



Medical billings

Product brochure
United States

Overview

For healthcare providers, navigating the challenging and oftentimes confusing set of reimbursement guidelines have commonly lead to the rate of billing errors rising above 30 percent. From telehealth services conducted at non-rural originating sites to the wide-spread distribution of medically unnecessary drugs, including opioids, the allegations of healthcare fraud and abuse by government entities and private payers are more prevalent and diverse than ever before. That's why we developed a policy to specifically address this unique risk profile.



About CFC

CFC is a specialist insurance provider and a pioneer in emerging risk. With a track record of disrupting inefficient insurance markets, CFC uses proprietary technology to deliver high-quality products to market faster than the competition while making it easier for brokers to do business. Our broad range of commercial insurance products are purpose-built for today's risks, and we aim to give our customers everything they need in one, easy-to-understand policy.

Headquartered in London and backed by Lloyd's, CFC serves more than 60,000 businesses in over 75 countries. Learn more at cfcunderwriting.com and [LinkedIn](#).

Contact



Timothy Boyce
Healthcare Team Leader

tboyce@cfcunderwriting.com

+44 (0)207 220 8509

Coverage highlights

Defense costs of actual or alleged billings errors

Anyone with a national provider identification number is susceptible to a physical or electronic data mining audit. Allegations of improper billings by CMS can range from a lack of medical necessity, to incorrect coding and even insufficient documentation. Our policy provides defence in respect of these allegations utilizing reputable and experienced claims managers.

Shadow audit expenses

Appeals against violations can be a long and costly process, often stretching over two years if they reach a Federal Court. Our policy provides coverage for the expenses arising out of an independent audit on your billing practices following allegations of fraud by a government entity or private payer.

Regulatory fines and penalties

Our policy offers reimbursement for fines and penalties arising out of a range of medical regulatory violations including HIPAA-related fines and penalties, Stark law (triggered by physician referrals), EMTALA (ensuring public access to emergency services regardless of ability to pay) and Federal False Claims and Social Security Acts.

Cyber and privacy

Our cyber and privacy insuring clauses have been tailored to address healthcare companies' specific cyber exposures. Our policy includes specific references to HIPAA and HiTECH legislation, and offers a separate section for extortion to address the growing threat of ransomware. As well as incident response service with a nil deductible, we also offer risk management training courses to all insureds.

Who's it for?

- Dialysis centers
- Drug and alcohol rehabilitation centers
- Emergency and non-emergency ambulance services
- Hospitals
- Long term care facilities
- Medical imaging clinics
- Medical testing labs
- Occupational, speech and physical therapy clinics
- Pain management clinics
- Physician groups
- Pharmacies (including those offering compounding and opioid prescriptions)
- Telemedicine providers
- Solo physicians
- Urgent care clinics

What does it cover?

- Defense costs for actual or alleged billing errors
- Professional fees to conduct an audit of billing records
- Payment for regulatory fines and penalties (HIPAA, EMTALA, Stark proceedings)
- Cyber and privacy coverage tailored to healthcare companies

Optional extras

- Defense of licence proceedings
- Blanket additional insured coverage

Limits, deductibles and premiums

Maximum limit	\$5,000,000
Minimum deductible	Nil
Minimum premium	\$1,500

Coverage is subject to underwriting and the terms, conditions, and limits of the issued policy.