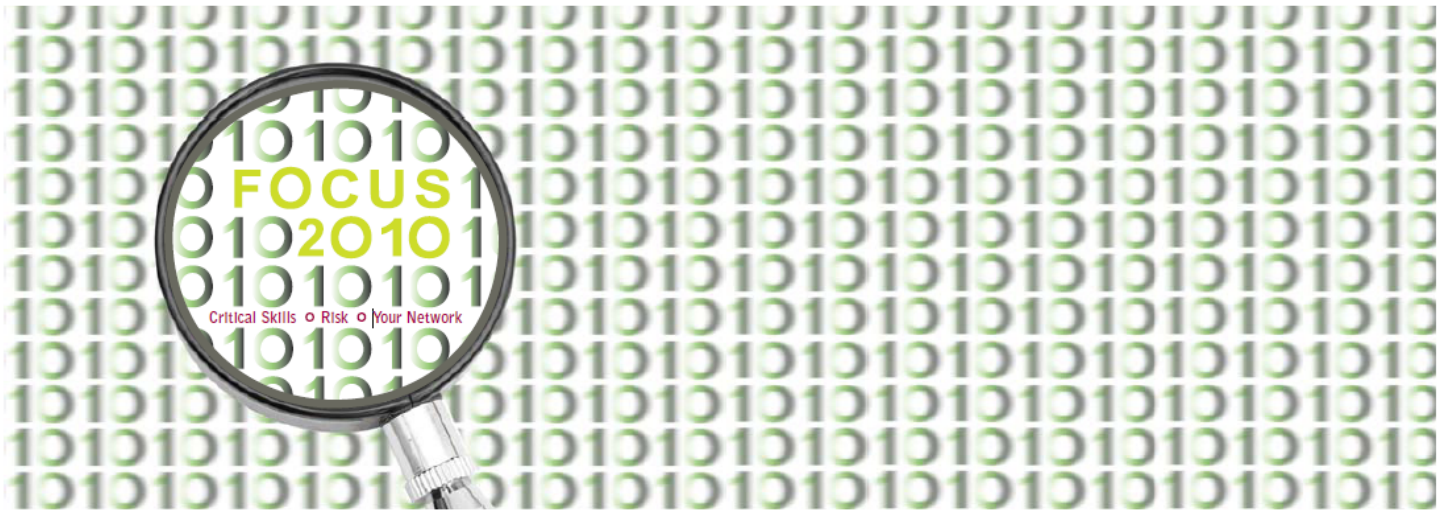


10th Annual SF ISACA Fall Conference
October 4 – 6, 2010



S12: Medical Identity Theft and Red Flag Rules: The Health Plan Perspective

Marita Janiga, Kaiser Permanente

Medical Identity Theft and Red Flag Rules: The Health Plan Perspective



Marita C. Janiga

Director, National Special Investigations
National Compliance, Ethics & Integrity Office
Kaiser Foundation Health Plan



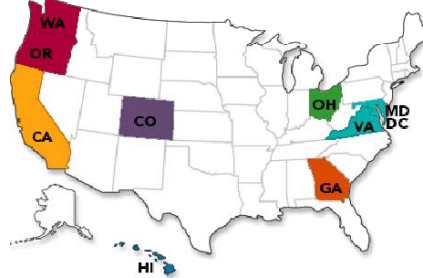
What We Will Cover

- About Kaiser Permanente
- What Is Medical Identity Theft
- “Red Flag” Regulations
- How Kaiser Permanente Is Proactive
- Data Mining for Identity Theft
- Case Studies from Our Investigations



About Kaiser Permanente

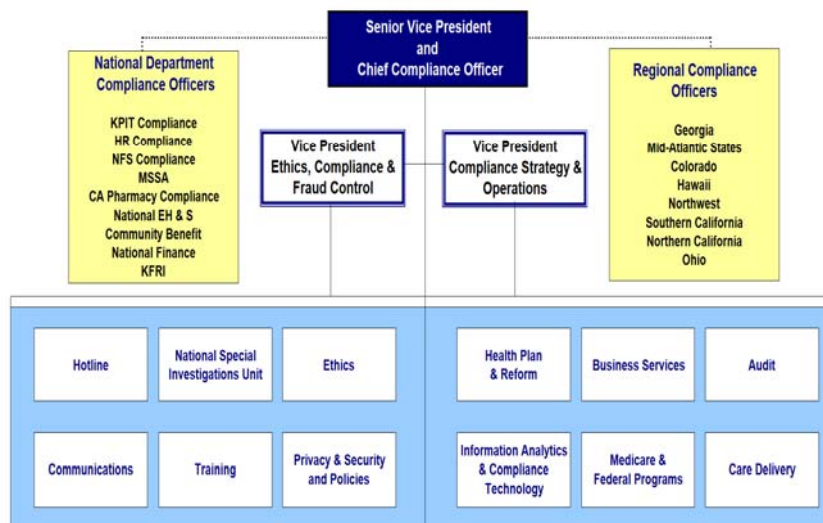
- Nation's largest nonprofit health plan
- Integrated health care delivery system
- Over 15,000 physicians
- Over 164,000 employees
- Serving 9 states and the District of Columbia
- 35 hospitals and medical centers
- 454 medical offices
- \$42.1 billion annual revenues



(as of December 31, 2009)



National Compliance, Ethics & Integrity Office



Kaiser Permanente Members Are Connected

As of December 31, 2009 ...

