

Protecting Clients/Patients From Billing Mistakes Or Fraud

By Woodrow Wilcox

Joyce Brannon was murdered by her doctor. Joyce Brannon was a disabled person on Medicare. Joyce Brannon was going to testify to a Federal Grand Jury in a Medicare Fraud case against her doctor. On May 5, 2005, a federal jury convicted the doctor of murdering Joyce Brannon to keep her from testifying against him regarding Medicare Fraud. In the same trial, the doctor was convicted of Medicare fraud and Mail fraud (intentionally sending false bills through the mail).

According to the National Healthcare Anti-Fraud Association, health care fraud might be costing the insurance industry \$100 million per day. Medicare fraud is part of the problem.

In 1986, Anthem Blue Cross Blue Shield established an anti-fraud unit to help find fraud, gather evidence, and cooperate with law enforcement officials. Anthem Blue Cross Blue Shield publicizes the numbers in mailings to its clients. In 2004, the Anthem Blue Cross Blue Shield healthcare fraud hotline got over 1,344 calls from Indiana patients, 1,507 calls from Ohio patients, and 2,293 calls from Kentucky patients.

Carefully examining bills, crunching numbers, and using software to detect fraud are the usual tools of the insurance industry. But, in some cases, anti-fraud units of insurance companies are actually watching traffic at medical service providers' offices.

Although some doctors do participate in Medicare fraud, I believe that the vast majority are honest doctors who want to help people and make a decent living. The tragedy is that some honest doctors get hurt because one or more staff members who handle billing do something incorrectly. Most of the time, errors involve honest mistakes. But, sometimes the pattern of "mistakes" does not seem so honest.

When these billing "mistakes" catch the attention of insurance investigators or public officials, it could cost the doctor thousands of dollars and hundreds of hours to prove innocence. Even if no crime is charged, if

mistakes were made, the doctor might have to pay restitution, interest, or civil penalties.

It is sad to me to think that incorrect billing practices by staff members might cost an honest doctor so much money, time, and trouble. When I see a bill with innocent errors or mathematical mistakes, I write a nice letter to ask that the problem be resolved. But, when I see something on a bill that seems to “red flag” a potential billing problem for the doctor, I write an “accurate but stern” letter. Staff members of medical offices that get one of these letters from me don’t like it. They always want to “look good” to their boss—the doctor. When a staff member protests profusely, I suspect that the staffer might have already known that there was a problem, but did not want to admit it. Shakespeare summarized this tendency with the phrase, “Me thinks thou doeth protest too much.”

But, I believe that it is in the best interests of both the patient and the doctor that the billing should be done correctly. An honest patient and an honest doctor have too much to lose when Medicare billing is not done correctly. Even an innocent doctor can be hurt financially. And a patient might feel forced to pay a bill or get a negative item on a credit report when neither is justified. My “accurate but stern” letters are criticized. But, I believe that they serve the purpose to alert doctors to potential problems in their billing practice and give evidence that I am a friend to both honest patients and honest doctors.

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