



Revenue Cycle Guideline

Patient Identification: Identity Theft Prevention, Detection and Response (Red Flags)

Effective Date: May 1, 2009
Revision Date:
Approval:
Application: All Revenue Cycle Departments (Patient Access, Health Information Management and Patient Financial Services)

Objective:

This policy is to define the processes and basic guidelines regarding the responsibility of identification of patients, and to ensure every effort is made to recognize potential identity theft.

It is a requirement for registration to obtain proper identification for every patient who present for services; and take every precaution when there is discrepancy, or suspicion with information that may be falsely provided.

It is the requirement of all revenue cycle departments to take every precaution to ensure correct patient identification practices are in place and to use extreme caution with information when there is a known discrepancy or suspicion that information may be falsely provided.

Directive:

Procedures will be consistently followed to ensure all patients are treated the same in regards to identification and validation.

Other considerations:

Federal regulation issued by the Federal Trade Commission as part of the Accurate Credit Transactions Act (FACTA); also referred to as: Red Flag Rules

HIPAA guidelines for privacy

Validation applications: NEBO, TransUnion, Payer Databases, USPS

Procedure:

Registration Considerations

1. All patients, or their lawful representative, will be asked to provide picture identification as a routine requirement for admission to properly identify the patient. Drivers License is preferred if age appropriate, or another form of picture ID is acceptable.
2. Xerox copy, or scanning of the picture identification will be obtained as a routine requirement, and be considered part of the patient's permanent medical record.
3. If no picture ID is available, additional validation must be done using the TransUnion Revenue Cycle Platform compliance validation, payer database, or other available resources.
4. All patients, or their lawful representative, will be asked to provide payer identification card or other policy identification for eligibility and benefit verification when payment for service is to be billed to an insurance carrier
5. Xerox copy, or scanning of the payer identification card, or other document, will be obtained as a routine requirement, and be considered part of the patient's permanent medical record.
6. If no payer card or policy identification is provided, attempts will be made to verify eligibility and benefit information with the payer by information provided by the patient, or their lawful representative.
7. To validate information that may already be stored in our systems, revenue cycle associate will **ask** the patient for information needed for registration, account verification, etc. , rather than providing data to the patient for confirmation.
8. Associates will use validation applications to research information discrepancies with name, date of birth, social security number, payer information or lack of picture identification.
9. Documentation of all activities to confirm data will be recorded in the account notes.
10. Xerox copies, or scanned identification documents will be forwarded with the facesheet to the area of service, and will subsequently be forwarded to the HIM department for permanent storage in the patient's medical record.
11. Xerox copies and/or scanned documents must be clear and legible.

Detection of Red Flags

Revenue cycle associates will monitor the following red flags to detect potential fraud. These are not intended to be all-inclusive and other suspicious activity may be investigated as necessary.

- a. Suspicious documents that may be altered
 - b. Suspicious personal identifying information
 - c. Alerts, notification or warnings from a consumer reporting agency
 - d. Anyone asserts at any point that they have information regarding a potential misuse of someone's identity.
 - e. Individual receives a bill and asserts he or she did not receive services at the facility and other processes indicate that this is likely to be true.
 - f. Payment denied by insurance because it is improbable or impossible that the insured received the service (Examples: pregnant male, spleen removed for the second time).
 - g. Personal information provided does not match other sources of information (e.g. credit reports, SS# not issued or listed as deceased).
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Response to Red Flag Reporting

Revenue cycle associates who suspect fraud or detect a red flag will implement the following response as applicable.

- Ask the patient for additional documentation (if suspicion remains)
- Notify internal Manager or Supervisor
- Report all detections or suspicious red flags to the facility Privacy Officer for appropriate follow-up
- Notify the appropriate party to ensure the account is placed on collection hold while under investigation

Approved by: _____ Date: _____

Reviewed by: _____ Date: _____

