

# **Red Flag Policy and Procedures for Alexander Orthopaedic Associates**

The Identify Theft Prevention Program developed by Alexander Medical Group LLC dba Alexander Orthopaedic Associates referred throughout this document as AOA, is designed to detect, prevent, and mitigate identity theft in connection with creating a covered account or re-opening an existing covered account and to provide continued administration of the Program in compliance with Part 681 of Title 16 of the Code of Federal Regulations implementing Sections 114 and 315 of the Fair and Accurate Credit Transactions Act (FACTA) of 2003.

## **Policy**

AOA recognize that identity theft is a crisis in our country, exposing patients to financial loss, credit destruction, business disruption, and confusion of personal information. Medical identity theft, in particular, may lead to false patient information that could jeopardize the delivery of safe, quality health care.

The General Identity Theft Finance/Compliance Policy of AOA will enable the practice to:

- Collect and store our patients' private medical, financial, and personally identifying data and will be vigilant in protecting patient information.
- Identify relevant patterns, practices, and specific forms of activity that are "red flags" signaling possible identify theft and incorporate those red flags into our procedures.
- Incorporate controls that detect red flags into our procedures.
- Respond appropriately to any red flags that are detected to prevent and mitigate identity theft.
- Ensure the practice's processes are updated periodically to reflect changes in risks from identify theft.

## **Purpose**

The purpose of this policy is to establish guidelines that have been approved by the Board of Directors and the Practice Administrator. The terms of this policy is subject to change without notice. This policy verifies that AOA understands that protecting our patients' privacy and all forms of identity theft are integrally related. Accordingly, the practice will take a holistic view of all issues related to patient privacy, including medical, financial, and any other personal information contained in the office's medical, appointment, or billing records.

1. AOA is committed to protecting our patients from identity theft, including medical identity theft.
  - A. AOA will comply with all federal and state laws pertaining to identity theft or “Red Flag Rules” such as those pursuant to the Fair and Accurate Credit Transactions Act.
  - B. These policies and procedures will assist the office staff in identifying situations that suggest identity theft, detecting when these situations occur, and responding to these situations appropriately, and are adopted with the understanding and support of the highest levels of practice administration, including the physician(s) and owner(s).
  - C. The identity theft policies and procedures are subject to ongoing review and revision, and are part of our staff training and education process.
2. This office is committed to ensuring the privacy of our patients’ protected health information. We are committed to compliance with all privacy and security rules relating to the Health Insurance Portability and Accountability Act (HIPAA), along with other federal and state laws that are integral to matters of privacy, medical records, confidentiality of communications, and other topics addressed throughout this policy and procedure manual.

### **Definitions**

Identity theft means fraud committed or attempted using the identifying information of another person without authority.

**A covered account means:**

- An account that a creditor offers or maintains primarily for personal, family or household purposes that involves or is designed to permit multiple payments or transactions.
- Any other account that a financial institution or creditor offers or maintains for which there is reasonable foreseeable risk to customers or to the safety and soundness of the financial institution or creditor from identity theft.

AOA defines Covered Accounts for Identity Theft Compliance (who is covered) as follows:

1. Collection, utilization, and storage of personally identifiable information occur at all points of patient contact. Because most, if not all, of this information could be used to perpetrate identity theft, any records maintained by this office are considered “covered accounts” for the purpose of the practice’s identity theft prevention program. This includes:
  - A. Personally identifying information such as a driver’s license, address, or phone numbers used to manage patient flow, including appointment scheduling and registration.
  - B. Personal health information such as medical history, prescriptions, allergies, or blood type used in the delivery of health care services; and
  - C. Personal information such as insurance coverage, financial account data, Social Security numbers, and other patient information used by this office to seek payment for services rendered.

## PROCEDURES

It is the policy of AOA to detect attempts at patient identity theft or fraud and immediately report incidents to the Administrator and his/her designee that occur in and /or around the practice. Any staff member/witness suspecting identity theft will immediately report it to the Administrator/Office Manager. The Administrator/Office Manager will review the incident with the employee. If the Administrator determines it appropriate, a report will be presented to the Board of Directors no later than the next board meeting to determine the necessary follow-up with the party or parties involved.

