



Australian Fraud Forum November 16, 2012 Ted Doyle



## **Appendix**





## Issues Seen in Claims from UK and EU

## EHFCN Newsletter Top 10 worst cases of fraud

- 1. PFIZER INC
- 2. DOCTORS' LICENCES REVOKED IN \$80 MILLION TAIWAN INSURANCE FRAUD
- 3. U.S. DOCTOR ACCUSED OF FRAUD BY FAKING RESEARCH
- 4. SOUTH AFRICAN MEDICAL WASTE COMPANY INVESTIGATED FOR CORRUPTION
- 5. LAPTOP THEFT NETS DATA ON 800,000 U.S. DOCTORS
- 6. CANCER DRUGS COUNTERFEITED
- 7. DRUG COMPANIES ALLEGED TO HAVE RIGGED PRICES AND SUPPLY
- 8. THE 'WHO WANTS TO BE A MILLIONAIRE DENTIST?'
- 9. CHIEF INFORMATION OFFICER DEFRAUDS NZ\$17 MILLION
- 10. UK WOMAN USES 40 IDENTITIES AND VISITS OVER 200 SURGERIES TO OBTAIN DRUGS

http://www.ehfcn.org/newsletter/2010/q1-2/articles/nr/268

http://www.ehfcn.org/newsletter/2010/q1-2/articles/nr/269

## **HICFG Priority Issues**



Billing Fraud	Intellectual Property Fraud	
Over Charging	Commission Fraud	
Over Servicing	Non Disclosure Fraud	
Coding	Pre Existing Injury Fraud	
Unbundling	Reward & Incentive Fraud	
Premium Fraud	Understating The Risk On Corporate	
Commercial Fraud	Policies	
	All other allegations of fraud relevant to	
	healthcare and private health insurance	

### Provider fraud



**Up-coding** This is simply, charging for a service or procedure code that is more expensive than the actual procedure that was carried out.

The breaking down a procedure into its separate parts and charging for Unbundling each one

**Duplicate Billing** The process of systematically invoicing for the same treatment, either to different or the same payees

**Over Servicing** Carrying out more treatments or tests than is clinically indicated or necessary

**Misrepresentation** *Includes phantom billing, withholding relevant information as* well as presenting inaccurate or false information with the intention to defraud

Collusion

Misrepresentation carried out between more than one party, i.e. provider and policyholder

has been gathered independently by Ted Doyle from referenced sources and does not reflect the tedHealth Group

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## Types of Dental (Oral) Health Care Fraud - Ireland

- Nonrendered service
- Upcoding
- Unbundling
- Mischaracterisation
- Unnecessary dental services
- Routine waiver of co-payments
- Informal Payments
- Quackery and sham cures
- Misuse of modernization type funds
- Double-billing
- Kickbacks

## Counter Fraud Healthcare

**AXA Gulf** 



## **Key Facts**

- Most common schemes found in Arabia
  - Unnecessarily large-scale orders for high cost medications
  - Unnecessary Medical examinations: laboratory tests, MRIs, X-rays and CAT scan
- Medical ID Theft providers normally don't check ID of patient
- Manipulation of patients to undergo expensive non covered procedures not covered by insurance payer, such as cosmetic eye surgery
- Undocumented medical termination of pregnancies and associated ultrasound tests
- Cosmetic procedure (gastric lap band) masked as hernia repair
- Services not Rendered for Radiology procedures



## **Provider Fraud Examples**



11/11/2008	Multiple procedure comprising		
	Arthroscopic meniscectomy (including debridement)	W8200	
	Druinage/debridement of bone(s), including sequestrectomy for ostcomyelitis	W1800	
	Injection(s) into joint(s) without X-ray control	W9040	
	Billed on Code W8200 + 40%		1000.00

This is an example of pure and blatant unbundling:

• W1800, debridement is already included in the narrative and W9040 is included as part of the arthroscopy.

Therefore only W8200 should have been invoiced for.

£ 1000.

This is an example of unbundling, K4910 is the primary procedure, K6510 is the unbundled element, which is an integral part of the K4910 procedure.

