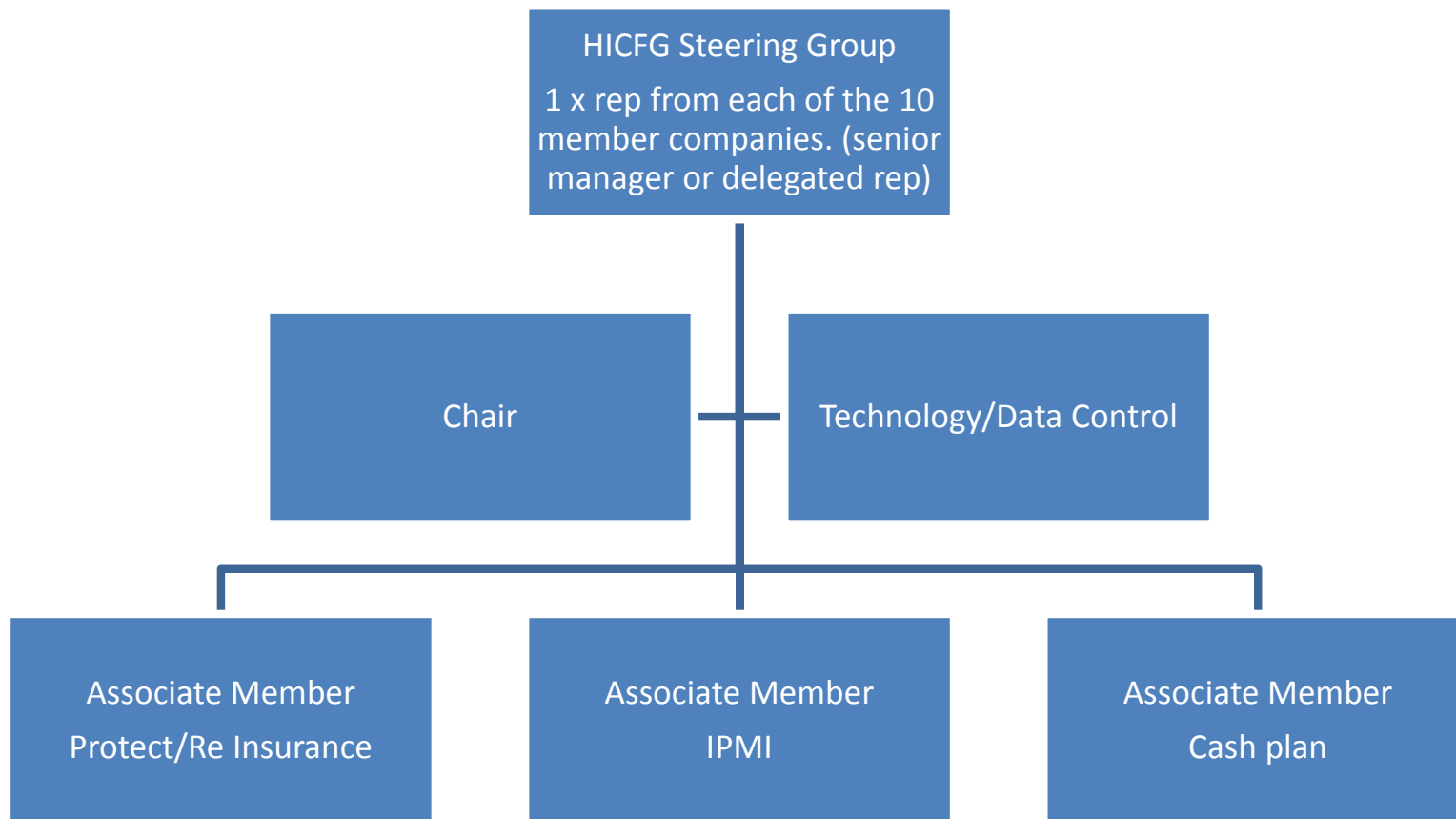


PERFORMANT



Health Insurance Fraud Prevention

Using technology to prevent and
detect billing and claims fraud





HICFG Purpose

- Prevent & Detect Fraud within Health care
- By;
- Sharing intelligence
 - Producing Industry statistics
 - Creating Investigation network
 - Providing relevant technology with domain expertise

