Introduction to MIB

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Objectives

- Review the history of MIB and its role in fraud detection.
- Review the services provided by the Medical Information Bureau (MIB)
- Discuss obligations and procedures for accessing and reporting information to the MIB
- Discuss responsibilities and procedures for addressing disputed and inaccurate information on record at the MIB

History

- 1902
 - Created by medical directors
 - Governed by a sub-committee of the Association of Life Insurance Medical Directors of America (ALIMDA) to 1945
- 1946
 - Became unincorporated association under New York law
- 1978
 - MIB incorporated

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MIB Group, Inc.

- 1999 MIB Group, Inc.
 - Holding Company with two subsidiaries
 - MIB, Inc.
 - MIB Solutions
 - Initially e-Services Corp, renamed in 2006



MIB Group, Inc.

- Membership corporation
 - Owned by ~450 member insurance companies
 - In US and Canada
 - MIB has not been capitalized through the issuance of stock
 - MIB has no shareholders
 - MIB's members are the ultimate beneficial owners of the corporation

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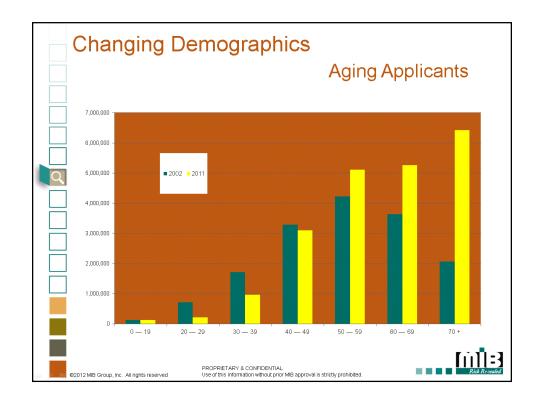
Services MIB, Inc • Fraud Services • MIB Checking Service (MIB) • Plan F Follow Up Service (PLF) • Insurance Activity Index (IAI) • Disability Insurance Records Service (DIRS)

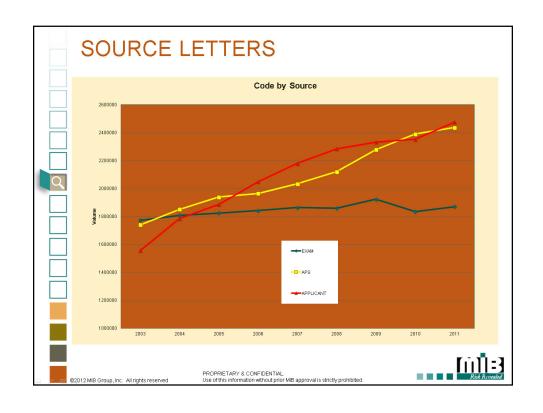
MIB Solutions

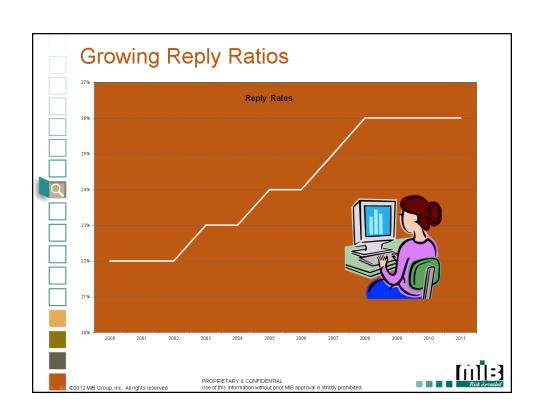
- Actuarial & Statistical Services
 - Life Statistical Services
 - Audit Focus
 - Risk Analytics
 - MMLC
 - Mortality studies
 - Policy locator for consumers

How Much Information?

- **2**011
 - 13.8 million MIB Searches
 - Over 3.6 million new reports added to the Checking Service database
- Currently
 - 80,000 transactions processed each day
 - 28% Average Checking Service reply ratio
 - Over 44 million codes in the database
 - On over 24 million individuals
 - (Codes currently drop after seven years)







MIB Filter

 MIB codes can be filtered to include or exclude codes in reports

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Fraud Detection

- MIB protects against fraud
 - Life, health, disability income, critical illness and longterm care insurance
- MIB has confidential information
 - Reported by participating companies
 - Pertinent to health and longevity
 - Obtained from underwriting
 - No decisions, ratings, claim decisions, health claim info
- MIB codes are alerts only

Confidential and Protected

- MIB is a nationwide specialty consumer reporting agency
 - Governed by the Fair Credit Reporting Act (FCRA)
 - Enforced by the Federal Trade Commission
- Other privacy laws are applicable
- Each participating company must have a medical director
 - Medical director or their designee are responsible for meeting MIB requirements including coding, confidentiality, and disputed accuracy