Disclaimer: Information presented has been gat opinion of OptumInsight or the UnitedHealth Gr

## For Professional Services

01-Sep-04

Cardiac Catheterisation under local anaesthesia

ar year registra

490.0

K6510

AS A SEPERATE PROCEDURE DUE TO SURGICAL COVER

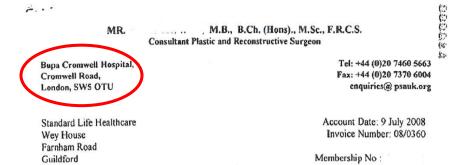
Coronary augioplasty & stent under loca, anaesthesia K4910

1,300.0

Invoice total: £

10 1,790

Disclaimer: Information presented has been gathered independently by Ted Doyle from referenced sources and does not reflect the opinion of OptumInsight or the UnitedHealth Group







Curettage/cauterisation of pigmented lesion extensor

Anaesthesia when performed by non-anaesthetist

### £ 180,00 £ 224.00 £ 200.00 £ 604.00 £ 0.00

€ 604.00

S1110

AC100

HIST

Total

Paid

Due

## Policyholder – Provider collusion

#### WITH COMPLIMENTS

F.R.C.S.

Consultant Plastic and Reconstructive Surgeon

aspect of right forearm

Histology fees

Billed on Code S0633 + 40%

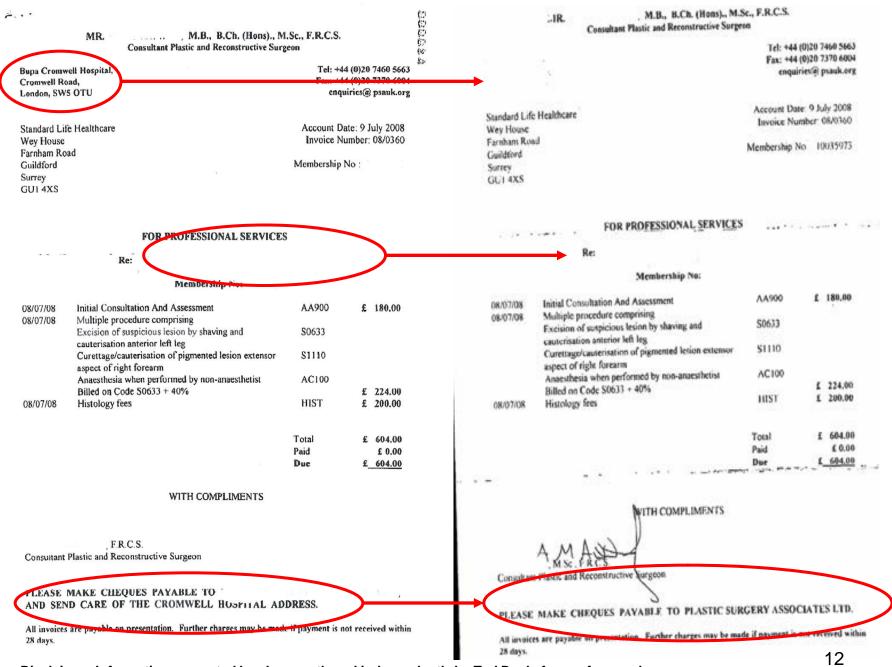
Surrey GU1 4XS

08/07/08

PLEASE MAKE CHEQUES PAYABLE TO NO SEND CARE OF THE CROMWELL HOSPITAL ADDRESS.

All invoices are payable on presentation. Further charges may be made if payment is not received within 28 days.

by Ted Doyle from referenced sources and does not reflect the



Disclaimer: Information presented has been gathered independently by Ted Doyle from referenced sources and does not reflect the opinion of OptumInsight or the UnitedHealth Group

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#### DR

M.B.B.S, F.R.C.R., F.F.R. [R.C.S.I.]
Consultant in Radiotherapy and Oncology
Charing Cross Hospital
Fulham Palace Road
Landon W6 8RF
Tel: 920 8846 1733/1740

#### RADIOTHERAPY / MG / KSS /3091/09

STANDARD LIFE HEAUTHCARE PO Box 28836 Edinburgh EH15 1WQ Attn: Claims Department

REF: Date of Bir\*\* Policy N

TO: PROFESSIONAL SERVICES

Initial Consultation on the 2<sup>nd</sup> January 2009 as an In-patient at The Charing Cross Hospital

250.00

In-patient care at The Charing Cross Hospital Between: 2<sup>rd</sup> January to 12<sup>th</sup> February 2009 (40 days) @ £60/day

2400.00

TOTAL AMOUNT DUE

£2650.00

DR. CONSULTANT

PLEASE FORWARD REMITTANCE TO:

RADIOTHERAPY DEPT CHARING CROSS HOSPITAL FULHAM PALACE ROAD LONDON W6 SRF

Should you have a query with this invoice please telephone 020 7808 0112.



