

Health Fraud in the UK

How the PMI industry has used technology to combine forces in the fight against fraud.

Dr Simon Peck
Head of Investigations and Medical Advice
Axa PPP healthcare

<http://www.youtube.com/watch?v=tvfVopjx1zs>

01:25

IMPORTANT

In the UK we have one of the best healthcare systems in the world. In some countries healthcare is beginning to resemble a legalised protection racket

The majority of people in UK healthcare are decent and care about their patients.

This talk does not reflect on them but on the dishonest minority who abuse the system and the trust society places in them.

Summary

The aim of this presentation is to:

- show the types of problems we have in the UK



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- show the types of problems we have in the UK
- Show how regulation/law enforcement is not effective
- Show how companies have used technology to combined forces to protect customer's premiums



Fraud

Defined by Fraud Act 2006

- The legal test of dishonesty is the Ghosh test from R vs Ghosh 1982
- Did you know Mr Ghosh was a surgeon?

Our history

2001

“There is no fraud in healthcare”

2011

- Multimillion pound recoveries
- Data and intelligence sharing across the industry
- Accredited training offered
- A credible media voice
- Global Fraud Network planned



Is there a problem in healthcare?

- A study by Hudson McIntyre Accountants published by the EHFCN showed that in most countries between 3 and 10% of health budgets are lost to fraud
- Our estimate is 5%



What is the environment in which we operate?

Healthcare is one of the few areas in life where the seller tells you what to buy and also sets the price.

It involves a great deal of trust and is also open to abuse.



What is the environment in which we operate?

- Conservative industry in denial
- Complex services better understood by providers
- Tolerance of corruption and misconduct
- Payment of kickbacks and incentives
- Weak financial controls
- Poorly regulated
- Lack of buy in from regulators



Complex services

The complexity of the services means:

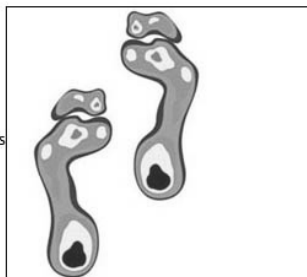
- Frauds are not obvious even to claims payers, contract negotiators and senior management!
- Regulators and enforcement often struggle to understand



Motion Realtime Imaging

Footscan Pedograph

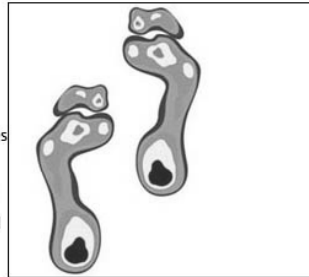
Motion Realtime Imaging: This is a state of the art computer system which takes a very detailed and objective look at walking styles and foot pressures. The test is carried out by walking over a computer mat containing pressure sensors. In addition to providing information about foot pressures the system also calculates and provides a detailed analysis of how your foot functions. This provides valuable information which when studied in detail allows us to understand your problem and formulate a tailored treatment program.



Motion Realtime Imaging

Footscan Pedograph

Motion Realtime Imaging: This is a state of the art computer system which takes a very detailed and objective look at walking styles and foot pressures. The test is carried out by walking over a computer mat containing pressure sensors. In addition to providing information about foot pressures the system also calculates and provides a detailed analysis of how your foot functions. This provides valuable information which when studied in detail allows us to understand your problem and formulate a tailored treatment program.



Unbundling

- Q How many times can you bill for one anaesthetic?

Creative billing

Insurance Company: Axa PPP Date of op: 10.12.2007
 Insurance number: [REDACTED]
 Authorization: [REDACTED] Operator: [REDACTED]
 Hospital: [REDACTED]

Code 1: W7712 Code 2: -
 Code 3: - Code 4: -

Operation:

Stabilisation of unidirectional instability of shoulder joint, including anterior, posterior and art. Local anaesthetic blockade of major nerve trunk

General anaesthesia £ 235,00
 Regional anaesthesia £ 170,00

Professional fee £405,00

Thank you,


HICFgroup UK
 Health Insurance Counter Fraud Group

Creative billing 2

Insurance Company: AXA PPP Date of op: 10-Dec-07
 Insurance number: [REDACTED]
 Authorization: [REDACTED] Operator: [REDACTED]
 Hospital: [REDACTED]

Code 1: A7352 Code 2: 0
 Code 3: 0 Code 4: 0

Operation:

