

Protection

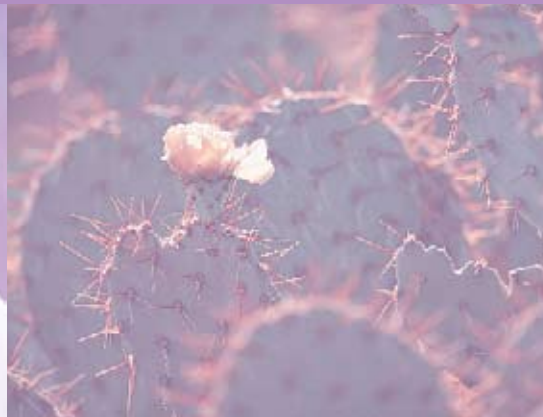
What You Should Know
About Health Care Fraud

H Health care fraud is expensive and growing more costly every day. The National Health-care Anti-Fraud Association estimates fraud costs Americans \$42 billion a year.



South Carolina

BlueCross BlueShield of South Carolina
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Health care fraud is when someone intentionally submits or causes someone else to submit false or misleading information that alters the amount of health care benefits paid. Falsifying a patient's medical condition or treatment history is illegal. And we all pay the price.

What Are Some Examples of the Most Common Types of Fraud?

Most individuals who work or interact with health care are honest. But, there are people who abuse the system. Through fraud, they collect billions of dollars from unsuspecting patients and health insurers. Some common examples are:

- Filing claims for services never performed, or filing under someone else's name and health insurance information.
- Charging for a more expensive service, such as a visit to a specialist, when the patient saw a nurse or intern.
- Going from one doctor to another to get prescriptions for controlled substances.
- Providing unnecessary care such as tests, surgeries and other procedures.
- Billing for a different service than the one performed because the procedure is not covered by insurance.
- Charging separately for procedures that are part of one operation.

What Can You Do if You Suspect Fraud?

Health care fraud affects us all. Even small acts add up in lost health care dollars, higher taxes to support federal health care programs and increased health insurance premiums.

Protect your future health care options. Be on the lookout for fraud. Beware of scams. Offers for free medical exams, copayment waivers or advertisements stating "covered by insurance" may be red flags.

Guard your health care ID card as if it were a credit card. If lost or stolen, someone could use it to gain access to drugs and services in your name. This could permanently affect your medical history.

When you file a claim, closely read the Explanation of Benefits (EOB) from your health insurer. Make sure your provider is billing for the same service you received. If there is a question or difference, call your provider. Many errors are simple clerical mistakes. If you are unable to resolve the matter, contact your health plan right away.

If you suspect claims fraud, please call the toll-free member hotline at 1-800-763-0703.

By working together, we can prevent health care fraud.

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We can prevent