Kaleida Health

IDENTITY THEFT MITIGATION AND RESOLUTION PROCEDURES

	Identity Theft Red Flag	Prevention/Mitigation Procedure	Resolution of Red Flag
1.	Personal identifying information provided by the customer is not consistent with other personal identifying information provided. For example: • Documents provided for identification appear to have been altered or forged. • Photographs or physical description of the identification is not consistent with the appearance of the person presenting the identification. • Other information on the identification is not consistent with readily accessible information that is on file (ex., signature on consent)	Request customer to provide additional satisfactory information to verify identity. If unable to obtain satisfactory identification, flag account for additional investigation. (Subject to EMTALA requirements under which emergency medical care must not be delayed.)	Additional documentation must be provided to resolve discrepancy and continue admission/billing process.
2.	The SSN provided is the same as that submitted by other persons opening an account or other customers.	Request customer to provide additional satisfactory information to verify identity. If unable to obtain satisfactory identification, flag account for additional investigation. (Subject to EMTALA requirements under which emergency medical care must not be delayed.)	Additional documentation must be provided to resolve discrepancy and continue admission/billing process.
3.	Customer has an insurance number but never produces an insurance card or other physical documentation of insurance.	Request customer to provide additional satisfactory information to verify identity. If unable to obtain satisfactory identification, flag account for additional investigation. (Subject to EMTALA requirements under which emergency medical care must not be delayed.)	• Additional documentation must be provided to resolve discrepancy and continue admission/billing process. Contact insurance company as necessary. • If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with the customer.
4.	Records show medical treatment that is inconsistent with a physician examination or with a medical history as reported by the customer (ex., inconsistent blood type).	Investigate complaint, interview individuals as appropriate, review previous files for potential inaccurate records. Items to consider include: blood type, age, race, and other physical descriptions that may be evidence of medical identity theft. (Subject to EMTALA requirements under which emergency medical care must not be delayed.)	• Depending on the inconsistency and review of previous file, either delay/do not open a new covered account, or terminate services. • If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with the customer.

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5.	Complaint/Inquiry from an individual based on receipt of: • a bill from a health care provider for services that the customer denies ever receiving • a notice of insurance benefits (or Explanation of Benefits) for health services never received.	Investigate complaint, interview individuals as appropriate (Subject to EMTALA requirements under which emergency medical care must not be delayed.)	• Hold treatment/credit until identity has been accurately resolved. Do not continue to attempt to collect on the account until identity has been resolved. • Notify law enforcement as appropriate. • If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with customer.
6.	Complaint/Inquiry from a customer about information added to a credit report by a health care provider or insurer.	Investigate complaint, interview individuals as appropriate (Subject to EMTALA requirements under which emergency medical care must not be delayed.)	• Hold treatment/credit until identity has been accurately resolved. Do not continue to attempt to collect on the account until identity has been resolved. • Notify law enforcement as appropriate. • If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with customer.
7.	Complaint or question from a customer about the receipt of a collection notice from a bill collector.	Investigate complaint, interview individuals as appropriate (Subject to EMTALA requirements under which emergency medical care must not be delayed.)	• Hold treatment/credit until identity has been accurately resolved. Do not continue to attempt to collect on the account until identity has been resolved. • Notify law enforcement as appropriate. • If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with customer.
8.	Customer or insurance company report that coverage for legitimate hospital stays is denied because insurance benefits have been depleted or a lifetime cap has been reached.	Investigate complaint, interview individuals as appropriate	• Hold treatment/credit until identity has been accurately resolved. Do not continue to attempt to collect on the account until identity has been resolved. • Notify law enforcement as appropriate. • If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with customer.
9.	Mail sent to the customer is returned repeatedly as undeliverable although transactions continue to be conducted in connection with the customer's covered account.	Skip-tracing procedures are used to find the customer's current mailing address.	Customer is found and contact information is updated.

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10.	Kaleida Health is notified by a customer, a victim of identity theft, a law enforcement authority, or any other person, that it has opened a fraudulent account for a person engaged in identity theft.	Investigate to determine if billing was made fraudulently.	• Additional documentation must be provided to resolve discrepancy and continue admission/billing process. Contact insurance company as necessary. • Notify law enforcement • If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with the customer.
11.	Personal identifying information provided by the customer is associated with known fraudulent activity as indicated by internal or third party sources used by Kaleida Health.	Investigate complaint, interview individuals as appropriate.	• Hold treatment/credit until identity has been accurately resolved. Do not continue to attempt to collect on the account until identity has been resolved. • Notify law enforcement as appropriate. • If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with the customer.
12.	Alerts, notification, or other warnings received from consumer reporting agencies or service providers, such as fraud detection services.	Investigate to determine if billing was made fraudulently.	• Additional documentation must be provided to resolve discrepancy and continue admission/billing process. Contact insurance company as necessary. • Notify law enforcement as appropriate. • If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with the customer.
13.	Kaleida Health experiences a data security incident that results in unauthorized access to Customers' account records.	Investigate. Notify Customer.	• Notify law enforcement as appropriate. • Reopen account with new number