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## Industrial Alliance Audit Services

At Industrial Alliance, we recognize our obligation to provide efficient claims service to our plan members, and we are aware of our obligation to protect plan sponsors from increased costs due to fraudulent or unwarranted claims. As the incidence of fraud continues to increase, plan sponsors expect more vigilance on our part.

We work in partnership with other corporate members of the Canadian Health Care Anti-fraud Association (CHCAA) to combat health care fraud. The broad participation of all stakeholders, which we hope to see in the coming months, will enable us to gain a greater understanding of the emerging challenges and the roles that we can play.

### Taking Our Role Seriously

Industrial Alliance shares the best practices of our industry partners at the CHCAA with regard to effective handling of problematic claims. By addressing fraud collectively, we enhance the quality of care for our plan members.

As part of our adjudication process, we take appropriate measures to identify providers involved with problematic claims. By initiating better business practice inspections of various service providers, we bring about changes with regard to questionable practices.

We seek input from clinical experts as health care becomes more complex and as the administration review process becomes more clinical. By doing so, we obtain the involvement of clinical experts in the fraud prevention program at Industrial Alliance. Contentious claims are handled with the advice of these medical professionals.

Our goal is to embrace a balance of administration efficiencies, contractual obligations, compliance requirements and customer and provider relationships. We reduce the negative economic impact of fraudulent claims on plan costs by making adjustments to our fraud detection programs. We also mitigate the risk of inappropriate care, which is a side effect of health care fraud and abuse.

Our audit team compiles the data obtained from a sampling of claims and uses this information to detect atypical situations on a larger scale. The retrospective tools used in this integrated approach aid in identifying emerging fraudulent trends. Audit activities are performed with the objective to offer quality and diligent service to the vast majority of plan members who file legit claims.

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At Industrial Alliance, we continue to enhance the appropriate characteristics of an effective fraud program. Our goal is to maintain a program that will enable us to:

1. Automate adjudication processes for efficiency, while identifying more potentially fraudulent claims in the prepayment process.
2. Initiate control strategies to ensure that providers are applying the best business practices that are in line with their standards of practice.
3. Validate the medical and contractual prerequisites by increasing the review of complex claims in consultation with clinical experts prior to acceptance of the claims.
4. Collaborate and build relationships with the various professional provider associations to validate credibility and to report concerns with regard to professional conduct.