

Identify and protect yourself from COVID-19 related scams

There are currently no federally-approved vaccines or cures for COVID-19 — yet there are many fraudsters playing on our fears and trying to promote bogus treatments.

In the latest Stay Connected blog, Dan Crowell, director, Corporate and Financial Investigations, shares common cases of fraud that have been reported by Blue Cross members and employees. He also writes about how his team identifies fraud and keeps members safe.

“We are investigating several complaints involving treatment for COVID-19 that does not fall within proper medical guidelines and/or treatment protocols,” Crowell said. “Warning individuals to not purchase COVID-19 testing kits and/or related items off the internet is probably the best advice I can give.”



Health Care Scams Increase Amid COVID-19 Pandemic

By Daniel L. Crowell

Director of Corporate and Financial Investigations

Scams across the country have been popping up at lightning speeds. Health care fraud is a big business, causing millions in dollars of losses each and every year.

Most of the scams have been playing on the fears of individuals, where fraudsters are offering COVID-19 testing kits that are not yet approved or properly tested/validated. Traditional fraud schemes also have not stopped with COVID-19 – fraudsters continue attempts to trick members into giving up personal information such as Social Security numbers or dates of birth.

While most providers are treating patients appropriately, there's a small percentage of providers (less than 1%) who will bill inappropriately and decide to commit health care fraud. We have been receiving member complaints about “fringe providers.” These are providers that you don't traditionally think of as treating COVID-19 patients – yet they play on the fears of individuals and offer treatment plans not yet proven, not medically necessary or within acceptable treatment guidelines. They are marketing COVID-19 as a way to increase patients visits to their offices.

Currently, there are no preventive treatments or vaccines for COVID-19, plus going into these offices may increase your chance of becoming infected. For example, there was a recent case of a medical provider charged with health care fraud for offering vitamin-C infusions fraudulently represented as COVID-19 treatments. He is also charged with not properly providing a safe environment for his

patients and staff. It is alleged that his employees had COVID-19 and were treating patients, further placing them in harm's way.

My advice is to do your research, and only trust a provider that knows you and your medical history before purchasing anything over the internet. Never give your personal information to anyone you don't know over the phone or internet.

How we identify fraud

At Blue Cross, we have many systems that proactively monitor our claims data and the likelihood of being caught is high. We report all potential health care fraud investigations to state and federal law enforcement for an independent investigation. If substantiated, providers are then at risk of losing their medical license and being criminally prosecuted, sentenced to prison and ordered to pay restitution.

Our key priority is to identify fraud as quickly as possible. We do this in a couple of ways:

1. Members have been our leading source of information – reporting claims that are inconsistent with their explanation of benefits (EOB's). Our fraud hotline yields approximately 1,000 fraud investigations per year and remains our biggest producer of fraud tips, including whistleblowers directly linked to medical offices and facilities.
2. Our predictive analytics tool analyzes four key components of data to include facilities, providers, pharmacies and members. We utilize hundreds of algorithms and develop new ones as new fraud schemes evolve/develop. This software tool has been a game changer and has shown outstanding results. It will continue to grow and develop as our leading source for identifying fraud.

How you can help

Members are in the best position to spot fraud, waste and abuse (FWA). With over 5 million customers, we have a lot of eyes and ears to spot FWA. Through the years, our members have saved our group customers and fully insured business millions of dollars by reporting suspected FWA.

I try to think about fraud in this manner: Every dollar lost to fraud is a dollar not used for legitimate patient care. That's a pretty powerful statement, and our team takes that very seriously. Couple that with the fact that many suspected fraud cases have a patient safety component associated with it. For example, a doctor who overprescribes opioids or performs unnecessary medical procedures puts patients at risk. The sooner FWA is reported, the quicker we can prevent further loss and protect patient safety.

I would encourage anyone with information to call our fraud hotline with tips on suspected health care fraud. Contact Corporate and Financial Investigations at 1-844-STOP-FWA or StopFraud@BCBSM.com. Remember, you can remain anonymous and your information will be kept confidential.