Safeguarding Your Medical Identity

Building Partnerships

Centers for Medicare & Medicaid Services

Speakers

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Objective

At the conclusion of this presentation, participants will be able to:

• Recognize the scope of the problem of medical identity theft and strategies for mitigating it
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Goals

• Describe medical identity theft and the associated problems
• Recognize the risks for medical identity theft
• List strategies for mitigating vulnerability to medical identity theft
• List resources for reporting medical identity theft

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Dr. Peters’ Tale of Identity Theft

• Stolen credentials
• False claims billed in her name

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Secretary Kathleen Sebelius
U.S. Department of Health and Human Services

“Dr. Peters was simply doing what she loved, treating her patients and providing care to those in need.”
Medicaid, Medicare, and CHIP

- Millions of participating physicians and other providers furnish services through Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP)
- These programs provide health care coverage for 100 million people
- One out of every four Americans receives health care services from a public health care program

Eric Holder, Attorney General of the United States

“In communities across the region, our health care system is under siege—exploited by criminals intent on lining their own pockets…”

What Is Medical Identity Theft?

“The appropriation or misuse of a patient’s or provider’s unique medical identifying information to obtain or bill public or private payors for fraudulent medical goods or services.”
Scope of the Issue

- Both the Federal Trade Commission (FTC) and the Centers for Medicare & Medicaid Services (CMS) track cases of provider and patient medical identity theft.
- Latest FTC data shows that more than 3,600 physician and patient cases were reported in 2009.
- Many cases of medical identity theft may go unreported.

Case Study #1: Fraudulent Prescriptions

- 250 forged narcotics prescriptions
- Multiple co-conspirators
- Used pharmacies throughout the State
- Stolen Medicaid cards

Case Study #1: Lessons Learned

- Keep track of prescription pads
- Beneficiaries may not know their ID has been stolen
- Educate the beneficiary
True or False?

“Medical identity theft is the appropriation or misuse of a patient’s or [provider’s] unique medical identifying information to obtain or bill public or private pay[ers] for fraudulent medical goods or services.”

• Physicians/providers: National Provider Identifier (NPI), Tax Identification Number (TIN), medical licensure
• Patients: Health Insurance Claim Number (HICN), insurance ID card

Center for Program Integrity
Mission and Activities

The central purpose and role of the Center for Program Integrity (CPI) is to ensure the correct payments are made to legitimate providers for covered appropriate and reasonable services for eligible beneficiaries of the Medicare and Medicaid programs. Program integrity encompasses a range of activities to target the various causes of improper payments.

Compromised Numbers Database
—How Numbers Are Added

1. CPI and contractors’ proactive data analysis
2. Beneficiary complaints of suspect billings
3. Physician complaints after reviewing reports
4. Interviews with providers and beneficiaries
5. Law enforcement investigations
6. Reports from other CMS programs
Compromised Medical Identifiers

CPI has identified:
- ~5,000 compromised Medicare provider numbers (Parts A/B/D)
- ~280,000 compromised beneficiary numbers

CMS is working to improve risk stratification and categorization of numbers by victim or perpetrator.

Geographic Distribution of Compromised Medical Identifiers

True or False?

CPI is currently tracking thousands of compromised physician and patient medical identifiers.
Ways of Misusing Physician Identifiers
—Referrals

Criminals can use stolen Medicaid identifiers in numerous ways. One of the most common schemes used to commit fraud is using physician medical identifiers to refer patients for additional services or supplies.

Case Study #2:
Patient Recruiting Scheme

• Patient recruiter hired to obtain patient information and identities
• Medicare beneficiaries and legitimate physicians approached for unnecessary services
• If that failed, unrelated physicians were utilized to order services using stolen identities and the original stolen patient identities

Case Study #2:
Lessons Learned

• Consider medical necessity before authorizing services
• Perform all necessary exams and testing before authorizing related services
• Set internal policies to avoid taking shortcuts
Another common scheme using stolen physician identifiers involves directly billing services in a physician's name, as if the physician whose identity was stolen actually performed those services.

**Learning Check: Methods**

<table>
<thead>
<tr>
<th>Direct Billing</th>
<th>Ordering/Referring</th>
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<tbody>
<tr>
<td>- Fraudster bills directly for services in the physician's name</td>
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<tr>
<td>- Examples: billings include professional services or evaluation and management</td>
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<td>- Results in financial harm to the physician and potentially generates overpayments</td>
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<tr>
<td>- Physician's information used to order or refer services</td>
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<td>- Examples: laboratory analyses, diagnostic testing, durable medical equipment</td>
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<td>- Difficult to detect</td>
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**Consequences of Stolen Physician Identifiers**

- Overpayment demand letters
- Tax liabilities
- Credit issues
- Difficulty exonerating themselves
- Damaged reputation
Misusing Beneficiary Identifiers

One of the most common beneficiary medical identity theft schemes involves the theft of a beneficiary’s medical identifiers for billing purposes or obtaining services.

Case Study #3: Beneficiary Direct Billing Scheme

- Trafficking beneficiary information
- Relative medical identity theft
- Soliciting beneficiary information

Case Study #3: Lessons Learned

- Patients should be educated to protect their Medicaid and Medicare cards
- Cards and patient information should not be shared with anyone, including family members
- Stolen identifiers can corrupt the medical record of the victimized patient
Consequences of Stolen Beneficiary Identifiers

Consequences can include:

- Compromised patient care
- Denial of services
- Financial obligations

“I wasn’t getting the nursing care I needed, and services were being cut back because of me being over the so-called spending limit.”

