



### Goals

- Define patient brokering
- Outline brokering activities
- Explore settings where brokers work/network
- Give local examples
- Increase recognition of patient brokering (indicators)
- Provide NC Policy update

## What is Patient Brokering?

- Patient brokering is a range of activities in which a "consultant" is paid kickbacks by a substance use treatment center or sober living home to recruit patients to their services.
- Treatment centers and sober living homes, in turn, take these clients in for "treatment". Typically, these entities engage in excessive billing for services, many of which are not needed.
- Often, a patient broker will work together in concert with a treatment center and sober living home to refer "in-network", to receive more kickbacks.
- Patient brokering is a federal crime, but because there is no NC state statute, it is very difficult to prosecute in North Carolina. In addition, law enforcement agents are precluded from following individuals to and from treatment.



## **Brokering Activities**

- **Lead Selling:** Paying brokers a perhead *finders-fee* or *kick-back* for referring patients to their treatment facility
- Lead Buying: Call centers are set up to generate commission based on their number of placed referrals, with call center agents posing as caregivers, and unbeknownst to the patient, auctioning off the patient to the highest bidding treatment center.
- Patient Enticement: Unethically incentivizing patients to enter, stay, or switch addiction treatment facilities through money, gifts, free rent, flights, food, or other amenities





## Brokering Activities, con't

- **Listing Theft:** The hijacking of Google business or Google Maps listings through the *suggested edits feature*. Unaffiliated individuals reroute calls and online correspondences to other treatment programs.
- Misrepresentation of Services:
  Treatment facilities deny their affiliations to other facilities or organizations or inaccurately portray the services they provide, their status of accreditation, the types of conditions they treat, the credentials of their clinical staff, what insurance providers they accept
- Patient Privacy Violations: Running preauths w/o consent

### Insurance Fraud

- Insurance Overbilling: The process of billing insurance companies excessively for unnecessary treatment or services.
- Affordable Care Act Fraud:
  Patients, sometimes multiple at a time, are enrolled in insurance plans utilizing false addresses to take advantage of the "change in address" exception, which allows for year-round insurance enrollment. Addresses used are often not even in the same state as the patient lives.









## Settings for Brokering

- Treatment Centers: The broker may work directly for the treatment center as a consultant, or may go in as a patient to recruit from the inside.
- **Sober Living Homes:** The broker may be the House Manager or other staff, or attempt to gain entry themselves to recruit patients internally.
- Methadone Clinics and SSP's: Consultants talk with individuals in line for these programs, promising a range of personal support towards recovery
- 12 Step Groups and Peer Support Groups: Broker joins these groups to become cozy with individuals for eventual recruitment
- The World Wide Web: Broker may be part of a Call Center whose reps receives kickbacks from certain Treatment Centers when referrals are made.
- Justice System: Law enforcement, Re-entry staff, and judicial staff may benefit from side hustles when referring to a certain treatment center or sober living home (who in turn refers to a certain treatment center).
- Anywhere and Everywhere a person who struggles with addiction may congregate/receive services



## Local Examples

- Broker gains employment at local treatment center in Admissions. Broker gains trust during treatment and then connects with individuals upon completion, enticing them to use again and refers them to another treatment center. The center was unaware.
- Broker gains employment at sober living home and engages in lead selling to a particular treatment center. Unknown if the sober living home was aware or not.
- Sober living home has undisclosed arrangement with local treatment center to cycle people in and out of both institutions, maximizing profit in this *misrepresentation of services*, where other forms of brokering (enticement, lead selling) may also be ongoing. Both entities are aware; at least one death is attributed to this.

Local Examples, Con't

• "LLC" Consultant stalks women at a local SSP, entices them by promising to help them into recovery, including transportation. Picks at least one woman up and sex in the back of his vehicle in exchange for services as she does not have \$\$.

• Regional state detox website taken over by a Call Center ring in Florida in this example of *Listing Theft*. Routes individuals to treatment centers in CA and Charlotte, NC

• In this example of *Insurance Fraud*, local procurer shows great interest in signing women up for the Affordable Care Act, after which he will then "navigate" them to treatment because he "cares".



# Intersection with other forms of Trafficking

#### **Sex Trafficking:**

- Broker may demand sex for services.
- Alternately, broker may offer sex as part of an enticement to enter treatment.
- Brokers will prey on sex workers, who have a disproportionately high rate of substance use, and may be less likely to report the crime fearing their own arrest

#### **Labor Trafficking:**

- Brokers may find it easy to recruit individuals at agencies that use free labor in exchange for recovery services, as it mimics their own values and practices.
- Brokers may demand free labor from individuals for placing them in a sober living home (unpaid House Managers are not always being brokered, but the set-up heightens the risk).



# Too Good to Be True? **Indicators of Patient Brokering**

- Are they offering to pay for airfare, or health insurance?
- · Are they offering to waive all copays and deductibles?
- · Are they offering cash on hand for entering treatment?
- Are they offering free housing, outside of an inpatient program?
- Are they a new provider with an already large cohort of patients?
- Are a majority of their patients out of state?
  Are they doing drug screens more than a couple of times a week?
- Are they using non-licensed or non-credentialed staff to deliver most of their services, with an LCAS merely signing off?
- If an individual LLC, do they call themselves a peer support, but don't actually have certification?
  Are all or most of their policies around billing, intake, provided services and discharge unwritten?
- Do they seem too good to be true? If so, they likely are!!

# What Can We Do?

- If you know someone engaged in patient brokering, you can call Shane Guyant, Deputy Commissioner of North Carolina's State Insurance Fraud Bureau @ (919) 733-7434.
- If the organizations that they refer to claim to provide medical services, you can also report them to the North Carolina Medical Board @ (919) 326-1100.
- If the individual who is brokered has private insurance, call the fraud division of that company immediately to report suspicious activity.
- Get engaged with political advocacy! Write your NC Senator and encourage them to pass SB408!





## NC Policy Update

- State Law: Eleanor Health Foundation has worked with Buncombe County Health and Human Services and Addiction Professionals of NC to introduce a bill in both the Senate (SB408) and House to (1) make patient brokering a felony, (2) includes a truth in marketing clause.
- **Sober Living:** Buncombe County released an RFP for an entity to assess the sober living landscape and provide recommendations going forward
- Opioid Settlement: Settlement standards include "evidence-based" for any treatment dollars spent, including in the justice system.

Thank you to Buncombe County's Patient Brokering Subcommittee, especially Dr. Dixie Brown, for helping us define brokering, and for all of your efforts to end this pernicious practice.