Fraud detection and prevention at iA Financial Group

Diligent control strategies and early intervention to address fraudulent practices

At iA Financial Group, we are **continuously enhancing and improving** our investigative practices to keep up with fraud schemes that are getting increasingly complex and sophisticated.

We make it a **strategic priority** to foster the financial health of our clients' group insurance plans by putting into place efficient ways to prevent and detect fraudulent and abusive claims.

We want our clients to feel **secure** about this sensitive aspect of their group insurance plans while **protecting** them from unjustified premium increases due to fraudulent claims.

Best-in-class profiling solution enabling thorough reviews and optimized fraud detection

Our Investigative Services use a top-of-the-line profiling tool that integrates data and technology to quickly identify and investigate any suspicious claims activity. More specifically, by relying on a combination of **rules-based analytics** (e.g., detecting plan members who start using up all benefits), **advanced analytics** (e.g., detecting practitioners charging much more than other providers) and **real-time analytics** (e.g., detecting specific high-dollar maximums being used or plan members diverging from several of our rules-based analytics), this tool enables us to:

Review all claims data

Review 100% of health and dental claims across all providers, systems and plan members.

Act quickly

Identify complex anomalies and **stop** abnormal claims in **real time**, before payment is made.

Target our efforts

Automatically flag and assign potentially suspicious claims activity to an analyst for immediate investigation, so they can focus their efforts on the **right things** at the **right time.**

Be proactive

Detect emerging trends and patterns in claims fraud using retrospective and predictive analysis.

iA Financial Group

A provider watch list and a rigorous delisting process

Making sure service providers/clinics apply business practices in accordance with their standards of practice is key to efficient fraud management. iA Financial Group maintains a **provider watch list** and addresses problematic practices by **delisting** service providers/clinics proven to have a negative impact on group insurance plans. This strategy mitigates fraudulent claims by automatically declining expenses incurred with providers/clinics that do not match our standards relevant to their professional conduct or practice.

Managing the integrity of healthcare providers and quickly tackling suspicious activities is in everyone's best interest.

How do we do it?

Our profiling tool promptly targets claims indicative of questionable business practices as a result of retrospective and predictive analysis relying on a combination of various data analytics.

We then use extensive criteria to determine if a provider should be deemed ineligible. The process involves a thorough investigation with the help of internal and external resources. We then inform the provider/clinic if we decide to delist them.

When necessary, we communicate with our clients and issue a communiqué to inform them of the situation.

How to know if a healthcare provider is covered?

Before incurring any dental or healthcare expenses, we encourage plan members to use the **Provider search** tool available in My Client Space and the iA Mobile app to verify the eligibility of their provider with iA Financial Group.

Additionally, plan members can check with colleges or associations if there are any concerns with their provider/clinic conduct, qualifications or ability to practice their profession.

Working together to combat fraud

Strategic partnerships in the industry

Insurance fraud is an industry problem, and pooling ideas and strategies to fight against this issue is of utmost importance.

As a member of the **Canadian Life and Health Insurance Association** (CLHIA), iA Financial Group works with industry partners to share best practices with regards to effective handling of problematic healthcare claims and put into action strategies that proactively address fraudulent practices.

Expertise

In addition to our skillful analysts and consultants in our Investigative Services, we collaborate and build relationships with clinical experts and various professional provider associations as healthcare and professional conducts become more and more complex.

Ongoing education to raise awareness

We believe that **everyone has a role to play** in preventing insurance fraud, and keeping our clients and their plan members well informed on this matter is key to them being active agents in the management of healthcare fraud and abuse.

To ensure they have a good understanding of this topic, we regularly provide communication material on the following topics:

- What constitutes insurance fraud and the repercussions on insurance plans and plan members' lives
- How to avoid or prevent fraud and abusive claims
- How to report potential fraud or abuse within a group insurance plan
- Our latest fraud prevention initiatives
- And much more

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