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Requesting MIB codes

- Only available to participating companies
- Required for requesting or obtaining MIB report
 - All three must be obtained
 - 1. Pre-Notice furnished to the applicant
 - 2. Signed application with health/medical declarations
 - 3. Signed MIB authorization
 - Electronic signatures can be used as appropriate
- MIB reports cannot be obtained
 - Trial applications
 - Inquiry (isolated)
 - Evaluating a potential client

Post-Notice

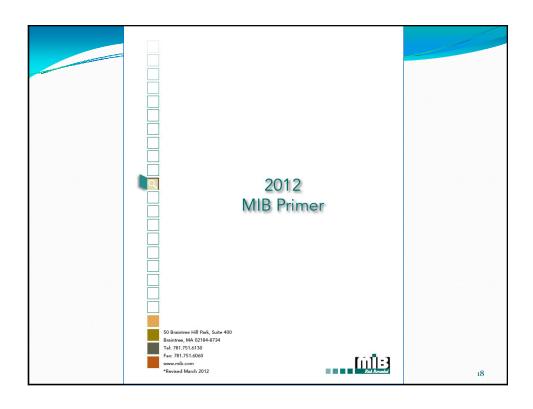
- Written notification is sent to client that an MIB report resulted in an investigation that led to an adverse action
 - Rule C4
- An applicant must be given a written Post Notice when all of the following occur:
 - 1. Any (applicable) information was received from MIB, and
 - 2. The information was used to alert to the possible need for further investigation of the applicant's insurability as required by Rule D.4.(a), and
 - 3. The application for insurance was rated or declined (or postponed) in whole or in part because of (information obtained from) that investigation

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Resources

- MIB coding manual
- Member Handbook and Directory
- MIB Primer
 - 8o pages
- MIB Training Program
 - Computer: Slides & audio
- KnowledgeNow
 - Restricted online access





MIB Coding

- Coding manual is confidential and proprietary
 - It cannot be reproduced in manuals or other publications
 - This helps to keep the coding confidential
 - It is a useful resource
 - E.g. the ekg section has useful coding information
- MIB coding helps to protect the confidentiality of the personal information submitted

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Reporting MIB Codes

- Conditions that are significant to health and longevity
 - Using information obtained by the company
 - Application
 - Testing: paramedical exam, blood, urine, OFT, etc.
 - Medical records
- Don't report information obtained (and reported) by another insurance company

MIB Codes Are Alerts

- MIB codes are used to detect possible fraud
- MIB information is an alert
 - Information must be obtained by the company to support the decision
 - An adverse action (declined, rated, postponed) must not be based solely on an unverified MIB report without an independent investigation

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Example 1

- 54 year old male
 - · Application: nothing significant admitted
 - All requirements for MIB report completed
 - Paramedical examination by age and amount rules
 - Very elevated blood pressure
 - MIB code positive for significant medical history (not hypertension) that is not admitted on the application or revealed otherwise
- Do you need more information for the MIB code?
 - D4a
 - If you would decline based on the bp readings (regardless of the MIB code) then you can decline
 - If the MIB code could materially change the decision you must investigate the code unless you choose to ignore the MIB code
 - You do not have to investigate a MIB code if you choose to not use it
 - You must be able to defend that you would have reached the same decision/taken the same action if you had not had the MIB code

Example 2

- 43 year old female
 - Application: nothing significant admitted
 - All requirements for MIB report completed
 - MIB code for medical condition that you consider very significant
 - You investigate appropriately: find nothing significant
 - Appropriate investigation is reasonable effort to obtain information alerted to by MIB code
 - This could be medical records, paramedical exam, blood urine or oral fluid testing
- What action can you take?

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Example 2 continued

• You can request details and information from the company that reported the MIB code

Requesting Code Details

- What if you are unable to confirm MIB codes?
 - Options
 - Request details from reporting company
 - Examples
 - Drug test results when drug test (your company performed) is negative
 - Medical records or the source of the medical records
 - Reporting company decides what they will share
 - · Could share the contact info of source, the medical records or nothing
 - If getting info from other company or source unsuccessful
 - Have the applicant request disclosure of their MIB record and the applicant can send it to you
 - This puts the responsibility on the applicant
 - And gives the applicant the opportunity to correct the MIB code if it is not accurate

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Disclosure & Disputed Accuracy

- Individuals can contact MIB to get their MIB report if one exists
- Consumers can request their MIB records
 - MIB responds within 15 days
 - 2010
 - About 19,000 completed requests
 - 2.4% resulted in a dispute.
 - 1.5% required changes to original report

Disclosure & Disputed Accuracy

- When a consumer disputes their MIB record
 - MIB asks reporting member company to investigate
 - Reporting company must confirm accuracy
 - Member company reviews underwriting file to ensure coding was accurate and complete
 - If inaccurate, make code correction, delete or supplement the code
 - If review of the underwriting file is not sufficient to resolve the dispute, you must use reasonable effort to contact the original source of information
 - If requested by the consumer, you must use reasonable effort to contact information sources that they provide, e.g. another physician
 - If individual still disputes code accuracy, they can file a statement of dispute with MIB

ERROR: ioerror

OFFENDING COMMAND: image

STACK: