

LSU -HEALTH CARE SERVICES DIVISION
BATON ROUGE, LA


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CONTENT: Identity Theft-Red Flag Policy
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Date



Comptroller
LSU Health Care Services Division



Date

I. PURPOSE

To provide a formalized process to identify and respond to potential identity theft situations as it pertains to hospital patient accounts.

II. DEFINITIONS

- A. **Red Flag**—a pattern, practice, or specific activity that indicates the possible existence of identity theft.
- B. **Medical Identity Theft**— occurs when someone uses a person’s name and sometimes other parts of their identity – such as insurance information or Social Security Number – without the victim’s knowledge or consent to obtain medical services or goods, or when someone uses the person’s identity to obtain money by falsifying claims for medical services and falsifying medical records to support those claims.
- C. **Notice of Address Discrepancy**— a notice sent to the health care provider by a consumer reporting agency (credit bureau) that informs the health care provider of a substantial difference between the address for the patient or guarantor that the healthcare provider provided to request the consumer report (credit report) and the address in the agency’s file for the patient or guarantor.

III. POLICY

LSU HCSD shall implement the guidelines of this identity theft program to detect, prevent, and mitigate medical identity theft in connection with new or existing covered patient accounts.

IV. PROGRAM COMPONENTS

- A. Identify Relevant Red Flags
 - 1. Identify categories of Red Flags:
 - Alerts, notifications, or other warnings received from consumer reporting agencies or service providers
 - Presentation of suspicious documents
 - Presentation of suspicious personal identifying information
 - Unusual use of, or other suspicious activity related to, a covered account
 - Notice from customers, victims of identity theft, or law enforcement authorities

2. Determine medical identity theft Red Flags for healthcare providers:

- A complaint or question from a patient based on the patient's receipt of:
 - a bill for another individual
 - a bill for a product or service that the patient denies receiving
 - a bill from a health care provider that the patient never patronized, or
 - An Explanation of Benefits or other notice for health services never received
- Records showing medical treatment that is inconsistent with a physical examination or medical history as reported by the patient.
- A complaint or question from a patient about the receipt of a collection notice from a bill collector.
- A patient or insurance company report that coverage for legitimate hospital stays are being denied because insurance benefits have been depleted, or that a lifetime cap has been reached.
- A complaint or question from a patient about information added to a credit report by a health care provider or insurer.
- A dispute of a bill by a patient who claims to be the victim of any type of identity theft.
- A patient who has an insurance number but never produces an insurance card or other physical documentation of insurance.
- A notice or inquiry from an insurance fraud investigator for a private insurance company or a law enforcement agency.

B. Implement Procedures to Detect Medical Identity Theft

1. Verification of identity on new accounts
2. Authentication of patient or guarantor on existing accounts
3. Monitoring of transactions on existing accounts
4. Verification of the validity of address changes
5. Review and reconciliation of medical information in the patient chart

C. Prevention and Mitigation

1. Appropriate Responses to Red Flags may include, but are not limited to

- Monitoring accounts
- Contact customer
- Contact insurance company for verification
- Change passwords
- Close and reopen account
- Refuse to open account
- Don't collect on or sell account
- Notify law enforcement
- Initiate an investigation

2. Notification of Patients of Unauthorized Access to Personal Information

Following the discovery or notification of a breach of the security of the system used to maintain patient information, the facility shall notify any customer whose personal account information was or is reasonably believed to have been accessed and acquire by an unauthorized person or by an authorized person for an unauthorized purpose.

3. Such notification shall follow the breach notification requirements of the LSU HCSD "Breach Notification" policy.

4. If identity theft is discovered, the hospital must take reasonable action to correct any errors or misinformation caused by the identity theft. This would include, but is not limited to addressing:

- Accuracy of affected patient medical records;
- Accuracy of affected CLIQ records;
- Accuracy of other information systems that contain patient clinical or financial information;
- Notification of patient's insurance carriers.

D. Education

All employees who may potentially discover medical identify theft are required to be trained at time of hire, as well as annually periodically on the key components of this policy.

V. OVERSIGHT

HCSD has the responsibility of overseeing the Identity Theft- Red Flag policy. Reports of any suspected identity theft should be reported directly to the HCSD Comptroller, or the facility Chief Financial Officer and Compliance Officer. The Chief Financial Officer,

often in consultation with the Compliance Officer will determine who is to conduct the investigation into the alleged identity theft.

VI. EMTALA

If a potential Red Flag is discovered as the patient is being registered or treated in the Emergency Department, it is important to continue registration and/or treatment as required in the Emergency Medical Treatment and Active Labor Act (EMTALA). Hospital employees may notify their supervisor of any concerns that they have in relation to a Red Flag as the registration or treatment is occurring, but a patient's treatment should not be postponed or held up in the Emergency Department.