### **I. Red Flags for Identity Theft:**

- A. The following scenarios should raise our level of concern regarding the possibility of identity theft patterns, practices, or activities. If any of these red flags occur, the staff member or physician involved will respond immediately to prevent/mitigate the threat of identity theft (see Section 4).
- a. Appointment scheduling and patient registration:
  - b. A patient is unable or unwilling to provide information requested during the appointment process. Examples include date of birth or address.
  - c. The presented documentation appears to be forged or altered.
  - d. A patient supplies identifying documentation (such as a drivers license) in which the physical description or photograph does not match his or her physical appearance.
  - e. The presented documentation is inconsistent with other readily available documentation in the office records such as a patient signature from previous office encounters.
  - f. There are discrepancies on patient documentation, such as different dates of birth or a Social Security number that already is associated with another patient in the practice.

HINT: 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 of 772 to 779
- The first three digits are 666
- The fourth and fifth digits are 00 or
- The last four digits are 0000

### **B. Verifying Patient Identity at the Time of Registration/Check-in**

It is the policy of the practice to verify patient identity at time of registration. The practice 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.

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 or a data sheet must be completed upon registration or check-in. New insurance cards will also be obtained as the patient insurance changes.

C. Delivering patient care:

- a. Records indicate medical treatment that is inconsistent with a physical examination or medical history as reported by the patient.
- b. The patient indicates that the patient history documented in his or her medical record is not correct.
- c. Information in the medical record at the time of patient care is contradictory to your personal knowledge of the patient.
- d. The patient's description in the chart — such as age, height, or scars — is not consistent with the patient presenting for care.

D. Patient billing:

- a. The patient or an 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. Answering patient inquiries:

- a. The patient receives a bill or receipt for services provided to another
- b. The patient receives a bill, notice of insurance benefits, or collection notice for health services never received, or from a health care provider that he or she never patronized.
- c. The patient has a complaint or question about information added to a credit report by a health care provider or insurer.

- d. A patient calls with an address change that does not appear legitimate, e.g., it is for a commercial establishment, vacant property, or a jail.
- e. A patient notifies this office that he or she is not receiving explanations of benefits (EOBs), although they have been sent to the last address on file for the patient.

F. Inquiries from a third party:

- 1. We receive a notice or inquiry from an insurance fraud investigator for a private insurance company or a law enforcement agency.
- 2. The U.S. Postal Service notifies this office that the address given for the patient is not accurate, e.g., the address is for a commercial establishment, vacant property, or a jail.
- 3. The Social Security Administration notifies this office that the Social Security number provided by the patient is listed on the Social Security Administration's Death Master File.
- 4. Law enforcement notifies this office that there has been an identity theft.
- 5. Any other physician office, a hospital, or other provider caring for a patient notifies this office that there has been an identity theft.

**II. Access or use of credit reports on patients:**

- a. This practice does not use credit reports – however, if we do begin using credit reports then this section would apply.
- b. This office receives an alert, notification, or other warning from a patient.
- c. This office receives an alert, notification, or other warning from a report agency or a service provider, such as a fraud detection service.
- d. A fraud or active duty alert is included with a consumer report obtained by this office.
- e. A consumer reporting agency provides this office a notice of a credit freeze in response to a request for a consumer report or a notice of an address discrepancy.
- f. A consumer report obtained by this office indicates a pattern of activity that is inconsistent with the history and usual pattern of activity of a patient, e.g., a recent and significant increase in the volume of inquiries; an unusual number of recently established credit relationships; or a material change in the use of credit, especially recently established credit relationships.
- g. This office discovers that a patient's account was closed for cause or identified for abuse of account privileges by a financial institution or creditor.

### **III. Responding to Red Flags for Identity Theft**

1. The following actions should be taken if any of the red flag scenarios listed in Section 2 a-g occurs:
  - 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, notify the management team, including the treating physician(s).
  - 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, whether from internal or external sources, will be advised to contact law enforcement and consider having a fraud alert placed on his or her credit file.
  - E. Law enforcement will be notified as deemed appropriate by management whenever this office has evidence of identity theft. This includes when the perpetrator of the crime is one of our own staff or physician(s).
  - F. In any case involving identity theft, we will suspend any collection attempts on the account until it can be clarified if the person receiving the treatment is the person being billed.
  - G. If it appears a patient has fraudulently received care from this office, we will aggressively pursue, to the extent possible, any resulting debt through our attorney, collection agency, or law enforcement.
  - H. This office will delay any notice to any person or entity if requested to do so, with proper documentation, by law enforcement, as in the case of a criminal investigation, or by a government entity such as in the case of national security.
2. In addition to the above, the following actions will be taken if it appears the identity theft crime appears to be internal to this office:
  - A. Any patient who appears to be a victim of identity theft by a person inside this office will be given the following information: 1) description of the incident in general terms; 2) the type of identifying information that was subject to the theft; 3) Steps this office has taken to protect the patient's information from further unauthorized access or use; and 4) the name and number of the privacy officer, billing supervisor, office manager, or any other person to whom the patient may wish to speak about the incident.
  - B. All passwords, PINs, locks, and other access to patient information (digital and on paper) will be changed as necessary to prevent further theft.
  - C. Any employee causing suspicion will be disciplined and suspended or terminated according to the employee policies and procedures of this office.