Charging for supervision of chemotherapy, whilst skiing down a mountain slope in Colorado!! This is what we call misrepresentation!

nced sources and does not reflect the

## Other Examples





Wembley Medical Centre Tel & Fax : 0181- 908 1425 130 Lianover Road, Wembley, Middleter, HA97LT Invoice Date Patient Details Address Medical Insurance , FRCS, Consultant Orthopomile Surgeon Referred by Diagnostic Tests by Department of Radiology Services 29th May, 1999 Date of Service Foot Scan MIX Type of Test £550-00 Professional Fees Due Registered Diagnostic Service Centre Blupa No. 80003660, PPP No. 44225, WPA No. 2088556 Norwich Union No. 800100394-0001, Prime Haulth. 50408 Please make all paymer to direct to Wambley Medical Cerbin

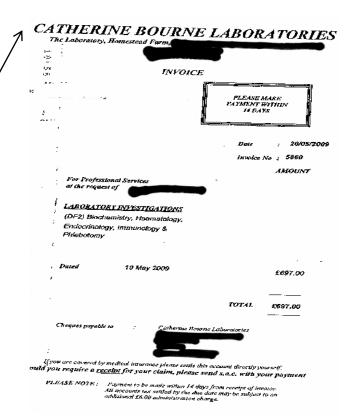
MRI? Magnetic Resonance Imaging or Motion Real Image??



## Example



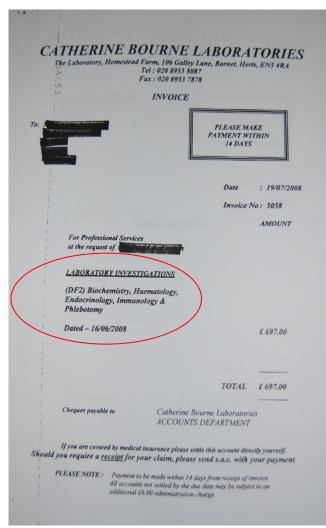


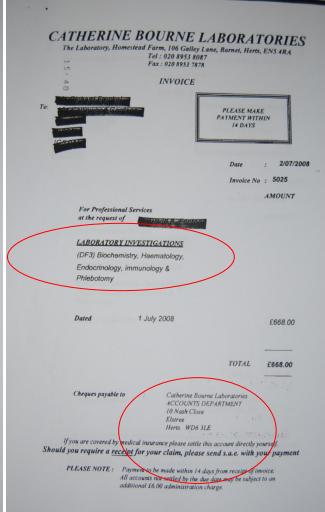




### **Case Studies**





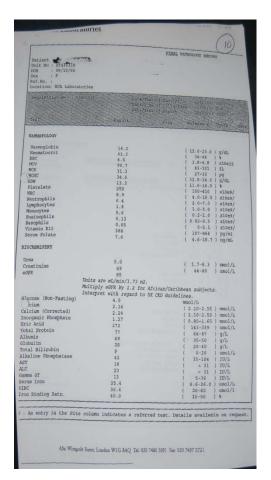


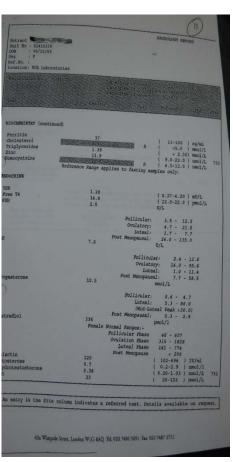
Pattern's began emerging



## **Case Studies**







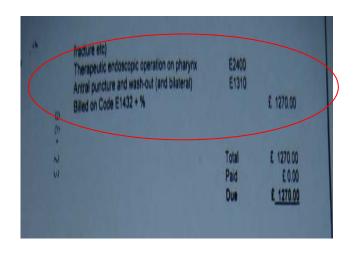


All these tests for a hair condition? Financial Incentive?

## **HICFgroup**uk Health Insurance Counter Fraud Group

## Provider Fraud Examples





Phantom billing This procedure wasn't even done, medical notes proved this, as it did on 5 other

patients records.

dependently by Ted Doyle from referenced sources and does not reflect the

opinion of OptumInsight or the UnitedHealth Group

## Counter Fraud Healthcare

**AXA Gulf** 



## **Real Stories**

Gulf News: April 18th 2010, 18:13 UAE local time.

38 cases of health insurance fraud, forgery and abuse uncovered in Abu Dhabi



- Abu Dhabi: The Health Authority Abu Dhabi (HAAD), the regulative body of the healthcare sector in the Emirate of Abu Dhabi, announced that 38 health insurance violation cases, including suspected cases of fraud, forgery and abuse had been uncovered during inspection visits conducted by the Audit Section of the Health Insurance Regulation Department at HAAD
- A number of these cases have been referred to prosecutors while in 18 others, fines as per the law were issued.



## **Real Stories**

Gulf News: April 1st 2010, 00:00 UAE local time.

Female doctor linked to insurance fraud in UAE



- The Dubai Health Authority (DHA) is cracking the whip on doctors and patients involved in medical insurance fraud
- DHA have been sending out "mystery shoppers" to test how far the abuse and fraud have reached the network of insurance providers.
- DHA's sting operation has so far unmasked a female doctor who allegedly tried to convince an undercover patient to undergo eye surgery which is not covered under Insurance scheme



## **Cooperation with Authorities**

#### **DHA Cooperating with AXA Gulf:**

#### Services Provider removed from ENAYA network

ENAYA announces that the following service provider is removed from ENAYA networks due to misuse of public fund and violating insurance rules and conditions:

Fathi Emara Polyclinic and Medical Centre (Dxb & Shj)

ENAYA is requesting all insured members to report immediately if any unnecessary procedures requested or suspected by a provider that will lead to misuse of public fund and break rules and conditions of insurance to ENAYA coordinators in your respected department

We would also like to inform you that ENAYA is currently associating with other insurance companies to exchange information about service providers who violate recognized protocols.

Best Regards,

ENAYA Program - Health Funding Department - Dubai Health Authority



## **Real Stories**

The Times of India: Jun 20th, 2011, 11.14pm IST

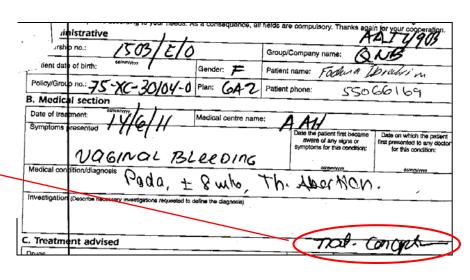
Axe on two pvt hospitals, 5
suspended too



- DHANBAD: The district administration on Monday acted tough against private hospitals and nursing homes by cancelling license of two hospitals and suspended registration of five others at Dhanbad, Katras and Jharia.
- None of the hospitals and nursing home is maintaining records of medical termination of pregnancy or ultrasound tests carried there
- The civil surgeon told TOI: "There is fraud everywhere. They are running like mafia. They charge Rs 4,000 and gladly abort female fetus. They neither have any respect for the female child nor for the rules."

## **Our Stories**

A claim received for pre approval for threatened abortion (maternity complications), nature of conception declared as natural conception, hence medical board approved the case.



was simplified according to your needs. As	s a consequence, an	neigo aro o		14903		
Ac Administrative  Membership no.: /5/3/E/0		Group/Company name:				
Patient date of birth:	Gender: #	Patient name: Fadura 1 brahim				
Policy/Proup no.: -75- XC -30/04-0	Plan: GAZ	Patient phone: 55666169				
B. Medical section  Date of treatment: 19/6/11 Medical centre name: AAH  Symptoms presented Date of treatment: 19/6/11 Date on which the patient is became myser of any signs or symptoms for this condition: 19/7/19/19/19/19/19/19/19/19/19/19/19/19/19/						
Investigation (Dosoribe necessary investigations requested to define the diagnosis)  Thrushand Apartmon Apartmon Thrushand Apartmon Apartmon Thrushand Apartmon Apartmon Thrushand Apart						

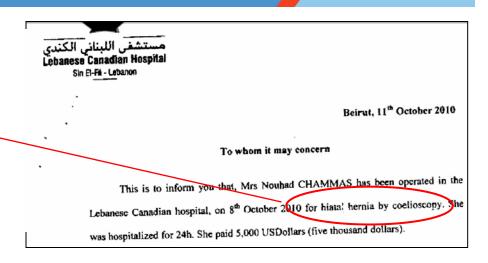
Later on another approval came for an extension of admission, yet the doctor declared nature of conception as IVF.