The environment

- Culture of “reckless billing”
- Large amounts of money to be made
- Medical confidentiality prevents scrutiny
- Complex services better understood by providers than payers
- Weak regulation
- Low chance of being caught.
- = **RISK OF FRAUD**

The size of the problem

- Fraud is endemic in all healthcare systems in the world especially where fee for service is paid.
- *“If you do not think you have a fraud problem then you have not looked properly. And the more you think there is not a problem the worse it is likely to be” Dr Simon Peck Chair HCFG UK*

The size of the problem

- 2003 AXA looked at 650 claims and estimated conservatively 5% of benefit lost to fraud.
- Fraud is committed by customers brokers staff and medical providers including doctors.
- So what does the problem look like?

Creative billing

- Then first example is a typical doctors billing fraud and shows how by breaking a service down onto multiple invoices or multiple lines on a bill charges can be inflated. This is very common.
- (slides removed 6 x invoices for the same thing under different proc codes)

Misrepresentation

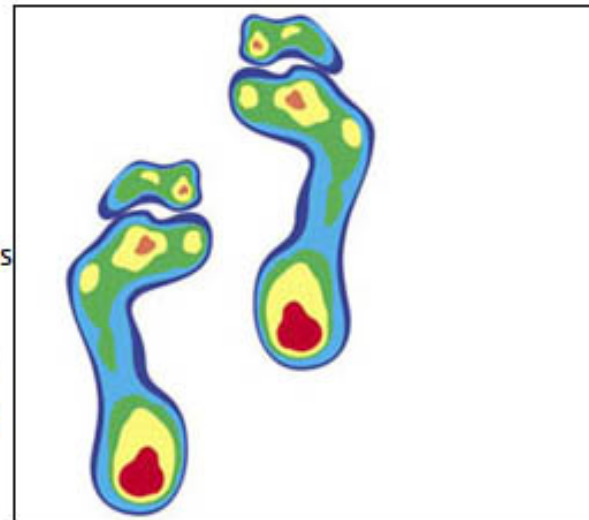
- This next example shows how devious some misrepresentation can be. This case cost £250,000 and the perpetrator was struck off.
- He was also arrested and issued a caution.

Extract from a patient information site

There is no such thing as Motion Real-time Imaging

Footscan Pedograph

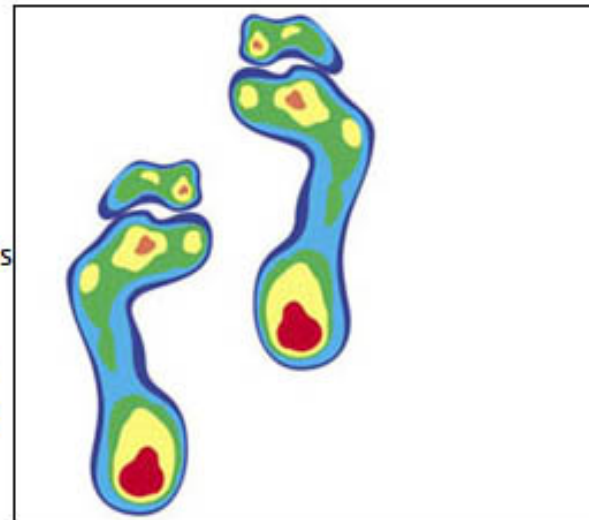
Motion Realtime Imaging: This is a state of the art computer system which takes a very detailed and objective look at walking styles and foot pressures. The test is carried out by walking over a computer mat containing pressure sensors. In addition to providing information about foot pressures the system also calculates and provides a detailed analysis of how your foot functions. This provides valuable information which when studied in detail allows us to understand your problem and formulate a tailored treatment program.



Extract from a patient information site
There is no such thing as **Motion Real-time Imaging (Magnetic Resonance Imaging)**

Footscan Pedograph

Motion Realtime Imaging: This is a state of the art computer system which takes a very detailed and objective look at walking styles and foot pressures. The test is carried out by walking over a computer mat containing pressure sensors. In addition to providing information about foot pressures the system also calculates and provides a detailed analysis of how your foot functions. This provides valuable information which when studied in detail allows us to understand your problem and formulate a tailored treatment program.