- Kaiser Permanente members have the benefit of Kaiser Permanente HealthConnect, our electronic medical record system
- 3 million active users of “My Health Manager” on KP.org
- 1.8 million lab results online monthly
- 150,000 appointments scheduled online each month
- Over 700,000 e-mails monthly
- 550,000 prescriptions filled online monthly
- More than 300,000 parent/guardians registered to use “Act for a Family Member”



Medical Identity Theft

- Medical identity theft occurs when a patient's identity is used by someone else to get health care
 - Medical identity theft can be voluntary – such as card sharing between family or friends
 - Medical identity theft can be involuntary – such as when someone's wallet is stolen or patient data is sold to bogus vendors who falsely bill the government



Potential Consequences of Medical ID Theft

- Compromised medical records that could create patient safety issues
- False medical/pharmaceutical billings/claims
- Denial of health insurance claims
- Denial of health insurance coverage
- Denial of life insurance claims
- Denial of life insurance coverage
- Denial of employment based on false medical history
- Time and expense correcting false patient/insurance records



The Cost of ID Theft

Phony treatments: costly form of ID theft

Last year's economic stimulus bill includes \$2 billion to create a national system of computerized health records, but one of the risks is more medical identity theft. Impersonating patients or setting up fake clinics to bill for phony treatments can be much more damaging than other types of identity theft.



Source: Javelin Strategy & Research, 2009 data

BLOOMBERG NEWS



Increasing Media Coverage

Cases of medical ID theft double

By MARGARET COLLINS • Bloomberg News • March 28, 2010

Sierra Morgan was billed \$12,000 on her health-care credit card in November for liposuction, a procedure she never requested or had.

"It's depressing to know that someone used my name and knows so much about me," said the 31-year-old respiratory therapist from California.

There were more than 275,000 cases in the U.S. last year of medical information theft, twice the number in 2008, according to Javelin Strategy & Research, a market research firm. The average fraud cost \$12,100, Javelin said.

"A trend we've seen over the past few years is using stolen information to file false claims," said Louis Saccoccio, executive director of the Washington-based National Health Care Anti-Fraud Association, a nonprofit research group.

Criminals set up fake clinics to bill for phony treatments, said Pam Dixon, founder of the World Privacy Forum, a nonprofit consumer-research group that has worked with more than 3,000 victims. Thieves also may impersonate a patient, as in Morgan's case, and some medical workers download records to sell, she said.

The economic stimulus bill of 2009 includes \$2 billion to create a national system of computerized health records and as much as \$2 billion over 10 years in payments to Medicare and Medicaid

providers who sell the Department of Health and Human Services' data and services.

"Once files are in up quickly," said a decade of consumer Commission and the Department of Health and Human Services.

"There are cases with thousands of dollars," she said.

Patients' medical records or health information can be used to threaten life-threatening if or first their health said. A thief may victim's insurance she said.

"Once you agree easier for you to a criminal to see at TrusteID, a computerized medical is certainly going

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NETWORK WORLD

Medical identity theft strikes 5.8% of American adults

Identity thieves target medical identification data and services

March 23, 2010 11:00 AM EST

Identity thieves are not only interested in tapping financial resources, but are also after your medical identification data and services.

Medical identity theft typically involves stolen insurance card information, or even related to medical care that is not approved given to others using the victim's name. Roughly 17% of Americans who have been victims, according to a new survey from The Princeton Survey.

The cost per victim, an average of \$12,100, is a significant financial burden.

"The National Study on Medical Identity Theft" found that 1.6% of people who agreed to the survey had been victims of medical identity theft.

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BusinessWeek

Patient Billed for Liposuction as Medical Theft Rises (Updated)

March 23 (Bloomberg) — Sierra Morgan was billed \$12,000 on her health-care credit card in November for liposuction, a procedure she never requested or had.