Upon checking medical record it was a case of IVF.



## **Our Stories**

A claim received from corporate member for RI of 5,000 USD for hiatus hernia repair, seemed suspicious as the amount is huge and the treating doctor is plastic surgeon



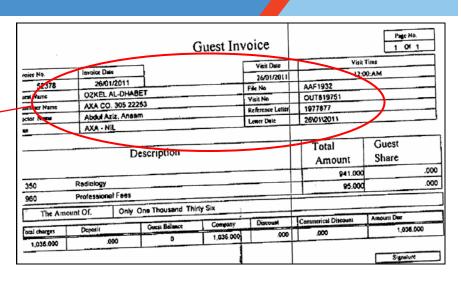


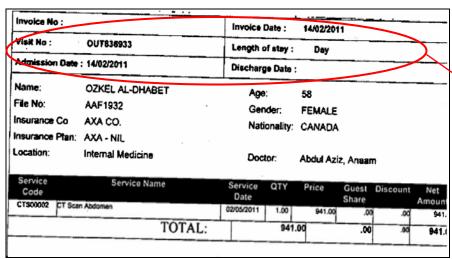
Upon verification with the hospital in Lebanon, we were able to get in writing a confirmation that patient did gastric banding!!!



### **Our Stories**

A claim received from a hospital in Qatar on Direct Billing, DB team paid The claim in January 2011 for CT Abdomen





Later on we received another claim
for the same member, with different
visit date, different visit number and
even total amount was not the same.
Our DB team picked up that
treatment was the same, case of
Phantom Billing







## Presentation to the NHCAA Global Fraud Interest Group August 2012

## The Global Challenge of Health Care Fraud

Jim Gee,

Director of Counter Fraud Services, PKF (UK) LLP

Chair of the Centre for Counter Fraud Studies, University of Portsmouth, UK

www.pkf.co.uk © PKF (UK) LLP



Accountants & business advisers

## **UK-resident or rich Egyptian?**

16 Wednesday, 15 September 2004 Evening Standard

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#### CAIRO BUSINESSMAN HAS ASSETS FROZEN AND PASSPORT SEIZED

# 'NHS tourist' accused of £55,000 free care fraud

AN EGYPTIAN businessmen accused of travelling to London to obtain free health care has had his assets frozen and been barred from leaving Britain.

Albert Girgis is facing claims he duped doctors into giving him \$55,000 worth of free treatment.

The action against him follows a fraud investigation and is believed to be the first over so-called NHS tourism. Mr Girgis, who had treatment for a heart condition, is a By Isabel Oakeshott Political Correspondent

wealthy importer and exporter based in Cairo. NHS investigators claim he has been abusing the system for 13 years.

It is alleged be received thousands of pounds worth of surgery and drugs, undergoing free treatment at the Chelsea and Westminster Hospital, Hammersmith Hospital, the Royal Brompton and Royal Marsden.

The NHS Counter Fraud Service claims the 71-year-old told doctors at the hospitals he was a UK resident entitled to free care.

During his visits for treatment, he stayed with his sister, who lives in one of London's most affluent areas, just off Kensington High Street. In an international counterfraud operation, officials tracked down his real address — an expensive Cairo apartment. Lawyers working for the NHS visited the businessman at the Kensington address yesterday issuing a freezing order on his assets and ordering him to surrender his passport.

The freezing order prevents Mr Girgis from disposing of any assets up to the value of the NHS civil claim and costs. He is allowed \$300 living expenses per week. The order also bars him from leaving Britain until the case has been resolved. He has until next Friday to pay the £55,000 or face court.

Jim Gee, chief executive of the NHS Counter Fraud Service, said: "It is unacceptable for wealthy health tourists to exploit the NHS.

"We will not allow NHS resources to be plundered by those who should and can pay for their treatment. Such people should expect tough action to be taken against them."

Health Secretary John Reid has vowed to clamp down on foreigners who travel to Britain to obtain free NHS treatment. New measures designed to weed out those fraudulently obtaining free care were introduced earlier this year.

However, some NHS doctors are reluctant to help — insisting it is not their job to police the system. The tough action against Mr Girgis will please hospital managers.

gis will please hospital managers.
Until now, it has been left to individual hospitals to recover costs from suspected NHS tourists — an expensive and often fruitless process. Three months ago it emerged that a Ghanaian tribal chief left taxpayers with a \$70,000 unpaid NHS hospital bill.