Pathology

- Currently our worst problem area in 2010.
- No requirement for registration although that is changing:
 - fake labs
 - “non standard tests”
 - double billing
 - forged documents

Double billing

A significant problem

The hospital bills and then the doctor bills as well for the same service often hiding it behind a bogus provider.

Non standard tests

Tests of no medical validity

- gut fermentation
- hair testing
- allergy testing

A significant problem.

Patients receive meaningless results

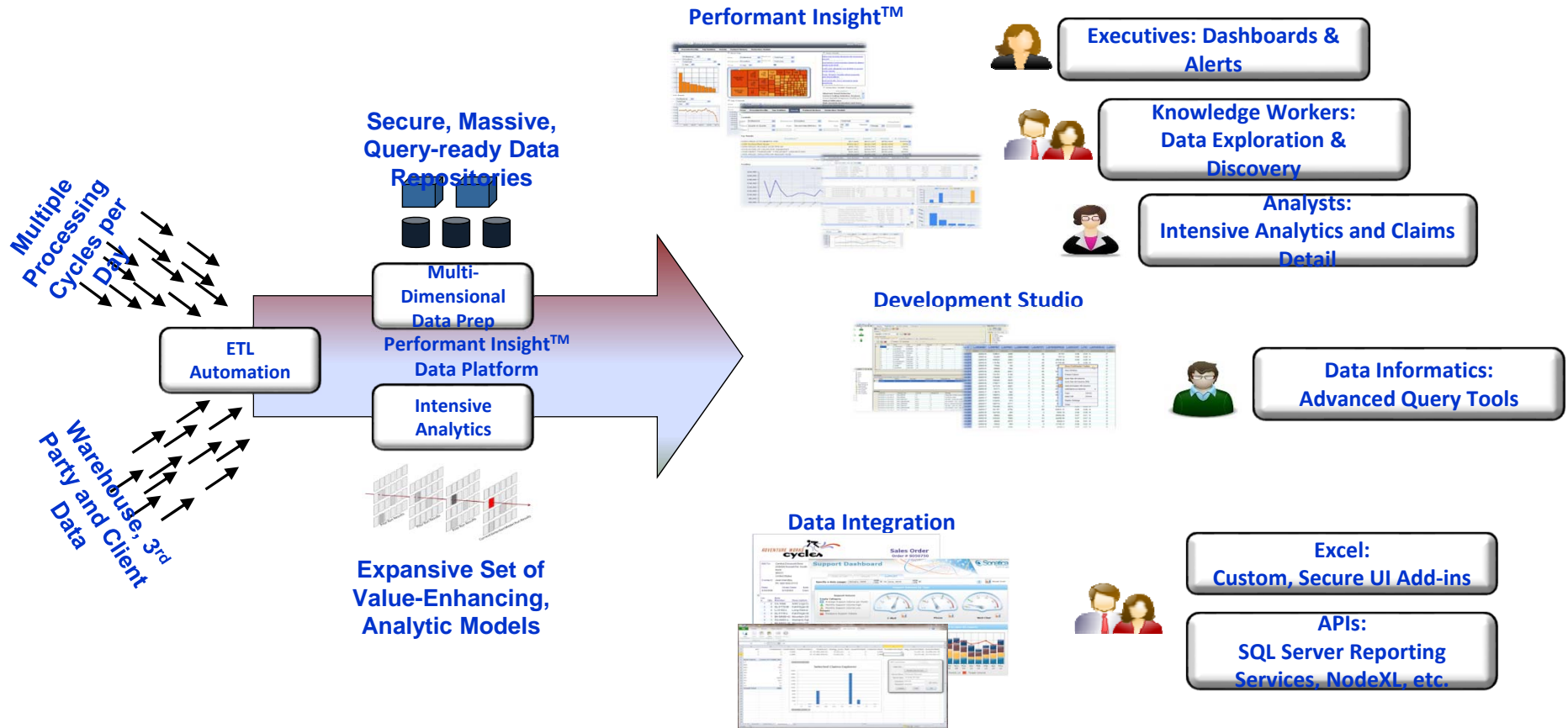
Billing Fraud

- Billing Fraud
- Coding
- Unbundling
- **Over Charging** (charging outside of fee maxima)
- Over Servicing

Up coding

Another fraud is up coding or exaggerating treatment. It is hard to spot in individual claims but can be found by data mining – for example:

Leveraging Data As An Asset



Double dipping

- An insurer suspected a group practice was billing them and sometimes the members of the practice were billing as well
- The group practice bills did not identify the person billing
- The dates were inaccurate

Brokers

- We are aware of significant abuses and bad practices
- Churning policies, non disclosure of pre existing conditions, group schemes – understating the risk etc.

