Section: 1.28 Identity Theft Red Flags – EMS Billing

Effective Date: 06/01/2010

Revision Date: 06/01/2010 Approved by: John Ehret, Fire Chief

## **PURPOSE:**

To establish the standards for the recognition, identification, and actions required to comply with the Federal Trade Commission "Identity Theft Red Flags". Entities that have access to credit data have a duty to monitor for the potential that patient data may be compromised, and take appropriate safeguards and corrective actions.

## **POLICY:**

A Red Flag is defined as a pattern, practice or specific activity that could indicate identity theft. Examples include, but are not limited to, a complaint of an incorrect bill for another individual, a bill for services the patient denies receiving, notice of insurance benefit discrepancies, any dispute alleged to be identity theft. Our billing company will institute monitoring and reporting of Red Flags effective May 1, 2009 with updated of May 2010. Should a Red Flag be identified that is reasonably believed to be identity theft, the client will be notified within 1 business day from the time of verification. The billing company will take appropriate corrective actions with its accounts involved.

Our billing company will rely upon us to implement necessary Red Flag safeguards at the point of service. Safeguards include requiring identification and viewing copies of insurance cards, and appropriate policies and procedures. The billing company may refer clients to Customer Identification Program rules in 31 U.S.C. 5318(1) (31CFR 103.121)

**IMPLEMENTATION PROCEDURE:** Our billing company will assign Red Flags to the following complaints or questions from a patient or their representative based on receipt of:

- 1. A bill for another individual
- 2. A bill for a service the patient denies receiving
- 3. A bill from a provider the patient has not received services from
- 4. An EOB for services not received
- 5. A treatment billed is incorrect for the medical condition reported
- 6. Receipt of a collection notice for services never received
- 7. An insurance report that benefits are exhausted or a life-time cap has been reached when the patient denies that possibility
- 8. Any dispute of identity theft
- 9. Incorrect credit report information regarding services
- 10. Mail theft
- 11. Denies receiving any statements
- 12. When crews believe or discover an individual that we suspect may be performing ID fraud we will report to PD.

In addition, our billing company will assign Red Flags to the following:

- 1. A patient with insurance numbers who cannot produce documented proof within a reasonable time period
- 2. A notice of fraud from an investigative agency
- 3. Notification from insurance of record mismatch
- 4. Mail returned as "addressee unknown"
- 5. Guarantee or SSN already on file under another name(s)
- 6. Contact calls answered by "wrong number" responses
- 7. Credit/debit cards denied due to identity discrepancies

**EXCEPTIONS:** None. This policy will be updated as necessary to comply with regulatory and industry changes.

**Cc: Trans Medic**