



CASE STUDY # 8



Covid 19 pandemic and abuse in health insurance claims

Pre Covid 19 pandemic the insurers were getting adept at managing abuse/ fraudulent claims in cases like acute febrile illness, gastroenteritis, dengue, and malaria. Using high ended antibiotics even for viral ailments was rampant in inflating the bills.

Circa March 2020; come Covid 19 and all hell broke loose. There was chaos all around. There were regular alterations in the treatment protocol by the authorities, during first wave the discharge could only be considered after 2 reports were negative. There was information glut on social media. The common man was running scared for health of near and dear ones. The service providers, once, had a passport for 10-15 days of length of stay. Rampant use of not needed investigations and irrational high ended antibiotics and use of Remdesivir / Tocilizumab in stable patients was the norm.

We were allocated 25 cases to investigate as a project from a private insurance company. Each claim was upwards of Rs 2,50,000/- with total liability on the insurance company was Rs 75,00,000+. The hospital was a designated Covid center in Aurangabad, Maharashtra. We met each patient and they and their family members informed that the patients were admitted for 8-10 days' time in the hospital.

We visited the hospital to procure the treatment papers. We could only get the IPD register copy from the covid center, and no other documents were provided. The documents provided by the patients were not verified by the authorities of the covid center. We noticed several discrepancies in the documents provided by the patients and the covid center. Each patient was treated with oral medications. IPD numbers mentioned in the discharge card and IPD register were not in chronological order. We sensed some fraudulent activity going on and tried meeting the treating doctor but could not meet him. We were not provided the contact details of the treating doctor by the covid center despite several requests.

Our local field executive could procure the mobile number of the treating doctor from his sources, and he spoke with him and requested for an appointment so that we can get the details of each patient. But the treating doctor did not give the appointment. Our senior team member from Mumbai, spoke with the treating doctor and apprised him about our findings in each case and subtly cautioned him about the consequences if NMC is informed about the same.

The treating doctor met us and provided a written statement which mentioned that out of 25 patients, details of 12 patients were not found and it was established they were not admitted or treated in this hospital. This amounted to 48% of the total cases allocated who were not admitted.

A large number (29.3%) of patients from another series of 1000 claims audited, were proven to have been admitted just basis of positive rapid antigen/ RT-PCR with stable vitals and temperature below 100°F.

Team's clinical acumen saved huge sums for the client with established documentary evidence of our assumptions.

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