Customers

- Non declaration
- Pre Existing injuries
- Collusion with providers to obtain treatment not covered.
- Forged documents

Media

News

Stepping Hill doctor resigns over £85,000 scam

Alex Scapens
May 14, 2008

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ONE of Stepping Hill's top consultants has been branded a "dishonest" doctor and resigned in disgrace after he ripped off at least £85,000 in a three-year medical scam.

Navneet Ahluwalia, lead clinician at the gastroenterology department, carried out standard exploratory operations on patients as part of his private practice in Cheadle - but billed health insurance companies for more expensive ones.

A General Medical Council (GMC) hearing ruled the consultant's actions were "misleading and dishonest" and suspended him for 12 months. It was said public confidence in doctors must be maintained and proper standards of conduct must be maintained.

Despite three separate warnings from insurers of the difference between the more complex therapeutic endoscopy and cheaper diagnostic endoscopy, Dr Ahluwalia argued it was only his failure to change his billing procedure that led to him mischarging.

Questions have now been raised over the future treatment of the patients that were under his care at Stepping Hill.

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uk.eurosport.yahoo.com

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o2.co.uk/goals

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Dr B suspended March 2010

Medical insurers crack down on doctors who fiddle bills | Markets & Analysis - Windows Internet Explorer

http://www.thisislondon.co.uk/markets/article-23816511-medical-insurers-crack-down-on-doctors-who-fiddle-their-bills.do

Medical insurers crack down on doctors who fiddle...

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HEADLINES: Mandela out of ceremony after death..... Tributes to S Africa crash victims..... Warning

Medical insurers crack down on doctors who fiddle bills

Lucy Tobin
18.03.10

At a tribunal hearing at the General Medical Council's West End headquarters this week, the health insurance industry chalked up a major victory against one of its biggest headaches.

The GMC had looked at the case of private doctor Sethna Saverymuttu after four health insurers claimed was



Source of cases

Referral from;

Customers

Staff

Whistle blowers (Industry hotline)

Data mining

Industry intelligence

How do we deal with Fraud As an Industry



Industry Intelligence Sharing

15

4 SIMPLE STEPS TO SHARE AND USE HICFG INTELLIGENCE - Identify-Add-Alert-Prevent



UK Industry HIFID

- Health Insurance Fraud Investigation Database
- Developed in 2007 over 25,000 names of high risk billers and claimers.
- 60 Insurers & public health organisations involved
- EHFCN – 18 health care providers (mainly govt health) in 13 countries.



HIFID

Health Insurance Fraud Investigation Database



- How does HIFID deal with this?

What is the criteria to enter a case?

That there are reasonable grounds to suspect that a criminal offence has been committed and requires an appropriate, transparent, recorded investigation in order to prevent and detect fraud.

Provider Allegation (billing)


Suspected unbundling

Appropriate code/service –




Unbundled Code/service provided –

Reason supplied –

Industry Intelligence Pot



Health Intelligence Fraud Investigation Database

IN ASSOCIATION WITH
  

Ray Collins (HICFG Admin) | [Log off](#) | [Member Zone](#)

[Add Case](#) [Search](#)

The following cases are open...

Investigation number:	6749
Investigation name:	<u>Employee - ROGER CUNNINGHAM - HICFG - IMT4929</u>
Date case opened:	28/02/2012
Investigation number:	6750
Investigation name:	<u>Policy Holder - DANIELLE MARSHALL - HICFG - IMT4930</u>
Date case opened:	28/02/2012
Investigation number:	6751
Investigation name:	<u>Provider - LISTER HOSPITAL - HICFG - IMT4931</u>
Date case opened:	28/02/2012
Investigation number:	6752
Investigation name:	<u>Benefit Cheat - MARCUS BRADBROOK - HICFG - IMT4932</u>
Date case opened:	28/02/2012
Investigation number:	6753
Investigation name:	<u>Benefit Cheat - ZOE BRADBROOK - HICFG - IMT4933</u>
Date case opened:	28/02/2012
Investigation number:	6783
Investigation name:	<u>Policy Holder - ADAM SPINKS - HICFG - IMT4964</u>
Date case opened:	29/02/2012
Investigation number:	6784
Investigation name:	<u>Provider - PRESTWICH HOSPITAL - HICFG - IMT4965</u>
Date case opened:	29/02/2012
Investigation number:	6785