Ultrasound guided nerve block as sole procedure

Professional fee £239.00

Thank you,


HICFgroup UK
 Health Insurance Counter Fraud Group

Creative billing 3

Insurance Company: AXA PPP Date of op: 10-Dec-07
 Insurance number: [REDACTED]
 Authorization: [REDACTED] Operator: [REDACTED]
 Hospital: [REDACTED]

Code 1: AA608 Code 2: 0
 Code 3: 0 Code 4: 0
 Operation:

Doppler scan - peripheral imaging

General anaesthesia £ 0.00
 Regional anaesthesia £ 0.00

Professional fee £250.00

Thank you,


HICFgroup UK
 Health Insurance Counter Fraud Group

Creative Billing 4

Insurance Company: AXA PPP Date of op: 10-Dec-07
 Insurance number: 0487662B
 Authorization: 0487662B Operator:
 Hospital:

Code 1: No code Code 2: 0
 Code 3: 0 Code 4: 0
 Operation:

Elastomeric pump:Pain management with monitoring for 72h

Professional fee £200.00

Thank you,


HICFgroup UK
 Health Insurance Counter Fraud Group

Creative Billing 5

Insurance Company: AXA PPP Date of op: 10-Dec-07
 Insurance number: [REDACTED]
 Authorization: [REDACTED] Operator: [REDACTED]
 Hospital: [REDACTED]

Code 1: 15770 Code 2: 0
 Code 3: 0 Code 4: 0
 Operation:

Initial consultation

General anaesthesia £ 0.00
 Regional anaesthesia £ 0.00
 Professional fee £150.00

Creative Billing 6

Insurance Company: AXA PPP Date of op: 10-Dec-07
 Insurance number: [REDACTED]
 Authorization: [REDACTED] Operator: [REDACTED]
 Hospital: [REDACTED]

Code 1: L9110 Code 2: 0
 Code 3: 0 Code 4: 0
 Operation:

Insertion of Hickman line tunnelled central line etc

Professional fee £385.00

Creative billing 8

Insurance Company: AXA PPP
Insurance number: 0487662B
Authorization: 0487662B
Hospital:
Date of op: 10-Dec-07
Operator:

Code 1: No code
Code 2: 0
Code 3: 0
Code 4: 0
Operation:

Elastomeric pump:Pain management with monitoring for 72h



Professional fee

£200.00



Thank you,

Health Insurance Counter Fraud Group

Creative Billing 9

Operation	235
regional anaesthesia	170
consultation	150
uss guided nerve block	239
ultrasound	250
infusion of LA into nerve block	200
central line	375
Total	1619

Code	Description	Procedure	Anaesthetic
W7712	Stabilisation of unidirectional instability of shoulder joint, including anterior, posterior and arthroscopic	£900.00	£400.00



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Health Insurance Counter Fraud Group

Kickbacks

- The payment of kickbacks is not necessarily illegal
- This may change with the Bribery Act
- Professional guidance exists but is not enforced

There is a widespread culture of incentive payments

Kickbacks

We are aware of the following

1. Cash commissions in return for ordering tests
2. “Profit shares” for increasing hospital billing
3. Free services in return for using facilities.
4. Equity sharing arrangements.
5. Purchasing of facilities/equipment which is then provided to physicians at a reduced or nominal cost.

“Commissions”

The C Laboratory makes a payment to my practice bank account on a monthly basis. This arrangement has been in place since May 2005 and ceased in March 2011. At the time I was advised by that such an arrangement was standard practice with consultants.

Statement from Eminent London Doctor



OFT issues warning on private providers' sweetener payments to consultants

By Crispin Dowler

The incentives used by private healthcare providers to attract consultants to their hospitals may be driving up prices without increasing quality, the Office for Fair Trading has warned.

