

Dental fraud and abuse awareness!



Recognize it. Report it. Prevent it.



Oral health is an essential part of overall health. In 2024, dental care represented \$12.6B out of \$53.3B in insurance benefits, according to the Canadian Life & Health Insurance Association.¹

Dental care fraud and abuse can increase dental benefits costs. It's important that employers are aware of what dental benefits fraud is so they can help their employees be responsible plan members.



Table of contents

Dental provider fraud - case study	1
What are some examples of fraud and abuse by dental providers?	3
What's the impact of dental fraud and abuse on benefits plans?	4
What is Sun Life's approach to dental fraud and abuse?	5



Dental provider fraud - case study

Here is a case study of a misrepresentation of dental services. We hope it can give you a better understanding of what dental provider fraud looks like and how it can be avoided.

Note: We want to mention that this is just an example. It doesn't reflect the dental industry in its entirety.

Overview

In a recent case, Sun Life's in-house data analytics alerted investigators to suspicious billing patterns from a dental provider.

What were the concerns?

The Fraud Risk Management (FRM) team began an in-depth review. By reviewing patient charts maintained by the dental provider, our Investigative team identified these areas of concern:

- changed procedure codes to obtain higher reimbursement
- excessive and unusual invoice submissions
- submission of services that the patients never received, and
- submission of false laboratory invoices to support inflated laboratory fees.



What is dental fraud and abuse?

Dental fraud is a deliberate deception or misrepresentation of services for the purpose of financial gain. Abuse is unnecessary or excessive services. Both fraud and abuse can result in additional costs to you and your plan members.



What actions did we take?

- The FRM team reviewed all claims and records submitted from the dental provider.
- The dental provider received a letter outlining the concerns with the billing practices.

Did the actions generate a change?

- The dental provider responded with a refund.
- We returned the refunded amount to the applicable plans.

What were the consequences?

- We drafted and sent a formal complaint to the dental provider’s regulatory body.
- We delisted the dental provider to remove the risks associated with their inappropriate billing practices on the benefits plans.



Prior to delisting a dental provider or clinic, we notify applicable plan members of this decision. Plan members may still choose to continue visiting a delisted dental provider or clinic. However, Sun Life will not consider claims for these treatments, products, or services.

How did we improve our controls?



We reviewed the factors that alerted us to this case.



We updated our systems and processes to spot similar schemes from other service providers.

What are some examples of fraud and abuse by dental providers?

Here are some examples:

Changing service dates

Billing for unperformed procedures or billing before completion

Dental treatments performed by unlicensed professionals

Inflated laboratory fees

(e.g. submitting additional or increased lab fees to receive higher reimbursement)

Waiving fees not covered by the benefits plan

(e.g. the co-insurance, deductible or amount charged above the coverage maximum - resulting in an inaccurate amount billed by the dental provider)

Unbundling claims

(e.g. submitting several procedures separately to receive higher reimbursement)

Upcoding dental procedures

(e.g. submitting a claim for a procedure that's more complex than what the dental provider performed)

Misrepresenting services

(e.g. performing a cosmetic service but billing for a service covered under the benefits plan)





What's the impact of dental fraud and abuse on benefits plans?



Higher insurance premiums

This type of fraud increases the cost of plan premiums and threatens group plan sustainability. It affects everyone, from the employer to the employee and the insurer.



Loss of benefits

Fraudulent dental billing directly impacts employers. When they lose money to dental fraud and abuse, it has major consequences. It can cause a reduction or loss of dental benefits for employees.



Did you know that dental benefits fraud is widespread in Canada?

Every year in Canada, health benefits fraud and abuse costs employers and insurers hundreds of millions of dollars.¹ Although it's difficult to track, raising awareness is the first step towards preventing it.

What is Sun Life's approach to dental fraud and abuse?

Sun Life's strategy is built on the following four pillars:

01 / PREVENTION

To detect fraud and abuse of dental benefits plans, Sun Life invests heavily in fraud controls.

With cutting-edge anti-fraud resources and technologies, we work on keeping dental plans safe and sustainable.

How do we stand out?



Our in-house built technology allows us to adapt our analytics to flag new schemes.



Our team includes data scientists using machine learning algorithms to spot fraud.



We can pinpoint irregular claiming patterns and anomalies across dental benefits thanks to our collection of rich data and analytics.

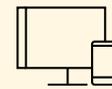


What can you do to prevent dental fraud and abuse?

Tips to share with plan members



Review the products and services your dental plan covers.



Sign into **my Sun Life mobile app** or mysunlife.ca to check your dental claims history and explanation of benefits.



If you suspect benefits fraud or plan abuse, please report it. Email clues@sunlife.com or call toll-free at 1-888-882-2221.



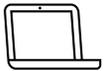
02 / PREPAREDNESS

Tackling dental fraud and abuse is all about preparation. That's why we collaborate closely with employers to provide them with resources and materials to help them and their employees detect and prevent possible fraud and abuse of dental benefits.

This way, employers can educate employees by implementing training programs within organizations to help reduce the risk of dental fraud and abuse.

What's essential to good preparation?

We encourage employers to have a strong code of conduct, clear policies, and procedures for employees to follow as the best way to help organizations:



develop their own best practices, and



put a fraud response plan in place.

03 / RESPONSE

Regardless of how small the fraudulent activity is, our dedicated team will take appropriate action to mitigate risk. Some of the ways we do this is through delisting, submitting regulatory complaints, and referrals to law enforcement.

How does it work?

We alert you in two different cases:



when identifying employee fraud or



when we suspect employee involvement in a collusion scheme.

We guide and support you in managing the situation from A to Z (e.g. conducting employee interviews).

04 / RECOVERY

At Sun Life, we continue to learn more each time we conduct a case review. It helps us to identify any enhancements that might help strengthen our existing controls and improve our investigative strategies.

We provide you with educational materials for your workforce.

Our goal is to:



detect and prevent
fraudulent activity



inform and raise
awareness



increase collaboration
across stakeholders



Help us to continue to fight dental fraud and abuse!

You and your employees play an important role in fighting fraud and abuse. Our priority is to help you recognize it, report it, and prevent it. Dental fraud and abuse is everyone's business, and we need to work together to stop it.

¹ Canadian Life & Health Insurance Facts 2025 Edition

