



# Optical Claims Audit Process

Meeting with AAO  
4.14.2026

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# Agenda

1. About Alberta Blue Cross
2. Industry Trends
3. Selection of Auditees
4. Audit Process
5. Outcomes of Audit
6. Delisting/ Appeal process

# About Alberta Blue Cross

At Alberta Blue Cross®, our Mission is to provide supplementary health care and related benefit programs and services, on a viable, not-for-profit basis, for the financial protection and well-being of our publics.

Our mission is firmly grounded in the unique legislative framework that established the Alberta Blue Cross Plan® more than 70 years ago—and continues to provide a clear mandate for our organization today and into the future.

# About Alberta Blue Cross



**1.8 MILLION**  
ALBERTANS COVERED



**83 million**  
CLAIM LINES WORTH  
**\$4.3 billion**

**INDUSTRY-LEADING**  
TECHNOLOGY SOLUTIONS



**26** MAJOR  
GOVERNMENT-  
SPONSORED  
PROGRAMS



**5,700** EMPLOYER-SPONSORED  
GROUP PLANS

**50,000**

REGISTERED  
PROVIDERS



**COMPREHENSIVE**  
range of health benefits



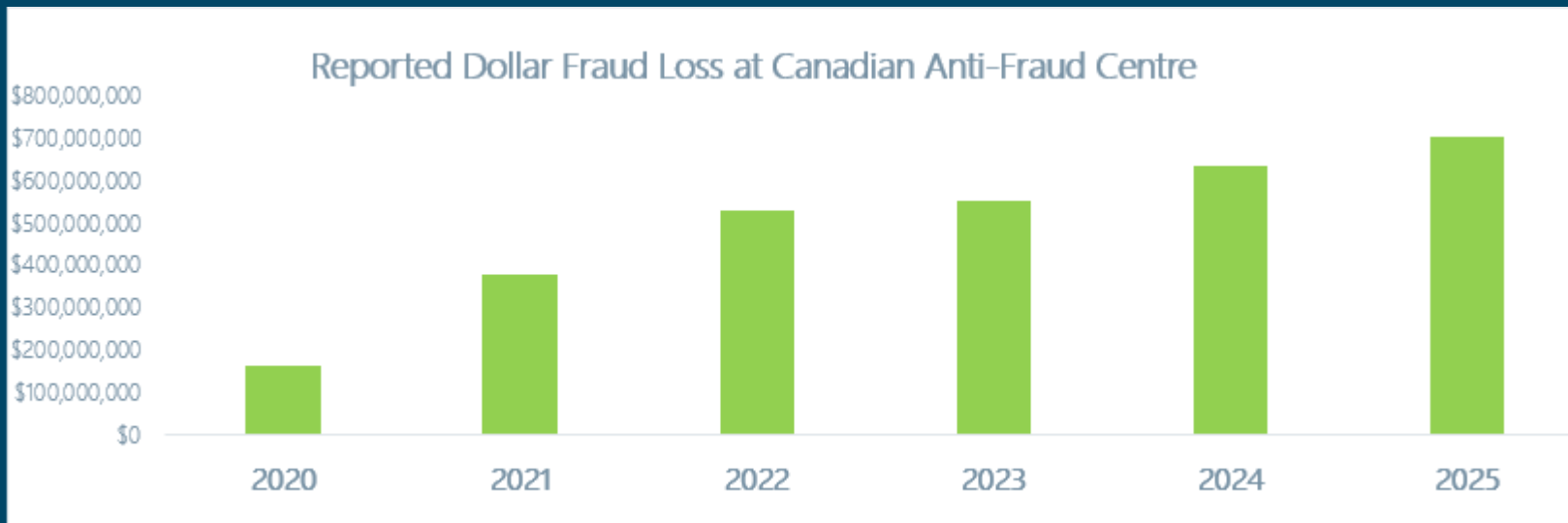
**Alberta based**



**97% OF CLAIMS**  
processed in real-time

# Fraud Trends – Canada

\$704 million reported to CAFC 2025 – Fastest Growing Crime in Canada



# Claiming Trends – Optical - ABC

1. Splitting (Family plan vs. individual)
2. Non-Prescription Glasses claimed as Prescription
3. Gift Cards (remaining benefit is charged)
4. False claims / False Prescriptions

# Selection of Auditees

1. TIPS – 24/7 hotline
2. Analytics – significant outliers
3. During claims adjudication / reviews
4. CLHIA – other insurers

# ABC Audit Process

1. Qualified auditor contacts the Optical Provider
2. Requests charts/prescriptions/invoices/billing records (Virtual or on-site)
3. May interview member (request proof of payment)
4. Draft audit report issued – optical provider can review and they have opportunity to provide additional supporting documentation
5. Final Audit Report issued with Recommendations (Repayment agreement offered, Training Recommended, Education on processes and standards recommended approaches to charting/billing, internal controls)
6. Post Review Period – additional documents can be provided

# Outcomes of the Audit

1. Significant findings are provided to EPAM Committee with a Legal Consultation
  1. Education on Billing Practices, Internal Controls
  2. Benefact to broader optical providers
  3. Terminate Direct Bill Agreement (Members can still submit claims)
  4. Referral to College (if registered/if applicable)
  5. Demand Letter/ Civil Claim / Repayment Agreement
  6. Delist Provider – Appeal Process Applies
  7. Law Enforcement Referral

# Appeal Process

1. Notice is provided that there is an intention to delist and/or terminate direct bill, appeals are accepted
2. Appeals are reviewed and forwarded to EPAM committee along with the providers business case that includes
  1. Claiming behavior is acknowledged and has ceased
  2. Staff have completed training (certificates of completion provided)
  3. Policies and standards have been developed and communicated to staff
  4. Internal Controls have strengthened
  5. Whistleblower hotline communicated to staff or posted on-site



# Thank you

Questions?



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