

# Louisiana Department of Insurance

## 2016 Conference on Insurance Fraud and Auto Theft

### Health Care Fraud

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# Louisiana

# QUICK CHECK IN

- Millions of new customers have now entered the market through the ACA and the Marketplace (aka Exchange)
- Spend on health care is higher than ever...by a lot
- Sophistication of medicine, associated billings and alternate reimbursement methods will give most people a severe headache
- The list of those willing to abuse the system for their own enrichment is steadily growing
- This all leads to the fact that anti-fraud efforts in health care are critical to the short and long term viability of our system

# TOPICS FOR DISCUSSION

- The latest in detection techniques and strategies
- Groundbreaking efforts among the Federal and Private payers – HFPP
- Electronic Health Records and considerations when investigating providers
- Reminder of available legislation
- Recent local cases by way of example

# Latest Techniques and Strategies

- All about that data....
- Nearly all health care payers are focusing on pre-payment review with established algorithms to identify fraudulent and abusive claims.
- Results have increased nearly 5 times in the last 4 years across the country.
- Pay and chase is just about dead, really reserved for criminal cases
- The skill set of investigators is now much more technological and less traditional

# Health Care Fraud Prevention Partnership

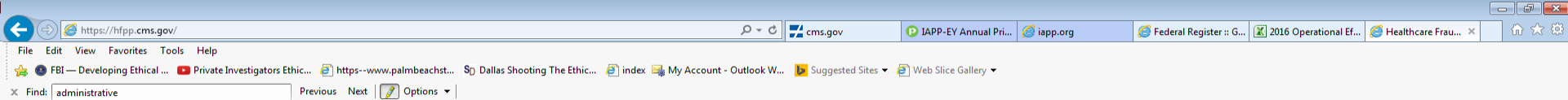
- Briefly mentioned previously, but now hitting a new stride - this groundbreaking effort strives to marry public and private payer data for fraud prevention purposes as never before
- This year the Acting CMS Administrator set a goal of \$1 Billion in savings for the next year.
- State of the art technology has been secured by the federal government to consume health care data and derive results that point to many issues that plague our system....for example

## Health Care Fraud Prevention Partnership

- Large scale frauds across the industry
- Store Front Providers
- Ghost providers
- Patient harm cases
- \$200 million already identified and saved as a result of this collaboration.
- Go to [www.hfpp.cms.gov](http://www.hfpp.cms.gov)



# Health Care Fraud Prevention Partnership



**CMS.gov** | **healthcare fraud prevention partnership**  
Centers for Medicare & Medicaid Services

CMS.gov | HHS.gov | HFPP Partner Portal

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## Healthcare Fraud Prevention Partnership

Through data and information sharing, the Healthcare Fraud Prevention Partnership (HFPP) fosters a proactive approach to combat healthcare fraud.

### ABOUT THE PARTNERSHIP



The Healthcare Fraud Prevention Partnership (HFPP) is a voluntary public-private partnership between the federal government, state agencies, law enforcement, private health insurance plans, and healthcare anti-fraud associations. The HFPP aims to foster a

### HFPP NEWS

Obama administration announces partnership to prevent healthcare fraud

Deputy Inspector General Tells Senate Committee HFPP Is Working to Protect Seniors from Identity

Senate Committee Hears Testimony on How HFPP Study Uncovered Medicare



# Electronic Health Records

- EHRs are almost the norm now
- Certainly they are in our major cities and getting there in the rural areas
- These bring new challenges and considerations to the investigator that requests health records for their investigation



# Electronic Health Records

- Considerations are you go onsite or request documents as evidence:
- Settings – how has the provider configured their system to accurately and completely capture when a health record has been updated and by whom
- Can these settings be turned on and off like a light switch so that this control can be overcome by someone manipulating the system
- Are comprehensive audit logs maintained and retained for a reasonable time period to demonstrate veracity

# Electronic Health Records

## Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/18/16 10:42am		mpatel100	PEND		mpatel100	
05/24/16 08:52am	Wake • Wake LETTER	mpatel100	REVIEW		mpatel100	
05/24/16 01:10pm		cjones1431	SUBMIT		INTERFACE	Submitting via Direct.
05/24/16 01:11pm	Email sent	ATHENA	SUBMITTED			
05/24/16 01:12pm	Submission via Direct succeeded	INTERFACE	SUBMITTED			Submission from michelle.patel.1@12894.direct.athenahealth.com to stephen.b.murphy.1@398.direct.athenahealth.com
05/24/16 01:12pm	Submission Completed • By Interface	ATHENA	CLOSED			Interface submission successful.