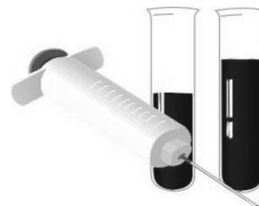


The failure of regulation

Pathology – until last year – completely unregulated

Pathology

*In the hands of a fraudster
there is nothing more
valuable than a vial of
blood...there is virtually
no limit to how many tests
you can do.*



Prof Malcolm Sparrow

Pathology – our biggest problem

- Non standard tests
- Fake laboratories
- Duplicate billing
- Creative billing
- Incentive payments (a hospital or lab pays incentives to Drs to use the lab)

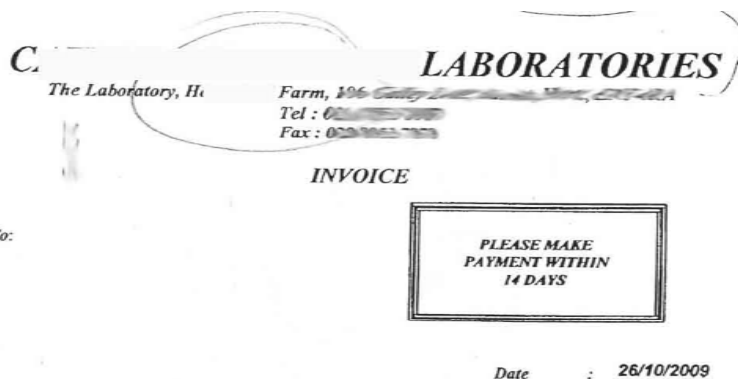


Sink testing

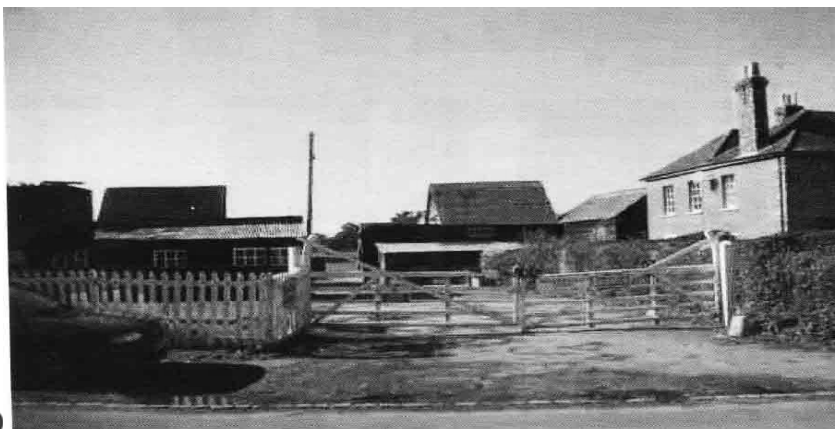
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu
FBC	2	3	1	2	2	0	0	2	3	3	3
U&C	2	1	4	2	5	0	1	1	2	1	2
clotting	1	1	1	1	1			1	1	1	1



Fake laboratory



Fake Laboratory



The real path bill



THE DOCTORS
LABORATORY

INVOICE

60 Whitfield Street, London W1T 4EU
Telephone: 020 7307 7352 Fax: 020 7307 7324
E-mail: finance@tdlpathology.com
Website: www.tdlpathology.com
Registered No. 220 1998
VAT No. 690 8434 10

Invoice No: SI332354

Date: 31/03/2009



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The forgery

THE DOCTORS LABORATORY
55 WIMPOLE STREET
LONDON W1G 7DF
TEL: 020 7307 7383

RECEIPT

Received from: [REDACTED]

The amount of: £ 284.00 for pathology services

Tests carried out: DL24 Blood tests

Date: 3 March 09 Signed: [Signature]



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The failure of regulation

Variable buy in from regulators and law enforcement

Nigella's 'force for good' breast cancer surgeon on 19 fraud charges

By ALEXIS PARR

Last updated at 22:56 13 October 2007

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One of Britain's most eminent cancer surgeons is to appear in court this month charged with systematic fraud over operations at London's renowned Royal Marsden Hospital.

Nigel Sacks has a worldwide reputation for treating breast cancer and former patients include the TV cook Nigella Lawson, who saw him for regular screening. Last week she described him as a 'force for good'.

But as well as facing 19 charges of false accounting he is being sued by health insurance giant AXA PPP for an estimated £200,000 over alleged discrepancies between invoices he submitted and the medical records of private patients.



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Medical insurers crack down on doctors who fiddle bills

A black and white photograph of a doctor in a white coat, holding a stethoscope to their chest. The doctor's face is partially visible, looking down.

A small circular portrait of a woman, Lucy Tobin.

Lucy Tobin
18.03.10

At a tribunal hearing at the General Medical Council's West End headquarters this week, the health insurance industry chalked up a major victory against one of its biggest headaches.

The GMC had looked at the case of private doctor Sethna Savarymuttu after four health insurers claimed was


A logo consisting of two interlocking circles.