The HUB – Our Network

The screenshot displays the Health Fraud Hub website. At the top left is the logo for 'imt healthfraudhub' with the tagline 'preventing fraud, waste and abuse in health care'. To the right of the logo are a 'Select Language' dropdown menu, a search bar, and the user name 'LAURA CLARK'. Below the header is a navigation bar with several menu items: 'COMPANIES' (A directory of Health Insurers and Associations), 'INVESTIGATIONS' (The investigation forum), 'NEWS' (The latest fraud and abuse news), 'EVENTS' (Conferences, workshops and training), 'JOBS' (Insurance and public health opportunities), 'TOOLBOX' (Fraud rules, pricing, scams and training), and 'CASE DATABASE'. The main content area is divided into several sections. On the left, there is a 'NEWS FEED' with a list of items including 'brain protein loss', ''Visionary' leadership needed on TB', and 'Warning ov'. Below this is a 'LATEST PORTAL NEWS' section with a 'MORE NEWS' link. The first news item features a photo of a man and the headline ''FAKE PRINCE' SENTENCED TO 14 YEARS JAIL', with a sub-headline 'Fraudster Joel Morehu-Barlow's fall from grace has been swift and spectacular.' and a 'READ MORE' link. Below this are two more news items: 'MCGILL HOSPITAL FRAUD SUSPECT ARRESTED IN MONTREAL AFTER ARRIVING FROM BAHAMAS' and 'FREEZE ON FOREIGN NURSES AS NHS CHIEFS ADMIT THEY HAVE NO IDEA HOW MANY LIED ABOUT QUALIFICATIONS AND EXPERIENCE USING FAKE IDS', both with 'READ MORE' links. On the right side of the main content area, there is a large banner for the '2013 HICFG ANNUAL TRAINING CONFERENCE' held at Latimer Place, Chesham UK, with the HICFG logo. Below the banner is a 'USER MENU' and 'WHO'S ONLINE' section with a list of actions: 'Add news item', 'Add event', 'Add job vaccancy', 'Manage group', and 'Add user'. At the bottom right, there is a 'RECENT JOBS' and 'RECENT EVEN' section with a 'Chat (3)' indicator.

imt healthfraudhub
preventing fraud, waste and abuse in health care

Select Language | Search | LAURA CLARK

COMPANIES
A directory of Health Insurers and Associations

INVESTIGATIONS
The investigation forum

NEWS
The latest fraud and abuse news

EVENTS
Conferences, workshops and training

JOBS
Insurance and public health opportunities

TOOLBOX
Fraud rules, pricing, scams and training

CASE DATABASE

NEWS FEED | brain protein loss • 'Visionary' leadership needed on TB • Warning ov

LATEST PORTAL NEWS [MORE NEWS](#)

'FAKE PRINCE' SENTENCED TO 14 YEARS JAIL
Fraudster Joel Morehu-Barlow's fall from grace has been swift and spectacular.
[READ MORE](#)

MCGILL HOSPITAL FRAUD SUSPECT ARRESTED IN MONTREAL AFTER ARRIVING FROM BAHAMAS
[READ MORE](#)

FREEZE ON FOREIGN NURSES AS NHS CHIEFS ADMIT THEY HAVE NO IDEA HOW MANY LIED ABOUT QUALIFICATIONS AND EXPERIENCE USING FAKE IDS
[READ MORE](#)

HICFG group UK
Health Insurance Counter Fraud Group

2013 HICFG ANNUAL TRAINING CONFERENCE
November 7th-8th - Latimer Place
Latimer, Chesham UK

USER MENU | WHO'S ONLINE

- [Add news item](#)
- [Add event](#)
- [Add job vaccancy](#)
- [Manage group](#)
- [Add user](#)

RECENT JOBS | RECENT EVEN | Chat (3)