3. In addition to all of the above, the following action will be taken in cases where it is suspected that a patient's medical identity has been stolen:
  - A. The patient and/or his or her legal representative will be notified immediately.
  - B. The patient or his or her legal representative will be asked to review any of the patient's medical records in the possession of this office.
  - C. Any other physician, hospital, or provider involved with the patient's care will be notified that the patient's medical record may contain inaccurate information that could result in a patient safety issue.
  - D. Our liability carrier will be notified that we have become aware that we may have been treating a patient based on inaccurate information.
  - E. A "Jane Doe" or "John Doe" chart will be created (see below).
4. Creation of a "Jane Doe" or "John Doe" chart:
  - A. When this office has confirmed that medical identity theft has occurred, all inaccurate information will be removed from the patient's chart.
  - B. Any purged, inaccurate information will be placed in a new, separate chart that will be filed as a "Jane Doe" or "John Doe" if the identity of the thief is not known. Otherwise the chart will be labeled with the correct patient name.
  - C. The new chart, regardless of whether the thief is known, will be cross-referenced with the theft victim's original chart for accuracy and audit purposes.
5. Any time a red flag situation occurs, the HIPAA privacy officer and the HIPAA security officer will be notified so that they may investigate whether a violation of a patient's HIPAA rights also has occurred (see HIPAA Privacy Rule Policies and Procedures and HIPAA Security Rule Policies and Procedures).

#### **IV. Identity Theft Compliance: Plan Update and Staff Training**

1. The policies and procedures comprising our plan to identify, prevent, and/or mitigate identity theft will be reviewed and updated on an ongoing basis.
  - A. Updates will occur upon receipt of the following:
  - B. Notices from law enforcement or government agencies;
  - C. Suggestions from consultants, educational programs, or process improvement activities;
  - D. Requirements of our liability insurance carrier(s); or
  - E. Requirements under new or revised state/federal laws.
2. Staff training will include:
  - A. New-employee orientation,
  - B. Ongoing staff training as requested by management and/or staff,
  - C. Training in response to any red flag occurrence in this office,
  - D. Training in coordination with ongoing HIPAA-related education (see HIPAA policies and procedures).

## **V. Identity Theft Compliance by Service Providers**

1. Any third party granted access to our patients' private information (medical, financial, or personal identifiers) must take steps to protect our patients from red flag events. Accordingly, all business associate agreements or other contractual agreements with third parties will include language binding third parties to appropriate measures to protect our patients from identity theft (see Business Associates Policies and Procedures).
2. Identity Theft Compliance: Approval at the Highest Level of Authority
  - A. All of the policies and procedures regarding these red flag rules are adopted with the full understanding and support of all levels of this office's administration, including any physician(s) and any owner(s) of this practice.
  - B. The high level of importance placed on the red flag policies and procedures is consistent with the high level of importance placed on all of the policies and procedures regarding patient privacy, the control over access to medical records, protections of patients' protected health information, and other measures this office takes to comply with all of the various components of HIPAA.
  - C. Any incidence of a red flag occurrence and/or any occurrence of a breach of any policy or procedure regarding patient privacy will be reported immediately to all levels of management of this office, including any physician(s) and/or owner(s).
  - D. If no breaches occur, the effectiveness of this office's policies and procedures regarding the protection of patient privacy and protection from identity theft will be evaluated at least annually.
  - E. This office understands that the importance of all of these policies can be demonstrated by the adoption of policies and procedures through an entity's board of directors. As we do not have a board of directors at this point in time, a similar level of approval is demonstrated by the adoption of all of these policies and procedures with the full understanding and support of all levels of administration of this practice, including any physician(s) and owner(s) of this practice.

**VI. COMPLIANCE: HIPPA and Red Flag Policy**

**APPROVED BY: BOARD OF DIRECTORS**

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