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Health Insurance Counter Fraud Group

The Breast Clinic

The Fitness to Practise Panel will inquire into allegations that Mr O G a surgeon in private practise, arranged investigations and procedures, removed breast tissue and advised follow up appointments which were not clinically indicated nor in the patients' best interests. It is also alleged that in relation to some patients Mr G failed to maintain full medical records or arrange adequate pre or post operative multidisciplinary discussions of patients' diagnoses and treatment.

It is further alleged that in some cases Mr G did not obtain fully informed consent and that the consent form used was confusing and incomplete. In addition, it is alleged that Mr G wrote letters to some GPs advising that their patient undergo a biopsy or another procedure when it was not clinically indicated, that he put incorrect codes on invoices submitted to health insurers and that his conduct was financially motivated and dishonest.



COMPANIES

Close

Insurers object to surgeon avoiding hearing

Print

By Josephine Cumbo
Published: November 1 2010 20:59 | Last updated: November 1 2010 20:59

The General Medical Council's ability to regulate the medical profession was under question after the body allowed a Harley Street surgeon to retire before facing serious misconduct charges.

Some of the country's largest health insurers are preparing to lodge a complaint with the GMC over its decision to allow consultant surgeon Owen Jeremy Gilmore to remove himself from the medical register before a fitness to practise hearing.

Mr Gilmore, who founded the London Breast Clinic, one of the country's largest private healthcare clinics, was due to face allegations, including removing breast tissue when this was not "clinically indicated" or in the "patients' best interests".

Mr Gilmore, who coined the term "Gilmore's groin" for sports-related hernia, is also alleged to have not always obtained fully informed consent from patients and to have put incorrect codes on invoices submitted to his patients' medical insurers, conduct which was "financially motivated and dishonest".

A hearing into Mr Gilmore's fitness to practise was due to begin on Monday. But the GMC dropped the case after accepting his application for "voluntary erasure", allowing him to retire on the grounds of ill-health.

"I am appalled by this decision," said Dr Simon Peck, chair of the Health Insurance Counter Fraud Group (HICFG), which represents private medical insurers.

"Voluntary erasure allows a doctor to relinquish registration as a medical practitioner without an admission of guilt in return for the charges against them being dropped."

Verdict part 1

1. In the cases of patients JE, JB, EK, HF, AL, DC, SWh and EHo, your behaviour in sending two or more separate invoices relating to the provision of private anaesthesia services to patients, either on the same date, or on separate dates, which the Panel found was misleading.
2. In the cases of both Patient HF and Patient DM, you charged for general anaesthesia when none had been provided. The Panel found that your behaviour in this regard for each of these patients was misleading.

Verdict part 2

.....the Panel has taken into account the following:

1. Your previous good history
2. That there has been no repetition of the facts found proved since September 2008
3. The unlikelihood of any future repetition
4. The steps you took in early 2008 to address your inefficient invoicing system
5. The bundle of testimonials

Taking all these factors into account, the Panel has concluded that it is neither necessary nor proportionate to issue a warning.

Doc who fleeced the dying can carry on



Queen Alexandra Hospital ... in Portsmouth

By EMMA MORTON, Health Editor

Regulatory inaction

WATCHDOG WON'T STRIKE OFF BUNGLING SURGEON



Gideon Lauffer bungled a common hernia operation

Sunday October 17, 2010

By Lucy Johnston and Martyn Halle

RELATIVES have attacked a General Medical Council decision not to strike off a surgeon it found guilty of serious misconduct which left one patient dead and another maimed.

Allan Scammell died from blood - poisoning after Gideon Lauffer, 48, bungled a common hernia operation, sewing his bowel to the wall of his abdomen.



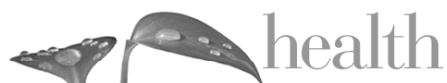
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Regulatory inaction

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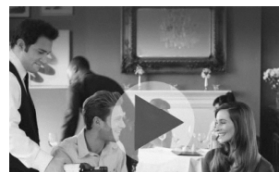
Just how bad does a private doctor have to be before he gets struck off?

By JOHN NAISH

Last updated at 7:54 AM on 18th October 2011

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Decisions based on law but not common sense.

