



## Is it Fraud or is it...?

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## FROM THE EDITOR



## Is it Fraud or is it...?

by Lee E. Mortenson, D.P.A.

**A**t our recent annual meeting, ACCC President John E. Feldmann, M.D., described to me a recent problem that is hurting his practice in Mobile, Ala. When his office submitted bills to Medicare for ongoing treatment of a number of current patients, reimbursement was denied because the patients had joined the new Medicare HMO in town.

The office staff had no indication that the status of these patients had changed—each time the patients entered the office, they presented their original Medicare cards. Office staff learned that many of these patients had been under the impression that the new plan was a Medicare supplement and that nothing else would change. Dr. Feldmann's staff could not determine whether patients were given that impression or had simply misunderstood the sales pitch.

Checking around, Dr. Feldmann discovered that several surgeons have lost fees through this same process. Of course, there is no easy way to uncover this problem once the patient has been seen. The HMOs do not confiscate patients' Medicare cards when they join the new HMO, and the practices are in no position to investigate the status of patients every time they enter the office. Obviously the HMO has nothing to lose by this untoward event, since this is a windfall for these organizations.

In the meantime, of course, the office is out more than \$12,000 in drugs and services; patients are suddenly being transferred from the care of physicians they thought were assured; and the office staff is left to contemplate a whole new

series of procedures in an attempt to stem the outflow of money.

There are a couple of issues here for all of us to check on. Does this confusion happen whenever a Medicare HMO sets up business in a town? If the problem is happening in more than one place, we should talk to the Health Care Financing Administration (HCFA) about the marketing approach of its Medicare HMO contractors. If only one contractor is involved—and involved frequently—is this practice attempted fraud or just a chronic mistake?

Of course there are several possible solutions, including the temporary replacement of Medicare cards by the HMO with its own cards or supplying HMO members with an inexpensive plastic wallet to carry both cards. Or, the carriers could be held accountable for charges by patients who did not inform physicians of their change in status.

We aren't trying to penalize the patient here. HCFA should be requiring the HMO contractor to provide the patient with sufficient information so that physicians are not scammed. Perhaps more directly, HCFA might hold contractors responsible for the costs of sloppy marketing and insist they pay their bills.

There is no reason that good marketing cannot be combined with good business. If you cheat the customer and cheat the supplier, both will be reluctant to extend you credit or credence. I believe that HCFA staff are likely to expect their contractors to be good partners. I'd be happy to hear about your experiences, so that we can pass them along. ■