dental benefits fraud look like?

- Letting a friend use your health or dental benefits because they exceeded their own coverage.
- Increasing the amount of your claim to cover any portion of the cost not covered by your insurance.
- Claiming a treatment or service under a dependent's benefit coverage when you used the treatment or service yourself.
- Claiming prescription drugs on behalf of others who are not covered under your plan.
- Submitting a full claim for the same service to multiple insurers to double your reimbursement.



What Can You Do?



Learn how to recognize health and dental fraud

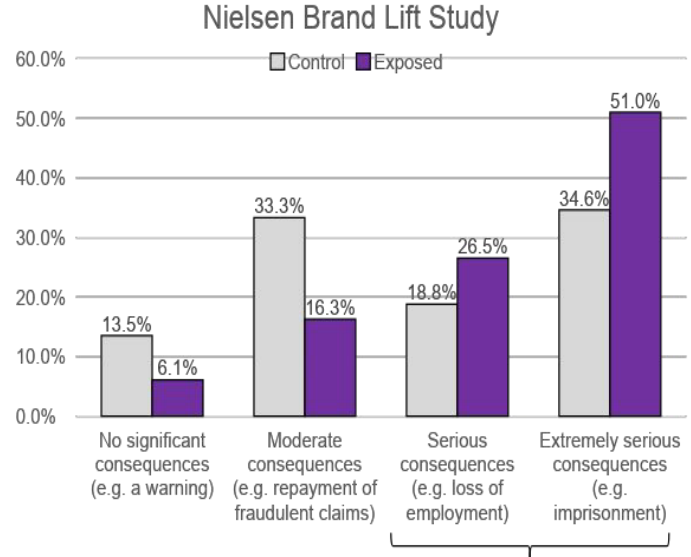
- A patient pressures by you wanting unnecessary products or procedures
- Being encouraged to bill for products or services that are not eligible as a benefit under a patient's plan as different products or services that are eligible
- Feeling encouraged to include incorrect or misleading information on a claim
- Being asked to back date claim form
- Being asked if you offer cash or other incentives in exchange for their policy information

Awareness Soars!

The campaign revealed that Fraud=Fraud had a real and significant impact.

Benefits Fraud Results by the Numbers (in a country of 36M people)

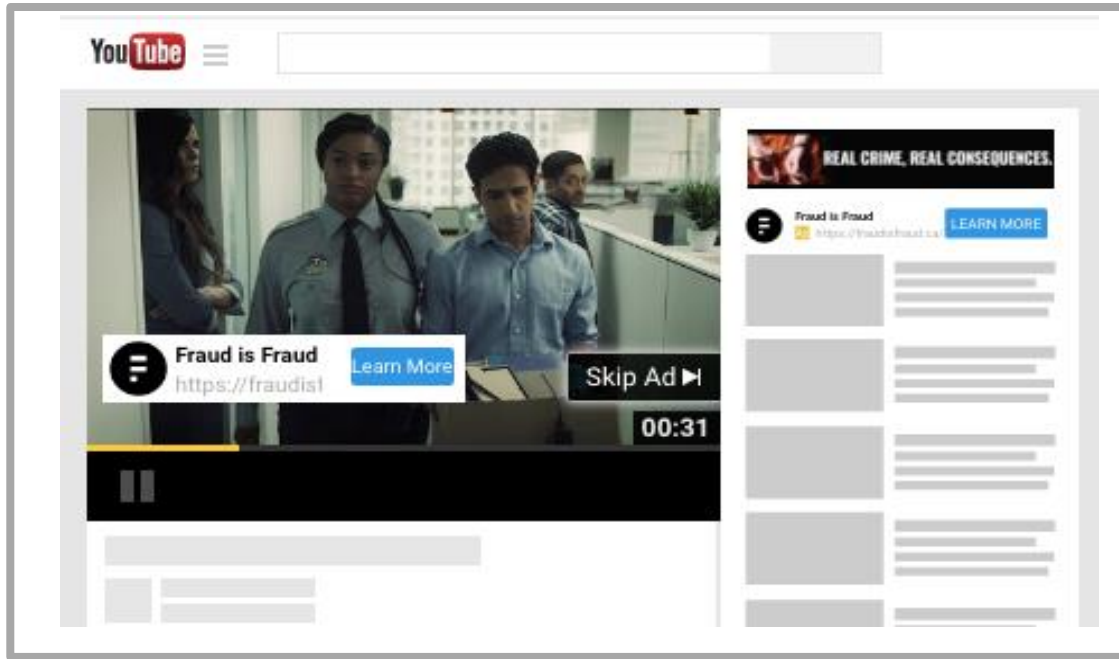
- Fraud=Fraud generated exceptional results for the industry, surpassing all projected exposure metrics and beating out relevant industry averages.
- Generated interest by national and industry media outlets
- Increased interest from colleges and associations on collaborating
- Increased awareness on the consequences of fraud



Year 2







Ad buys:



Premium deals:



Are we done?

Multi year campaign

Expand our scope to include Providers



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ADDITIONAL RESOURCES

<https://fraudisfraud.ca>

Top 10 tips for consumers

https://www.clhia.ca/web/CLHIA_LP4W_LND_Webstation.nsf/page/681F091C9D4DF4168525832E006D625B!OpenDocument

Industry information for healthcare professionals

https://www.clhia.ca/web/clhia_lp4w_ind_webstation.nsf/page/81A3BCD501756DAC8525832F005D9D6E!OpenDocument

How healthcare providers can protect themselves from identity theft

https://www.clhia.ca/web/clhia_lp4w_ind_webstation.nsf/page/4A27FF363D4BA7508525832F005F5459!OpenDocument

