

2009 Red Flag Alerts Policies and Procedures

Part I. General Identity Theft (“Red Flags”) Finance/Compliance Policy

It is the policy of the Practice Plan to implement an Identity Theft Prevention Program (the “Program”) to detect, prevent and mitigate identity theft in connection with new and existing patient accounts. The Practice Plan Administrator or his/her designee shall be responsible for administering and updating the Program.

Policy:

To detect, prevent, and mitigate identity theft and enable the Practice Plan to:

1. Identify relevant patterns, practices, and specific forms of activity that are “red flags” signaling possible identity theft and incorporate those red flags into our procedures;
2. Incorporate controls that detect red flags into our procedures;
3. Respond appropriately to any red flags that are detected to prevent and mitigate identity theft; and
4. Ensure the Practice Plan’s processes are updated periodically to reflect changes in risks from identity theft.

Definitions:

Identity theft is a fraud committed or attempted by using the identifying information of another person without authority. In the context of a medical practice, identity theft may involve using a person’s name and/or insurance information without his/her knowledge to fraudulently obtain medical services or benefits.

Part II: Verify Patient Identity at Time of Registration/Check-in

It is the policy of the Practice Plan to verify patient identity at time of registration. The Practice Plan will, to the extent feasible, request documentation of the patient's identity, residential address, and insurance coverage at time of registration as part of the Identity Theft Prevention Program.

Procedures:

1. When a patient calls to request or confirm an appointment, the patient will be asked to bring the following documentation at check-in for the appointment:
 - Driver's license or other government-issued photo ID; and
 - Current insurance card

NOTE: Be sure to tell the patient that if their photo ID does not show their current residential address (or if a P.O. Box is listed), then the patient should also bring a recent utility bill or other correspondence showing current residential address.

2. If the patient is a minor, the patient's parent or guardian should bring the information listed above.
3. When the patient arrives for the appointment, the patient will be asked to produce the information listed above. *NOTE: This requirement may be waived for patients who have been seen within the last six months.*
4. If the patient has not completed the registration form within the last six months, a new registration form must be completed upon registration or check in.

Part III: Recognize Identity Theft Red Flags

It is the policy of the Practice Plan to detect attempts at patient identity theft or fraud and immediately report incidents to the Practice Plan Administrator or his/her designee that occur in and/or around the practice.

Procedures:

1. Staff should be alert for the possibility of patient identity theft.
2. Any staff member/witness suspecting identity theft should immediately report it to the Practice Plan Administrator.
3. The witness completes an identity theft investigation report.
4. The Practice Plan Administrator reviews the completed accident/incident investigation report.
5. If the Practice Plan Administrator determines it appropriate, the report is presented no later than at the next board meeting to determine the necessary follow-up with the party or parties involved.

In the following circumstances, staff should be vigilant in recognizing the possibility of identity theft:

Registration/Check-in:

- a. Upon check-in, the patient submits a driver's license, insurance card, or other identifying information that appears to be altered or forged.

- b. The photograph on the driver's license or other photo ID, as submitted by the patient, does not resemble the patient.
- c. The information on one form of the patient's identification is inconsistent with information on another form of identification (address on check for copayment does not match address on driver's license), or does not match information already in the Practice Plan records.
- d. The patient Social Security Number (SSN) has not been issued; is listed on the Social Security Administration's Death Master File; or is otherwise invalid.

NOTE: The following SSN numbers are **always invalid**:

- The first three digits are in the 800, 900, or 000 range;
 - The first three digits are in a range from 772 to 799;
 - The first three digits are 666;
 - The fourth and fifth digits are 00; or
 - The last four digits are 0000.
- e. The address given by the patient does not exist or is a post office box.
 - f. The phone number given by the patient is invalid or is associated with a pager or answering service.
 - g. The patient fails to provide identifying information or documents.
 - h. Personal identifying information given by the patient is not consistent with personal identifying information in the Practice Plan's records.
 - i. The patient's signature does not match a signature on file in the Practice Plan's records.
 - j. The SSN or other identifying information furnished by the patient is identical to other identifying information in the Practice Plan's records as furnished by other patients.