..the Panel has concluded that your conduct did not amount to misconduct, there is an obvious tension between this and the Panel's findings on the facts of conduct which was found to be: inappropriate; not in the best interests of Patients A and B; and below the standard expected of a Consultant Breast and or General Surgeon. Mr ***** further submitted that your conduct may have been considered the norm in private practice in London but that it was not the case elsewhere in the country.....



Defining the problem 1

- In 2003 AXA investigated 650 claims and found a fraud rate of around 5%
- Fraud can be committed by
 - Providers
 - Customers
 - Staff and Brokers
 - Other



Defining the problem 2

- Provider Fraud
 - Upcoding
 - Misrepresentation of treatment or history
 - Unbundling
- Customer Fraud
 - Misrepresentation
 - Non declaration
- Broker Fraud
 - Mistating risk/mis-selling/fake companies etc



Our solutions

It is clear that there is a pressing need for the industry to protect itself. This is how we :

- Use technology to detect fraud.
- Use the latest technology to unite the industry
- Pool our resources and intelligence
- And give the counter fraud message a real voice - to start the fight back.



UK Industry HIFID



- Health Insurance Fraud Investigation Database
- Developed in 2007
- 30 Health and Health related Insurance companies
- The linked in for UK SIU's
- <http://www.youtube.com/watch?NR=1&v=NugRZGDbPFU>

HICFG



- More then just a data sharing exercise
- Connecting competitors in a non competitive environment designed to prevent and detect fraud
- Events
- Standard documents (Medical Regulator)
- Forums
- Case management system
- Reports
- <http://www.youtube.com/watch?v=qfVRzc3yA1U>



- 27

What should the companies do with the intelligence streamed?

- **Integrate this intelligence against your companies**
- Claims data
 - Billing data
 - New Business data

What is the value or real time integration?

- **Identify in real time**
- Claims cheats, billing fraud, broker fraud.
 - Real time fraud alerts preventing payments being made.
- Subrogation alerts as a result of proven clinical negligence.

System Matches



Insurer A

Address 1: [Field]
 City: [Field]
 Region: [Field]
 Postal Code: [Field]
 Country: [Field]
 Subject Type: [Field] Allegation Type: [Field]
 Product: [Field] Incident Date: [Field]
 Reporting Person: [Field] Reporting Source: [Field]
 Incident Location: [Field] Incident Postal Code: [Field]
 Summary of Allegation: [Text Area]
 Result of Investigation: [Text Area]

Insurer B

Gender: [Field] Date of Birth: [Field]
 Subject Address: [Field]
 Address 1: [Field]
 Address 2: [Field]
 Address 3: [Field]
 City: [Field]
 Region: [Field]
 Postal Code: [Field]
 Country: [Field]
 Subject Type: [Field] Allegation Type: [Field]
 Product: [Field] Incident Date: [Field]
 Reporting Person: [Field] Reporting Source: [Field]
 Incident Location: [Field] Incident Postal Code: [Field]
 Summary of Allegation: [Text Area]
 Result of Investigation: [Text Area]

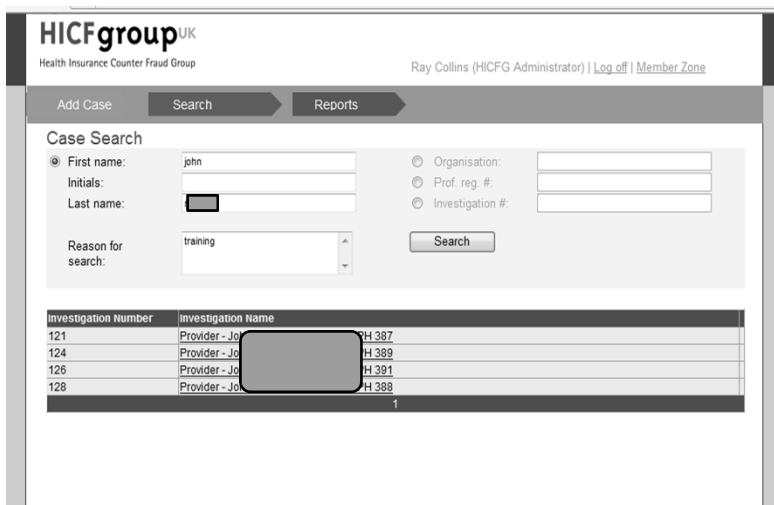
*** HICFG - You have forum messages ***

*** Please login to view your forum messages ***

This information is requested/disclosed in accordance with Section 29(3) Data Protection Act 1998 in that it is considered necessary for the prevention and detection of a criminal offence. We would, however, caution against making any presumption of any dishonesty on the part of any persons or companies named.

