

# **Implementing Undercover Operations**

**PROCEDURES TO ENHANCE SUCCESSFUL  
SIU INVESTIGATIONS**

## **Implementing Undercover Operations**

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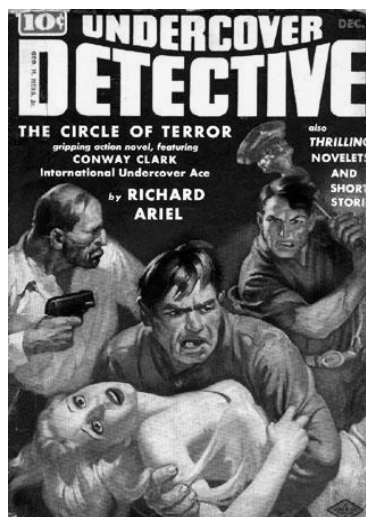
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## Implementing Undercover Operations

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## Undercover SIU - Nothing Quite so Exciting



## Pre-Planning for Undercover Operations

- ❑ Undercover Operations Policy/Procedures
  - Appropriate Management/Legal approval
- ❑ Identify prohibited procedures in UC investigation
  - X-rays-Two per year ? (Avoid when possible)
  - MRI-no radiation, CT- (Avoid when possible)
  - NO-NO's**
    - Body Fluid Draws – blood
    - Injections
    - Experimental or Unknown Invasive Procedures
    - Intrusive Body Cavity Exams
    - Dental Extractions
    - Any invasive procedures

## SIU UC OPERATION GUIDELINES LEGALESE....

The use of the undercover technique is a useful tool in the detection, prevention, and prosecution of healthcare fraud. These techniques inherently involve an element of deception..... and so should be carefully considered and monitored.

### **DEFINITIONS**

### **GENERAL AUTHORITY**

### **APPROVAL STANDARDS**

### **MONITORING/ CONTROL OF UC OPERATIONS**

### **FINANCIAL CONCERNS**

### **REPORTING**

**SPECIAL INVESTIGATIONS UNIT  
UNDERCOVER OPERATION GUIDELINES  
LEGALESE....**

**DEFINITIONS:**

- A. "Undercover Activities"** means any investigative activity involving the use of an assumed name or cover identity.
- B. "Undercover Operation"** means an investigation which may involve a series of related undercover activities over a period of time by an undercover operative
- C. "Undercover Operative"** means an employee of this company assigned to the SIU.
- D. "Cooperating Individual"** means a person acting under the direction of an investigator within this company's SIU unit.

**AND MORE UC LEGALESE....**

**General Approval Standards:** Any manager or director of an SIU considering approval or authorization of a proposed undercover application shall weigh the risks and benefits of the operation, giving careful consideration to the following factors:

- (1) The risk of personal injury to individuals, property damage, financial loss to persons or businesses, damage to reputation, or other harm to the undercover operative. Under no circumstances will the undercover operative be allowed to undergo any services involving invasive procedures (puncturing/insertion of the skin), or procedures involving the ingestion of any substances.
- (2) And so on

**IMPLEMENTING UNDERCOVER  
OPERATIONS**

**Define the objective of the  
Undercover Operation**

- Verify allegations of fraud/abuse
- First hand witness
- Identify perpetrators
- Identify potential informants

**IMPLEMENTING UNDERCOVER  
OPERATIONS**

- ❖ Set Up UC Account
- ❖ Assign Personnel
- ❖ Undercover Investigator
- ❖ Case Investigator

## **Setting up the UC Account**

- Define the benefit structure required for the provider/specialty.
- Chiropractor, Acupuncturist, Internist, Physical Therapist
- Cognizant of Co-Pays and cash to pay if required.

## **Setting Up the UC Account**

- SIU Point of Contact works with POC in Membership
- Membership department creates a false employer group/group no.
- Entered into the membership system like any other employer group
- UC is just another employee
- There must be nothing that indicates the group is fictitious
- Calls to customer service are handled normally

## Setting Up the UC Account

- SIU POC checks claims system periodically
- Claims are processed normally
- Payments made to provider
- EOB's are sent to UC address

Par vs. Non-par: Payments to the UC

## UC ID

- **Fictitious Identity**
  - Consider including your first or last name
  - DOB, near your actual dob.
  - Familiar job-boring if possible
  - SSN's not necessary
  - Consider UPS / Mail Box etc. address
  - Fictitious Email account
- Create work photo ID with UC name and employer
- Consider bogus paper ID in lieu of drivers license e.g.) Traffic Ticket, court papers





## Who Should work UC?

- SIU investigator with Law Enforcement UC background.
  - [www.undercover.org](http://www.undercover.org).....[www.traincops.com](http://www.traincops.com)
- Knowledge of case and target
- Cognizant of the case specifics
  - (e.g.) Internist E/M upcoder – need to be familiar with basic coding requirements
  - (e.g.) Hard coding-Treatment Recipe – everyone gets the same treatment irrespective of complaints, age, other health issues

## Who Should work UC?

UC should be relatively healthy

- Glib, versatile, adaptable
- Handles stressful situations well
- Knowledge of applicable search/seizure law
- Familiar/willing/able/experienced in courtroom procedures

## **UNDERCOVER PATIENT**

### **UC Patient Profile**

Presenting symptoms in sync with your investigative target.