— Richard West

Learning Check: Consequences

Physicians

- Impacts all utilization reviews, such as comparative billing reports, quality measurement, and reporting
- Financial or tax liabilities from fraudulent billing
- Accountability for care or services they did not provide

Patients

- Increases in copays or insurance costs
- Inability to get coverage or services that duplicate fraudulent billing
- Safety may be placed at risk through alteration of the medical record

Physician Risk Factors

The primary risk factor that physicians can control for medical identity theft is complicity in fraud schemes. Physicians who voluntarily permit misuse of their identities place this information at significant risk for subsequent theft.
Case Study #4: Voluntary Medical Identifier Misuse Scheme

- Physician co-owner and complicit in the scheme
- No treatment provided by the physician
- He signed off on fraudulently ordered treatments and billings

Case Study #4: Lessons Learned

- Accurate medical record documentation is important and supports medical necessity
- Only bill and chart for the services provided
- Certify only those claims relevant to the services provided

True or False?

Complicity in fraud schemes is the primary risk factor for medical identity theft.
Beneficiary Risk Factors

Card sharing is a common complicit beneficiary medical identity theft scheme.

- 26% of surveyed respondents admitted sharing their medical identifiers
- Respondents were most likely to share with family members
- Cards were shared because family members had no insurance or could not afford needed treatment

Public Access to Physician Medical Identifiers

Public access to physician identifiers, such as:

- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- U.S. Drug Enforcement Administration (DEA) number
- State license number
- Job applications

Making Medical Identifiers Available

Physicians working with multiple organizations are at particular risk for theft or misuse of identifiers.
Case Study #5: Medical Identifier Exposure Scheme

• Fraud perpetrator recruited physicians to be “Medical Directors”
• Physicians were rarely present at the clinic but allowed false documentation and billing by mid-level providers
• Mid-level providers were complicit—and, importantly, so were the physicians

Case Study #5: Lessons Learned

• If it sounds too good to be true, it probably is
• Be acquainted with all business partners
• Determine how much time the position will require
• Monitor the use of identifiers

Mitigating Risks

1. Actively manage enrollment information with payors
2. Monitor billing and compliance processes
3. Control unique medical identifiers
4. Engage patients about identity theft
Actively Manage Enrollment Information

Actively manage enrollment information with payors by updating:

- Practice locations—especially when opening, closing, or moving locations
- All organization separations
- Electronic funds transfer locations

Monitor

Monitor billing and compliance processes by:

- Being aware of billings in your name
- Paying attention to the organizations and mid-level practitioners to whom billing privileges are assigned
- Actively reviewing organization remittance notices and comparing them to documentation
- Ensuring charting supports billed services
- Reading all documents before signing

If you suspect fraud, report it!

Control

Control unique medical identifiers.

- Take the time to learn about an organization before sharing medical identifiers
- Train staff to protect identifiers
  - Question unknown individuals who contact the office asking for medical identifiers
  - Carefully consider which staff will have access to medical identifiers
Control Continued

Control unique medical identifiers:

- Screen employees—take appropriate action
  - Ensure employees are not excluded from participation
    https://op.hhs.gov/exclusions/index.asp and
    https://www.sam.gov/portal/public/SAM/
  - Ensure all background checks adhere to State Medicaid rules and regulations

- Control prescription pads
  - Ensure prescription pads are not inadvertently left unattended
  - Completely fill out prescriptions and other documents to prevent tampering

- Secure technology
  - Maintain the integrity of computer log-ons
  - Authenticate all system users

Engage Patients

Physicians and other providers are in an excellent position to raise patient awareness by engaging and educating them about medical identity theft.

- Educate patients about the risks of card sharing
- Educate patients to request medical bills

True or False?

Identity theft may be mitigated when a physician actively manages enrollment information with payors, monitors billing and compliance processes, controls unique medical identifiers, and engages patients about identity theft.
Identity Remediation Process

CPI's goal is to proactively identify and help victims. The staff at CPI is working hard to assist victims of identity theft. CPI can:

• Help absolve related debts—overpayments and tax obligations
• Respond to the needs of legitimate providers
• [https://www.cms.gov/MedicaidIntegrityProgram/Downloads/cpiinitiatives.pdf](https://www.cms.gov/MedicaidIntegrityProgram/Downloads/cpiinitiatives.pdf)

Report It!

Victims of medical identity theft can and should report it to the:

• Local law enforcement service
• State Medicaid agency (SMA) where you practice
• FTC
• HHS-OIG
• Health and Human Services regional office

Conclusion

Medical identity theft is a problem for physicians. Safeguard your medical identity by:

• Recognizing the scope of the problem
• Educating yourself and your staff
• Implementing mitigating strategies
• Reporting it
Contacts

- SMA—Visit https://www.cms.gov/FraudAbuseforConsumers/Downloads/smafraudcontacts.pdf on the CMS website. Click on the state where you practice for the appropriate contact information, and then notify the agency.
- FTC—Contact the FTC’s Identity Theft Hotline to report misuse of your personal information.
  Phone: 1-877-438-4338 (1-877-ID-THEFT)
  TTY #: 1-866-653-4281
  Website: http://www.ftc.gov/bcp/edu/microsites/idtheft/
- HHS-OIG Hotline and report suspected fraud:
  Phone: 1-800-447-8477 (1-800-HHS-TIPS)
  TTY #: 1-800-377-4950
  Fax #: 1-800-223-8164
  E-mail: HHS1tips@oig.hhs.gov
  Website: http://oig.hhs.gov/fraud/report-fraud/index.asp

HHS-OIG Compliance Guidance


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