<https://secure.hicfg.co.uk/members/web/logon.aspx>

The system



HICFgroup^{UK}
Health Insurance Counter Fraud Group

Ray Collins (HICFG Administrator) | [Log off](#) | [Member Zone](#)

[Add Case](#) [Search](#) [Reports](#)

Case Search

☒ First name: john
 Initials:
 Last name:
 Reason for search: training

☐ Organisation:
☐ Prof. reg. #:
☐ Investigation #:

Investigation Number	Investigation Name
121	Provider - Jo H 387
124	Provider - Jo H 389
126	Provider - Jo H 391
128	Provider - Jo H 388

1

Result

(2 year billing period)

Insurer	A	B	C	D	E	F	G	H	I	Total 9
Bills	X10	X3	X70	X60	X8	X2	X4	X35	x51	243
Knee op (ACL)	Y	Y	Y	Y	Y	Y	Y	Y	y	All
Code & UB code % used	100	100	100	100	100	100	100	100	100	100%
Reason Stated – 'secretary did it'	7	1	43	58	8	2	1	21	34	175 times
Advantage	£196 X 10	£196	£196 X 70	£196 X 60	£196 X 8	£196 X 2	£196 X 4	£196 X 35	£196 X 51	£45,864
Value	£1960	£588	£13,720	£11,760	£1568	£392	£784	£6,860	£9,996	£45,864

EVIDENCE	
Claim Number	
Patient Name	
Date of Birth	
USE OF CODES	
Code	Value

One Insurer One Complaint Insurer B

- GMC
- 3 x Bills
- 3 x Knee operations
- £588 loss
- On one occasion the provider excused the error as a mistake made by his secretary



9 x Evidence Packs GMC

Same MO, Same unbundled code, same value
Same reason.

Demonstrate a
course of conduct

Industry Approach

- 9 Insurers
- 243 Knee operations
- 243 bills
- £46,000 advantage as a result of the error
- 175 times the doctor excused the error as a mistake made by his secretary



Billing Fraud

- Is it fraud?

Ingredients

1. Bill
2. Unbundled or up code
3. Loss or potential loss

At this point we have reason to believe that a billing fraud is being committed

4. We ask the reason and the practitioner says

“My secretary does the billing and she made a mistake.”

**YES - FRAUD – COURSE OF CONDUCT
DEMONSTRATES INTENT**

Effect

- Money back
- Change in behaviour towards billing private insurers

Fraud baskets

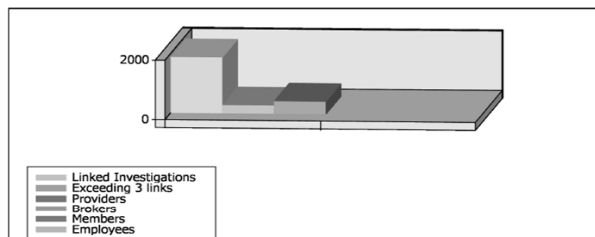
The screenshot displays a software interface for managing fraud investigations. The interface includes a top navigation bar with tabs: Investigation, Subject, Linked Cases, Notes, Documents, and Witnesses. The main form contains the following fields and sections:

- Investigation Number:** (New)
- Investigating Officer:** Raymond Collins
- Investigation Name:**
- Investigating Officer Telephone:** 01923772001
- Investigating Officer Company:** FIM Default
- Pro. Rec. #:**
- Subject Type:** (None)
- Product:** (None)
- Reporting Person:**
- Incident Location:**
- Summary of Allegation:** (None)
- Summary Notes:**
- Allegation Type:** (None) - This dropdown is open, showing a list of fraud types: BILLING FRAUD, BUSINESS BANKING FRAUD, CLAIMS FRAUD, COMMISSION FRAUD, CONDUCT HEARING FRAUD, OTHER, NEGLIGENCE FINDING, POLICY FRAUD, PREMIUM FRAUD, PROCUREMENT FRAUD, PRODUCT FRAUD, REWARDS FRAUD, and THEFT.
- Incident Date:**
- Reporting source:**
- Incident Postal Code:**
- Result of Investigation:** (None)
- Result Notes:**
- Potential Loss (Risk):** 0.00
- Actual Loss:** 0.00
- Recovery:** 0.00
- Restitution:** 0.00
- Unrecovered Loss:** 0.00