Management of Cases & Using the Intelligence to save money and prevent loss

Home	Case	Reports	Admin	Logout
Search: <input type="text"/>				
Investigation Number	Investigation Name	Date Opened	Summary of Allegation	
13817	Provider - Dr Pechy	04/04/2013	CLAIM – False – Non Disclosure Collusion – CLAIM & BILLING ALERT	
13816	Provider - Lancet Laboratories	04/04/2013	BILLING – fraudulent billing – BILLING ALERT	
13815	Provider - Borradaile Hospital	04/04/2013	BILLING – fraudulent billing – BILLING ALERT	
13814	Provider - Dr KS Martin	04/04/2013	BILLING – fraudulent billing – BILLING ALERT	
13813	Provider - Dr Murphee	04/04/2013	BILLING – fraudulent billing – BILLING ALERT	
13812	Provider - The Avenues Clinic	04/04/2013	BILLING – fraudulent billing – BILLING ALERT	
13811	Policy Holder - Dr L Geceller Praklane Clinic	04/04/2013	CLAIM – False – Non Disclosure of an injury or illness – CLAIM ALERT	
13810	Policy Holder - PT Sehat Utama Abadi / Chiropractor Indonesia	04/04/2013	BILLING – fraudulent billing – BILLING ALERT	
13809	Policy Holder - Jayarai NAIDU Govindasamy	04/04/2013	CLAIM – False – Claim System – CLAIM ALERT	
13808	Provider - Al Baraka Fertility Hospital	04/04/2013	BILLING – fraudulent billing – BILLING ALERT	
13807	Policy Holder - Esmond Baring	04/04/2013	CLAIM – False – Pre existing injury or illness – CLAIM ALERT	
13806	Provider - Andre Berger	04/04/2013	BILLING – over servicing – BILLING ALERT	
13805	Provider - A Tan	04/04/2013	CLAIM – False – Hospital Confirmation – CLAIM ALERT	
13804	Policy Holder - Dianne K Halliday	04/04/2013	CLAIM – False – Pre existing injury or illness – CLAIM ALERT	
13803	Provider - Dream Hospital	04/04/2013	BILLING – Duplicate Billing – BILLING ALERT	
13802	Provider - Salwa SA Clinic	04/04/2013	CLAIM – False – Report – CLAIM ALERT	
13801	Policy Holder - Carl R Skinner	04/04/2013	POLICY – Individual – Incorrect details – CLAIMS ALERT	
13800	Provider - Royale Hayat Hospital	04/04/2013	CLAIM – False – Report – CLAIM ALERT	
13799	Policy Holder - Petya Lowe	04/04/2013	CLAIM – False – Report – CLAIM ALERT	
13798	Provider - Changi General Hospital	03/04/2013	BILLING – over servicing – BILLING ALERT	
13797	Policy Holder - Edwin Nale	03/04/2013	CLAIM – False – Duplicate receipts – CLAIM ALERT	
13796	Policy Holder - Lip Pei KAREN Tan	03/04/2013	CLAIM – False – Pre existing injury or illness – CLAIM ALERT	
13795	Provider - Roy ADG Torcuator	03/04/2013	BILLING – fraudulent billing – BILLING ALERT	
13794	Policy Holder - Victoria Buckley	03/04/2013	CLAIM – False – Incorrect name – CLAIM ALERT	

Performant offers industry-leading visibility into claims

identified in data mining, selected for audit, metrics on findings or tracking of recovery.



The screenshot shows the 'HEALTHCARE INSIGHT' dashboard with a detailed table of claims data. The table has columns for 'Type', 'Tab', 'Name?', 'Date', 'Size', 'Description', 'Author', and 'Status'. Below the table is a summary table with columns for 'Admission_State', 'Allowed', 'Area', 'Attending_Provider', 'SR_Type', 'Billed', 'Billing_Provider', and 'Claim_ID'.

