Die Republikein 24 June 2016

Corruption – A social disease

Part 58

Which options can reduce fraud in health and medical insurance?

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Except for rewarding whistleblowers financially a percentage of money recovered due to the reporting of fraud, hat else can be done to reduce fraud in the medical insurance industry?

A tracking system can be introduced to keep whistleblowers informed about the progress on cases reported.

An SMS system can be introduced to inform members if service providers submit claims. Medical schemes can make it compulsory for members to verify claims received from service providers, before the processing and eventual payment thereof. This initiative can detect and reduce the number of fraudulent claims submitted by service providers.

Members will become more aware about fraudulent claims submitted by unscrupulous service providers as well as the progress of legitimate claims submitted for reimbursing members and payments to service providers.

Members can benefit from avoiding suspected corrupt service providers and faster payments and it will reduce the number of fraudulent claims. Suspected service providers will know that they are being 'watched' by members and medical schemes. Knowing that they are monitored, service providers that have exploited the unverified claims system in the past will keep a low profile for a while and be much more careful before submitting fraudulent claims on a repetitive basis.

We can all assist in reducing fraud in medical insurance.

It is not just a problem of medical schemes. As members, we pay the price for our inability to be more involved in our medical schemes. Due to fraud, some of us that cannot afford the monthly premiums due to fraud, pay with our lives, the ultimate price. Corruption is about life and death.