Linking Subjects

Investigation Analysis - Linked Cases

The linked cases analysis relates to all cases and is not specific to the report dates



Type	Recorded Number
Total number of linked investigations	1881
Linked investigations that exceed 3 links	278
Provider cases that exceed 2 links	421

Location & Postcode

Investigation Analysis - Fraud by Location

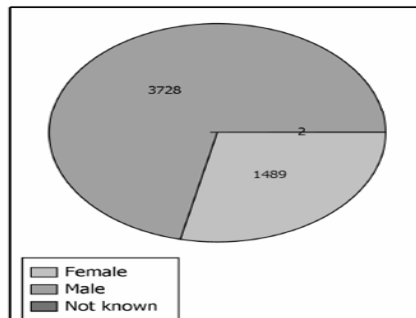
The location cases analysis relates to all cases and is not specific to the report dates

City Analysis	
Location	Number of Investigations
Middlesex	46
Merseyside	26
LIVERPOOL	29
SCOTLAND	73
WEST YORKSHIRE	20
LONDON	1703

Postcode Analysis	
Postcode	Number of Investigations
	62
B16 8TE	8
SL2 4HL	7
TA1 2PE	15

Gender

Gender	Number of Investigations
Female	1489
Male	3728
Not known	2



System Value

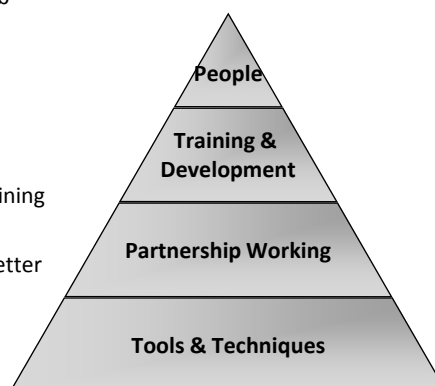
2008 - Oct 18 2011

- **Risk** (individual claimants and billing providers) - £68 million
- The average piece of intel has about £11k potential savings value to each HICFG member insurance companies. There are 6000 high risk individuals and companies listed to date.

2011 Highlights



- New HICFG Structure – new website hub
- HIFID utilisation
- Launch of Health FIM
- Partnership
 - Domestic
 - International
- Accredited Counter Fraud Specialist Training
- Workshops
- Conference / Summer meeting / Newsletter
- Joint Investigations
- Projects
- Develop membership



Common Challenges?



- 3-5-10% range of financial loss
- Backdrop of market position
 - Consolidation
 - Increasing pressure on capacity – internal restructures
 - Increased focus on countering fraud
- Acceptance of healthcare fraud as a problem
- Regulatory
 - General Medical Council (GMC)
 - Financial Ombudsmen Service (FOS)
- Legal recourse
- De-recognition
- Negotiation – real world but not for the purist?

Globalisation



- **International ownership & businesses**
 - Global footprints
 - Discovery (SA)
 - Prudential (PCA, US)
- **International challenges**
 - Cultural challenges
 - Market context
 - Geographical / logistical – staffing, time differences
 - Regulatory – Bribery & Corruption
- **Shared Providers & learning**
 - Lessons learnt – pathology
 - Provider portability
 - Training, technology, tools and techniques
 - Information sharing



HICFG & GHCAN



- Great success in developing networks domestically
- The creation of the GHCAN opens the way to ensure the flow of intelligence is not restricted by jurisdictions
- The timing is right - increased importance in an increasingly globalised world
- Significant opportunity to;
 - make connections
 - share best practice
 - share intelligence
- The HICFG is already exploring the potential to extend the system to European insurers and welcomes discussions with other global partners to achieve this
- Committed to GHCAN and the principle of growing our network

Key Questions



- **Can the GHCAN become a platform to....?**
 - Establish and maintain an effective list of global network of contacts
 - Develop global market knowledge / understanding
 - Raise global awareness of the fight against healthcare fraud
 - Promote and support best practice / trade craft
 - Assist with training and development
 - Facilitate the sharing of lessons learnt – cyclical trends
 - Provide an effective intelligence sharing platform for our members
 - Provider alerts to counter provider portability
- **2012 Global Summit**
- **Our strength is our people**