Type	Tab	Name?	Date	Size	Description	Author	Status
view	TOP ENT Alert1_21581Growth		03/17/2014 08:54:34	1 KB		cbas00	Ready
view	TOP ENT Alert2_21589		03/17/2014 07:59:34	1 KB		cbas00	Ready
view	TOP ENT Alert_Example1		04/09/2014 08:33:46	1 KB	Example of alert - Trend	cbas00	Ready
view	TOP ENT Alert_Example2		04/09/2014 08:25:13	1 KB	Example of alert - Zip	cbas00	Ready
table	LEADS	Alerts_21120788	12/18/2013 08:43:03	239 KB		cbas00	Ready
view	TOP ENT Amb_ProcHigh		11/18/2013 08:26:18	1 KB	total payments to Amb Provider det	cbas00	Ready
view	TRENDS	Amb_SpecdetHigh	11/18/2013 08:25:07	1 KB	Provider used procedure code	cbas00	Ready
view	TRENDS	Amb_SpecdetHighTrend	11/18/2013 08:21:44	1 KB	Provider used procedure code	cbas00	Ready
view	DETAIL	Detail_FilterDown	04/03/2014 08:43:53	8 KB	Demographics filtering down query	cbas00	Ready
table	DETAIL	HotlineTo_Prov_allClaims	11/18/2013 08:28:02	11 MB	All claims pulled for reported prov	cbas00	Ready
view	DETAIL	HotlineTo_Samples	11/18/2013 08:28:24	1 KB	Beneficiary called hotline to report	cbas00	Ready
view	TOP ENT ServiceProv_Proc3000Filter		11/18/2013 08:02:05	1 KB	Filter for several coded Procedure	cbas00	Ready

Admission_State	Allowed	Area	Attending_Provider	SR_Type	Billed	Billing_Provider	Claim_ID
4	Prof			7	0093621279		1
5	Prof			8	0093621279		2
13	Prof			22	0093621279		3
14	Prof			23	0093621279		4
12	Prof			22	0093621279		1
14	Prof			23	0093621279		2

Data Protection Act

- Section 29(3) provides an exemption from some provisions of the DPA98
- For the purpose of **preventing and detecting fraud**
- System users need to ensure that they are **processing** for a specified and legitimate purpose in a manner which strikes a balance between the rights of individuals and the clear and legitimate interests of those aiming to prevent and reduce fraud

Terminology Semantics



- Used to call it
Leakage, mistake, accident, miscalculation, error, unfortunate error, administrative disaster etc etc.
- They have been replaced by the F word
Fraud, Investigation, Prevention of a crime, Detection of a crime,
- FCA fraud principle –
‘Not passing our fraud on to our competitors’

What is the HICFG trying to achieve?

- Money back
- Change in behaviour towards billing private insurers

Results

- Millions £ recorded savings for companies since the system was first implemented.
- Company A - £60k saving in first week of use due a coding scam
- Company WR - £160k saving as result of intelligence from UK & US companies
- Company WP – Integrated intelligence against their own billing, claims and new business data sources identified over 400 practitioners that potentially fraudulently billed them.
- Pilot involving 5 international insurers looking at a years claims data identified industry intelligence as one of the most reliable means to prevent fraud.

Training



ACCREDITED COUNTER FRAUD SPECIALIST TRAINING THE UNIVERSITY OF PORTSMOUTH ACCREDITATION FOR INVESTIGATORS. DELIVERED BY PERFORMANT.

HOW LONG DOES IT TAKE TO QUALIFY?

- ACFS - **10 DAYS**
- ACF Tech - **5 DAYS**
- ACF Manager - **5 DAYS**
- ACFS International - **10 DAYS**

WHO SHOULD DO THE COURSE?

- Insurance investigators
- Claims staff
- NHS investigators
- Benefit fraud investigators
- Public housing investigators
- Audit staff
- Financial investigators
- Ex Police & Military personnel
- Private investigation companies
- Budding investigators looking for a career change

WHAT DOES THE ACFS ACCREDITATION LEAD TO?

A career investigating for insures, NHS, benefit fraud, public housing fraud, private investigations, policing and other government agencies. The ACFS is a stepping stone to a tertiary degree and further education.

A University of Portsmouth Accredited Course supporting the standards of the Security Industry Authority (S.I.A)

ACCREDITED BY THE
UNIVERSITY OF PORTSMOUTH AND THE CFPAB



Institute of
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TO MAKE AN ENQUIRY OR TO BOOK A PLACE ON THE COURSE CONTACT

Continued Professional Development (CPD)



- All Conference, workshop and training event
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Annual Training Conference



Questions?

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