PCP (EM upcoder): No Symptoms, Going for a Well Check up

Physical Therapist/Chiropractor (upcoding, services not rendered): Mild symptoms or possibly No symptoms

### **UC Patient Profile-Symptoms**

- Often irrelevant to the fraudster provider.
- UC may report mild or no symptoms
- Yet the records reflect multiple symptoms, pain, restriction of activities etc. (Fabricated records, diagnoses)
- Most of the time symptoms are a necessary element for the investigation.

## UC Patient Profile-Symptoms

**Chiropractic and PT cases:** Convenient area for treatment is the upper back. Complaints in the shoulder blades/ thoracic spine.

**Example-** Stiffness between shoulders, no radiating pain, no pain with breathing/coughing/sneezing – no history of injury

- Too much stress
- Too many hours at the computer
- Too much housework, painting, cleaning garage

## UC Patient Profile-Symptoms

### Neck (cervical spine) Symptoms-

**Example** -“Mild neck stiffness”, Avoid indicating significant restriction in movement or radiation of pain down arms. Deny tingling, numbness, burning sensation. No pain cough/sneeze. (Computer, reading, painting ceilings, cleaning shelving etc.)

Occasional catastrophic outcomes have been reported such as stroke during/after neck manipulation. The scientific evidence is inconclusive that a direct and causal link can be made between manipulation and these injuries.

This potential adverse outcome does warrant consideration as to whether or not to allow treatment in these regions.

## UC Patient Profile-Symptoms

### Low back (lumbar spine) symptoms-

**Example-** “Mild back stiffness” Avoid indicating significant restriction in movement or radiation down leg(s). Deny tingling, numbness, burning sensation. No pain on cough/sneeze.

(feel it coming on, can't swing golf club as far, driving long distance, bad chair at work)

Occasional catastrophic outcomes have been reported such as an acute disc herniation occurring during low back manipulation. The scientific evidence is inconclusive that a direct and causal link can be made between manipulation and these injuries. This potential adverse outcome does warrant consideration as to whether or not to allow treatment in these regions.

## PRE-UC EXAMINATION ?

Depends on the type of provider and specifics of case.



# Patient Intake Forms

## Be prepared

- Practice filling out clinic intake documents before first visit
- Many practices offer on-line intake forms (copy before submitting)
- Social History – S, M, W, D. Drink, smoke, work, hobbies etc.
- Family Medical History – as close to yours as possible
- Medical History – consistent with case, close to yours as possible
- Chief complaint requiring service by the provider
  - Consistent with the provider’s practice
  - Research sites such as WebMD for information
  - Contact in-house consultants for expected exam procedures
  - Practice answering questions, response to tests

# ON-LINE PATIENT FORMS

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

### PATIENT HISTORY

1. What is your main complaint?  
On the scale below, please circle the **severity** of your main complaint (At it's worst)  
None      Slight      MOD      Moderate      Severe  
1    2    3    4    5    6    7    8    9    10
2. On the scale below please circle the **percentage of time** you experience your main complaint:  
Occasional      intermittent      frequent      constant  
0    10    20    30    40    50    60    70    80    90    100    %
3. On the diagram below please circle the **percentage of time** you are experiencing **all** of your present complaints using the following letters:  
A: ache    B: burning pain    C: cramping    D: dull pain    E: throbbing pain    N: numbness    T: tingling

Do you have pain and/or difficulty performing any of the following activities (check):

- personal care \_\_\_\_\_
- lifting \_\_\_\_\_
- reading \_\_\_\_\_
- concentrating \_\_\_\_\_
- work \_\_\_\_\_
- driving \_\_\_\_\_
- sleeping \_\_\_\_\_
- recreation \_\_\_\_\_
- walking \_\_\_\_\_
- sitting \_\_\_\_\_
- social life \_\_\_\_\_

6. When do you notice it most?  AM  PM
7. How long does it last? \_\_\_\_\_ Mins \_\_\_\_\_ Hrs
8. What makes it feel better? \_\_\_\_\_
9. What makes it feel worse? \_\_\_\_\_
10. Have you ever had this problem in the past?  Yes  No
11. I have  been hospitalized  been treated by another clinician  been treated by another specialty provider  never received care for this problem.
12. Have you had time from work because of it?  Yes  No
13. Are you pregnant?  Yes  No      Date Due: \_\_\_\_\_
14. What was the first day of your last menstrual cycle? \_\_\_\_\_
15. Number of pregnancies? \_\_\_\_\_ Miscarriages? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### NEW PATIENTS' INFORMATION SHEET