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FOCUS 101020101

ISACA

San Francisco Chapter

Bipartisan Medicare Fraud Enforcement and Prevention Act (MFEPA) of 2010

Enhanced Criminal Penalties

- MFEPA will double the criminal penalties for making false statements in connection with services that are paid for, in whole or in part, by a Federal Health Care Program, and for violating the anti-kickback statute from 5 years to 10 years of imprisonment and increase fines from \$25,000 to \$50,000
- MFEPA will also create a new offense for illegally distributing a Medicare or Medicaid beneficiary ID or billing privileges and will establish a maximum penalty of 3 years in prison and a fine

Bipartisan Medicare Fraud Enforcement and Prevention Act (MFEPA) of 2010 *cont.*

Medicare Fraud Prevention

- Implements criminal background checks, finger-printing, and random site visits for high-risk suppliers and providers to ensure they are legitimate businesses before they cash a single Medicare check.
- Directs Secretary of Health and Human Services (HHS) to provide law enforcement officials with real-time access to data necessary for combating Medicare fraud.
- Directs Secretary of HHS to conduct a pilot program that implements biometric technology to ensure that Medicare beneficiaries are physically present to receive certain services covered under Medicare.



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Bipartisan Medicare Fraud Enforcement and Prevention Act (MFEPA) of 2010 *cont.*

Oversight of Medicare Contractors

- Directs Government Accountability Office to study Medicare contractors, including Recovery Audit Contractors, and report back to Congress with recommendations for legislation and administrative action.



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New Red Flag Regulations

- Authority – Part 681 of Title 16 of the Code of Federal Regulations implementing Sections 114 and 315 of Fair and Accurate Credit Transactions Act (FACTA) of 2003
- Program Requirements for ID Theft
 - Identify Red Flags
 - Detect Red Flags
 - Respond to Red Flags
 - Updates to Program (oversight and review)
 - Board Approved



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FTC Red Flags Regulation – How We Prepared

- On May 1, 2009, the National Compliance, Ethics and Integrity Office established an Identity Theft Prevention Program designed to:
 - Identify and detect relevant Red Flags for covered accounts Kaiser Permanente offers or maintains, and incorporate these Red Flags into the Program
 - Respond appropriately to any Red Flags that are detected to prevent and mitigate identity theft
 - Ensure the Program is updated periodically to reflect changes in risks to customers



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FTC Red Flags Regulation – How We Prepared *cont.*

- The National Compliance Office was been designated by the Boards of Directors to develop, implement, oversee and administer the Identity Theft Prevention Program
- This program is designed to comply with the FTC Red Flags Rule which will likely be implemented sometime in the future

(FTC Red Flags Rule implementation date is TBD)



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Red Flags for Identity Theft

- Red Flags are defined as “a pattern, practice, or specific activity that could indicate identity theft”
- The FTC identifies these examples of Red Flags for ID theft:
 - Suspicious documents and/or personal identifying information, such as an inconsistent address or nonexistent Social Security number
 - Unusual use of or suspicious activity relating to a patient account
 - Notices of possible identity theft from patients, victims of identity theft or law enforcement authorities
 - Alerts, notifications or warnings from a consumer reporting agency



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How Kaiser Permanente Is Proactive

- Established a National ID Theft Prevention Policy
- Check photo ID when patient appears for care – developed a “Check ID Toolkit”
- Effective Compliance Program and Hotline
- Excellent Forensic IT Tools
- Liaison with law enforcement
- Communicate what happens to perpetrators (terminated and prosecuted)
- Engage in targeted proactive data mining



Proactive Data Mining for Identity Theft

- Services After Death (SAD)
- Birth with no pre-natal or post-natal care
- Medical services out of scope (male patient in OB/Gyn)
- Dramatic changes in height / weight with no medical indicators
- Suspect SSN use
- Drug seeking behaviors



We Are a Health Care Company

- Our frontline staff and care providers have been given tools and protocols to follow when they suspect medical identity theft
- We provide care if someone in need comes to one of our facilities, even if we suspect identity theft



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Photo ID Protocol

Best, Primary Photo Identification:

- Government issued driver's license or state identification card
- Military identification card
- Government issued passport or residency card

Acceptable, Secondary Photo Identification:

- School ID card with photo
- Employee ID card with photo
- Financial institution ID with photo (bank card)

If No Photo Identification:

Patient must provide at least (3) unique identifiers (patient demographics)

- Address
- Phone Number
- Last (4) digits of Social Security Number
- Birth date
- Subscriber name on health plan