# Legislation Reminder

- Remember the Sledge-Jeansonne Louisiana Insurance Fraud Prevention Act when making your case.
- This effectively provides for a false claim charge and can serve as tremendous deterrent to fraud if used consistently during the process
- As this provision of law is applied more frequently, the greater the deterrent effect and more effective it will be given the publicity

# Recent Cases

Browser address bar: [http://www.nola.com/crime/index.ssf/2016/07/metairie\\_doctor\\_accused\\_of\\_sel.html](http://www.nola.com/crime/index.ssf/2016/07/metairie_doctor_accused_of_sel.html)

Browser tabs: cms.gov, IAPP-EY Annual Pri..., iapp.org, Federal Register :: G..., 2016 Operational Ef..., Metairie doctor ...

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**Support Services Job Fair**  
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STPH Covington Conference Room  
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## Metairie doctor accused of selling drugs, threatening DEA

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Federal agents recovered multiple images of firearms sent from doctor Shannon Christopher Ceasar to a confidential source who aided agents in their investigation. Ceasar allegedly made threats to kill DEA agents in during phone calls recorded by authorities. (Department of Health and Human Services)

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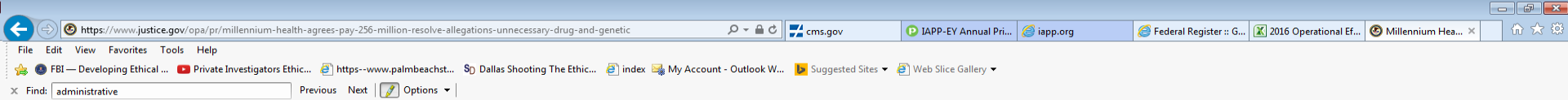
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**SPECIAL REPORT**



# Recent Cases



Department of Justice



Office of Public Affairs

FOR IMMEDIATE RELEASE

Monday, October 19, 2015

## Millennium Health Agrees to Pay \$256 Million to Resolve Allegations of Unnecessary Drug and Genetic Testing and Illegal Remuneration to Physicians

Millennium Health, formerly Millennium Laboratories, has agreed to pay \$256 million to resolve alleged violations of the False Claims Act for billing Medicare, Medicaid and other federal health care programs for medically unnecessary urine drug and genetic testing and for providing free items to physicians who agreed to refer expensive laboratory testing business to Millennium, the Justice Department announced today. Millennium, headquartered in San Diego, is one of the largest urine drug testing laboratories in the United States and conducts business nationwide.

“The Department of Justice is committed to ensuring that laboratory tests, including drug and genetic tests, are ordered based on each patient’s medical needs and not just to increase physician and laboratory profits,” said Principal Deputy Assistant Attorney General Benjamin C. Mizer, head of the Justice Department’s Civil Division. “We will not tolerate practices such as the ordering of excessive, non-patient specific tests and the provision of inducements to physicians that lead to unnecessary costs being imposed upon our nation’s health care programs.”

As part of today’s announced settlements, Millennium has agreed to pay \$227 million to resolve False Claims Act allegations, detailed in a complaint filed by the United States, that Millennium systematically billed federal health care programs for excessive and unnecessary urine drug testing from Jan. 1, 2008, through May 20, 2015. The United States alleged that Millennium caused physicians to order excessive numbers of urine drug tests, in part through the promotion of “custom profiles,” which, instead of being tailored to individual patients, were in effect standing orders that caused physicians to order large number of tests without an individualized assessment of each patient’s needs. This practice violated federal healthcare program rules limiting payment to services that are reasonable and medically necessary for the treatment and diagnosis of an individual patient’s illness or injury. The United States also alleged that Millennium’s provision of free point of care urine drug test cups to physicians—expressly conditioned on the physicians’ agreement to return the urine specimens to Millennium for hundreds of dollars’ worth of additional testing—violated the Stark Law and the Anti-Kickback Statute.



DEPARTMENT OF JUSTICE  
ACTION CENTER

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