#### PATIENT INFORMATION

Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ Sex:  M  F    Marital Status:  S  M  W  D  
 Address (Street) \_\_\_\_\_ (City, State, ZIP) \_\_\_\_\_  
 Phone #: (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
 Work Phone #: (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_ If Student, School Name: \_\_\_\_\_

#### RESPONSIBLE PARTY OR SPOUSE INFORMATION

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
 Address (Street) \_\_\_\_\_ (City, State, ZIP) \_\_\_\_\_  
 Phone #: (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
 Work Phone #: (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Friend or Relative Not Living with You: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Address (Street) \_\_\_\_\_ (City, State, ZIP) \_\_\_\_\_

#### INSURANCE INFORMATION

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Insurance Co: \_\_\_\_\_  
 Group #: \_\_\_\_\_ Certificate or I.D. #: \_\_\_\_\_  
 Policy Holder: \_\_\_\_\_ Relationship to Patient:  Self  Spouse  Dependent  
 Insured's Employer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Insured's Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F

If the person is covered by another insurance policy, please complete the following information for coordination of benefits. This information will notify your insurance company to process your claim more quickly. Thank you!

#### INSURANCE INFORMATION

Insurance Co: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Group #: \_\_\_\_\_ Certificate or I.D. #: \_\_\_\_\_  
 Policy Holder: \_\_\_\_\_ Relationship to Patient:  Self  Spouse  Dependent  
 Insured's Employer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Insured's Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F

I hereby certify, under oath, and set over to Keebol Clinic all of my rights, title, and interest in any medical reimbursement benefits under any applicable policy. I authorize the release of any medical information needed to administer these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand that I am financially responsible for all charges whether or not they are covered by insurance.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## INITIAL VISIT

- Electronic recording (compliance with your state law)
  - Audio
  - Pinhole camera
  - Body wire
- Memorize/notate what you see, pertinent times, involved persons, technology.
- Consider texting surveillance / yourself if opportunity exists

## COVERT DEVICES



**RECORDING ENCOUNTERS  
ALL PARTY CONSENT**

<b>California</b>	<b>Michigan</b>
<b>Connecticut</b>	<b>Montana</b>
<b>Delaware</b>	<b>New Hampshire</b>
<b>Florida</b>	<b>Pennsylvania</b>
<b>Illinois</b>	<b>Washington</b>
<b>Maryland</b>	
<b>Massachusetts</b>	

**RECORDING ENCOUNTERS  
1 PARTY CONSENT**

Alaska	Minnesota	Rhode Island
Arkansas	Mississippi	South Carolina
Colorado	Missouri	South Dakota
District of Columbia	Nebraska	Tennessee
Georgia	Nevada	Texas
Hawaii	New Jersey	Utah
Idaho	New Mexico	Vermont
Indiana	New York	Virginia
Iowa	North Carolina	West Virginia
Kansas	North Dakota	Wisconsin
Kentucky	Ohio	Wyoming
Louisiana	Oklahoma	
Maine	Oregon	

### **If Wired or using Audio/Video**

- Prior to entering clinic: Record preamble with true name, capacity of employment, date and time, name of expected target.
- Upon exiting Clinic: Date/Time/Name/Synopsis
- Immediately after recording, download onto a secure computer – or initial and date tape, seal and store in locked file.
- Consider transcription for case file

### **INITIAL VISIT**

- Discuss worst case scenarios with case investigator prior to 1<sup>st</sup> visit
  - **You can always leave**
  - Consider surveillance on first few visits
- Sign in Sheet – Remember your UC name, note other patient names.
- Let the provider do the talking



## INITIAL VISIT

- Note sequence of events, times, who did what
- Staff names- titles, nurse “therapist”
- Pay attention to instructions:
  - given to staff – given to you
- Remember your answers
- Pick up brochures, marketing

## The Initial Visit

### **History: Taken by Staff vs Provider**

- Why are you there?  
Referral, Yellow pages, website
- Symptom scrutiny  
OPQRST: Onset, Provocative, Quality,  
Radiation, Severity, Timing
- Past medical history, Family, Social History

## The Initial Visit

### PE – Physical Examination

- Vital Signs
- Range of Motion
- Reflexes, sensation
- Provocative Testing
- Palpation

## Initial UC Patient Visit Demonstration

### SYMPTOMS

Non specific – Vague

- No Neuro Involvement
- No radiating pain

No Trauma

- Prolonged sitting

No real limitation of activities

Mid Back

Lower Back

Neck

### After the Visit

- Go somewhere and debrief.
- Immediately write down or record times, names, and activities, etc.
- Complete a detailed Investigative Activity Report ASAP
- Copy any documents obtained and give originals to case investigator for evidence preservation

### CONTACT INFORMATION

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# Questions?