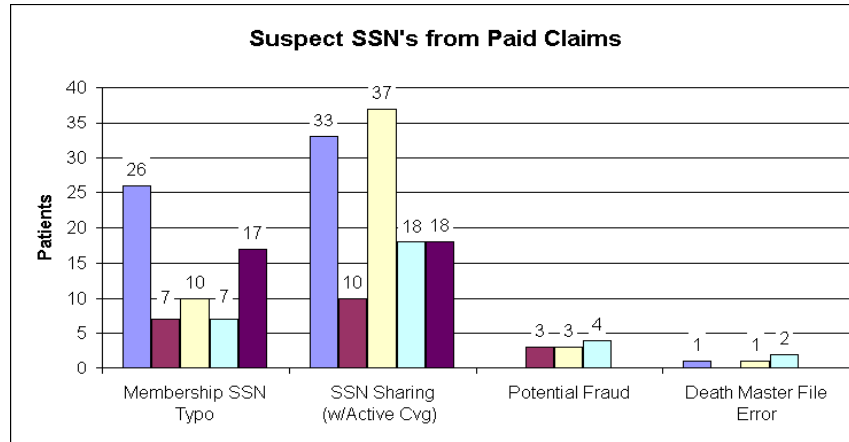
When there is a concern/suspicion that the individual presenting is not the actual patient (after attempting to match three patient demographic identifiers in addition to patient's full name):

- For urgent medical services, allow patient to be seen.
 - References: EMTALA 42 USC Sec. 139dd;
 - KP Policy #: NATL.REVCYC.011



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Data Mining Findings

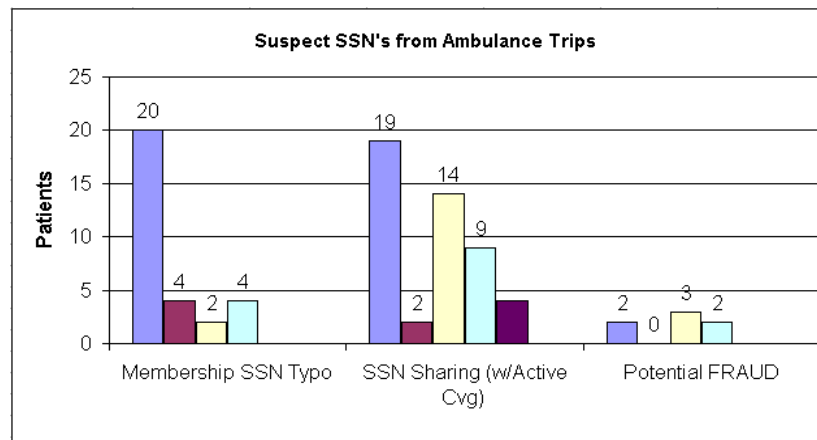


Review of 4.5mm claims for 2+mm members surfaced the information.
SSN sharing and potential fraud are under review by NSIU.

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Data Mining Findings



Review of 1 years ambulance data for 2+mm members surfaced the above information.
SSN sharing and potential fraud are under review by NSIU.

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How Kaiser Permanente is Reactive: National Special Investigations Unit (NSIU)

- Ten investigators with strong law enforcement backgrounds
- Experienced in criminal and fraud investigations
- Responsible for conducting internal investigations
- Supported by Fraud Analysts with strong operational backgrounds



NSIU Collaborates With ...

- Information Analytics and Compliance Technology (iACT) Team (data mining)
- Information Technology Forensics (computer forensics)
- Regional and Local Privacy and Security (many cases have a potential HIPAA concern)



Case Study – Card Sharing

- Patient admitted to hospital and surgery was performed
 - Member had allowed sick friend to use his/her identity for care
- Copy of government identification and timekeeping records obtained from employer
 - Timekeeping records revealed member was at work during hospitalization
- Friend presented for medical exam and was photographed
 - Photo did not match member
- Case referred to Law Enforcement
 - Member pled guilty to criminal charges
 - Ordered to pay restitution



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Case Study – Card Sharing

- Member allowed a friend who is having headaches to use his Kaiser Permanente card to see a doctor
- Physician orders a CT scan that indicates brain surgery is necessary
- Friend is admitted and brain surgery is performed
- Months later, when the member seeks treatment, the primary care physician is amazed at the quick recovery
- Member admits to the physician that it was his friend who had the surgery



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Case Study – Unwitting Member

- Former member received a bill and believed his ex-wife was letting her boyfriend use his identity for care
- NSIU coordinated with Law Enforcement
- Law Enforcement confronted the ex-wife and boyfriend with the evidence and they admitted to the identity theft
- Law enforcement pursued criminal prosecution



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Drug Seeking – Multiple Cases

- Non-member presents at the Emergency Department using a false identity to obtain controlled substances
- The individual reports he/she is in pain, often claiming a work-related injury
- The individual files a workers' compensation claim and is treated for what is believed to be a work injury
- The claim turns out to be false – no such company exists or the individual filing the claim does not work there
- The individual repeats this routine at multiple emergency departments throughout the area, at both Kaiser Permanente and non-Kaiser Permanente facilities



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Take Aways

- A clearer understanding of what Medical Identity Theft is
- How Medical Identity theft affects patients, the health care industry and the economy at large
- The impact of the Red Flag rules on the health care industry
- How KP works to protect its members from medical identity theft



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Questions?

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Kaiser Permanente

Director, National Special Investigations Unit

National Compliance, Ethics, and Integrity Office



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