

SOUTH AFRICAN HEALTHCARE FORUM – A WORD FROM THE STEERING COMMITTEE

How often have you heard people say that they do not have healthcare cover, because they simply cannot afford it? Now, while this is probably a reality for many South Africans, who truly cannot afford the monthly contributions for even the most basic cover, there are many others who can afford the top plans. The truth is also that a large percentage of healthcare policy holders see their monthly contributions as a grudge purchase. Very often, this mindset leads policy holders, their dependants and their healthcare service providers developing a sense of entitlement and this is where the fraud, waste and abuse begins. The most common catchphrase being: - “I contribute a lot of money to the healthcare insurer every month, so I can use my available benefits as I see fit”. We wonder if these perpetrators of unethical behaviour have ever thought of what would happen if they ever needed the very same benefits in a life-threatening situation. Would they only then regret having coerced their healthcare service provider into providing them with non-healthcare items or services under the guise of claims to the insurer for healthcare services rendered?

Healthcare fraud is defined as a ‘deception or misrepresentation that a person or entity makes, knowing that the misrepresentation could result in some unauthorised benefit to the individual or entity or another’. Simply put, it is when a policy holder or healthcare service provider is dishonest in order to get money to which they are not entitled. Healthcare fraud is the most complex form of financial fraud to detect, monitor and prevent.

It may still not be common knowledge, but healthcare fraud, waste and abuse affects most healthcare insurers in South Africa, and that the solvency ratios of many medical schemes have subsequently come under attack. Various market leaders have recently openly announced and passed double digit increases on to members, in as far as member contributions are concerned for 2017.

Fighting healthcare fraud, waste and abuse is one of the top priorities of the members of the ACFE SA Healthcare Forum and its Steering Committee and we would like to encourage players in the healthcare space to put in place a series of measures to ensure that their businesses are fraud resilient.

We have found that the one of the biggest deterrents to fraud, waste and abuse is to make it known that one is actively investigating every instance that is detected. Education, training and awareness go a very long way in curbing the abuse of healthcare benefits and, as such, your approach in fraud management speaks to this education component in all related matters.

In closing, we are urging all our healthcare colleagues to send out the right message to the perpetrators of unscrupulous behaviour, that we are just as smart and adaptable to ever changing circumstances and environments to combat fraud, waste and abuse effectively.

Yours in Health and Awareness

ACFE SA Healthcare Forum Steering Committee