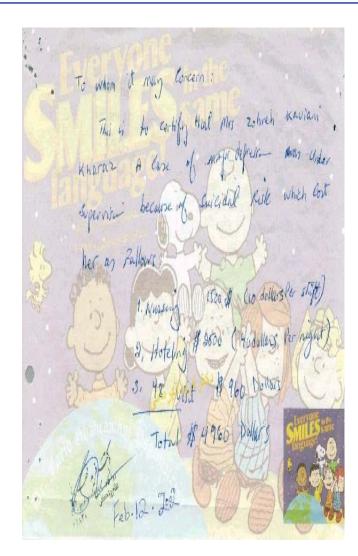
He was investigated in Egypt and the UK; a global freezing order concerning his assets was obtained – and a passport order. He repaid the money within weeks.

www.pkf.co.uk



business advisers

## Health insurance fraud in Iran



- Patients (husband and wife) on holiday in Iran
  - Both in need of urgent psychological help
  - Both taken to hospital
  - Claim: €10.000,-
- Investigation showed claim was forged, their drug addicted son was treated



## False medical certificates – Ivory Coast

A UK nurse was found to have falsely claimed sickness while on holiday in the Ivory Coast. She did this to recover two weeks holiday. However, the forged medical certificate was found to have incorrect telephone codes and the Doctor who was supposed to have treated her, in fact, was based 200 km away.



www.pkf.co.uk © PKF (UK) LLP



## International healthcare fraud



www.pkf.co.uk



## False diagnosis of cancer in Taiwan

• In **Taiwan** three doctors admitted to conspiring with patients to defraud insurance companies of almost NT\$80 million. They had been falsely diagnosing patients with cancer – performing breast removal surgeries and chemotherapy in disease-free bodies – to file multiple payment claims. The Department of Health estimated that more than 10 hospitals were involved.



www.pkf.co.uk © PKF (UK) LLP



business advisers

## **Unnecessary operations in Italy**

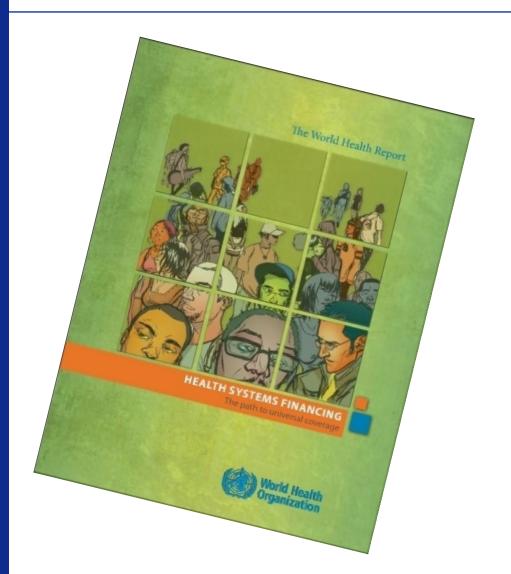
In Italy eight doctors performed unnecessary surgery in an attempt to defraud the Italian health service. The operations included unwarranted mastectomies and the unnecessary removal of a lung from a patient with pneumonia. Pier Paolo Brega Massone, the head surgeon at Milan's Santa Rita clinic, was sentenced to 15 months. He oversaw 80 such operations. An anonymous tip-off lead to wiretaps which caught the doctors talking about earning more from more invasive surgery. Prosecutors stated that at least five patients died after operations that were too risky for their condition. The frauds reportedly cost the health service £2.2 million.



Pier Paolo Brega Massone



## **World Health Organisation Report 2010**



Fraud is one of the 'top ten' causes of inefficiency in healthcare spending

http://www.who.int/whr/2010/10\_chap 04\_en.pdf

www.pkf.co.uk © PKF (UK) LLP



## **Protecting global healthcare**

I have personally seen that 'inefficiency' and advised on the protection of healthcare systems of many different types — in

- UK
- 27 other countries in Europe
- New Zealand
- China
- South Africa

Different languages but the same problems



### **Fraud Loss Measurement**

#### The last 15 years

- In the UK NHS from 1998
- US Improper Payments Information Act 2002
- European Healthcare Fraud and Corruption Declaration 2005
- The UK Government Fraud Review 2006
- 'The Financial Cost of Healthcare Fraud' Report 2009
- US Improper Payments
   Elimination and Recovery Act

   2010





## What do the figures show?