Treatment/Examination Room:

- a. Patient's age or physical description do not match what is recorded in the medical record.
- b. Records indicate medical treatment that is inconsistent with a physical examination or medical history as reported by the patient.
- c. The patient indicates that the patient history documented in his/her medical record is not correct.

Patient Billing:

- a. The patient or insurance company reports that coverage for a legitimate service is denied because insurance benefits have been depleted or that the patient's lifetime cap on benefits has been reached.
- b. The patient notified the office of an address change, yet the address presented by the patient does not match that address or the address recorded for previous patient visits.

- c. Mail sent to the patient is repeatedly returned as undeliverable, although the patient continues to be active with the practice.
- d. A patient disputes a bill, claiming he or she may be a victim of identity theft.
- e. The patient receives a bill or receipt for services provided to another individual.
- f. The patient receives a bill, explanation of benefits, or collection notice for health services never received, or from a health care provider with whom he or she is unfamiliar.

Part IV: Respond to Red Flags

It is the policy of the Practice Plan to take action in the event that any of the red flag scenarios listed in Part III occurs. Such action may include, without limitation, the following:

- a. The patient in question will be notified to see if any discrepancy can be explained or clarified.
- b. If the matter is not a simple misunderstanding or administrative error, then the Practice Plan administrator and treating physician must be notified, and the victim may be asked to submit one of the following three documents to the Practice Plan:
 - i. The ID Theft Affidavit developed by the FTC, including supporting documentation;
 - ii. An ID theft affidavit recognized under state law; or
 - iii. A written statement that includes the following documentation:
 - 1. A statement that the patient's is a victim of identity theft;
 - 2. A photocopy of the patient's driver's license or government-issued photo identification card;
 - 3. Any other identification document that supports the statement of identity theft;
 - 4. Specific facts supporting the claim of identity theft, if available;
 - 5. Any other explanation that the patient did not incur the debt;
 - 6. Any available correspondence disputing the debt;
 - 7. Documentation of the residence of the patient at the date of service, including copies of utility bills, tax statements, or other statements from businesses sent to the patient at his or her residence;
 - 8. A telephone number for contacting the patient;
 - 9. Any information that the patient may have concerning the person who registered in his or her name;
 - 10. A statement that the patient did not authorize the use of his or her name or personal information for obtaining services; or
 - 11. A statement certifying that the representations are true, correct, and contain no material omissions of fact to the best knowledge and belief of the person submitting the certification.

- c. Any patient who appears to be a victim of identity theft will be notified by mail or properly-documented telephone call. Documentation of any communication will be retained in the office records.
- d. Any patient who appears to be a victim of identity theft will be advised to contact law enforcement and consider having a fraud alert place on his or her credit file.
- e. Law enforcement will be notified as deemed appropriate by Practice Plan management whenever this office has evidence of identity theft. This includes when the perpetrator of the crime is one of Practice Plan's own staff or physicians.
- f. In any case involving identity theft, Practice Plan will suspend any collection attempts on the account until a determination is made as to whether the person receiving the treatment is the person being billed.
- g. If following investigation, it appears that the patient has been a victim of identity theft; the Practice Plan will take the following actions:
 - i. The Practice Plan will cease collection on open accounts that resulted from identity theft. If the accounts had been referred to collection agencies or attorneys, the collection agencies/attorneys will be instructed to cease collection activity.
 - ii. The Practice Plan will cooperate with any law enforcement investigation relating to the identity theft.
 - iii. If an insurance company, government program or other payer has made payment on the account, the Practice Plan will notify the payer and refund the amount paid.
 - iv. If an adverse report had been made to a consumer reporting agency, the Practice Plan will notify the agency that the account was not the responsibility of the patient.
- h. If following investigation, it does not appear that the patient has been a victim of identity theft, the Practice or the collection agency will give written notice to the patient that he or she is responsible for payment of the bill. The notice will state the basis for determining that the person claiming to be a victim of identity theft was, in fact, the patient.

Part V: Training & Updates

The policies and procedures contained herein will be adopted by the Practice Plan Board of Directors and will be reviewed and updated on an ongoing basis. Staff training will include:

- a. New-employee orientation
- b. Ongoing staff training as requested by management and staff,
- c. Training in response to any red flag occurrence involving the Practice Plan, and
- d. Training in coordination with ongoing HIPAA-related education.