



Fifth Annual Study on Medical Identity Theft

Sponsored by the Medical Identity Fraud Alliance with support from: Kaiser Permanente, ID Experts, Experian Data Breach Resolution and Identity Finder, LLC

Independently conducted by Ponemon Institute LLC

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Fifth Annual Study on Medical Identity Theft

Ponemon Institute, February 2015

Part 1. Introduction

Ponemon Institute is pleased to present the results of our fifth annual study on medical identity theft. This annual study is conducted to determine how pervasive this crime is in the United States, how it affects the lives of victims and what steps should be taken by consumers, healthcare providers¹ and government to stop its proliferation. Since last year's study, medical identity theft incidents increased 21.7 percent.

Medical identity theft occurs when someone uses an individual's name and personal identity to fraudulently receive medical services, prescription drugs and/or goods, including attempts to commit fraudulent billing. In the context of this study, medical identity theft can also occur when an individual shares his or her health insurance credentials with others.

The research, sponsored by the Medical Identity Fraud Alliance (MIFA), confirms that medical identity theft is costly and complex to resolve. Because the crime can cause serious harm to its victims, it is critical for healthcare providers, health plans and technology/service providers to do more to help victims resolve the consequences of the theft and prevent future fraud. Government's increased influence and involvement in the delivery of healthcare services as a result of the Affordable Care Act (ACA) also requires it to become more proactive in addressing medical identity theft.

Key takeaways from this research:

Medical identity theft is costly to consumers. Unlike credit card fraud,² victims of medical identity theft can suffer significant financial consequences. Sixty-five percent of medical identity theft victims in our study had to pay an average of \$13,500 to resolve the crime. In some cases, they paid the healthcare provider, repaid the insurer for services obtained by the thief, or they engaged an identity service provider or legal counsel to help resolve the incident and prevent future fraud

Medical identity theft is a complicated crime to resolve. In the case of medical identity theft, the healthcare provider or insurer seldom informs the victim about the theft. Rather, on average, victims learn about the theft of their credentials more than three months following the crime and 30 percent do not know when they became a victim. Of those respondents (54 percent) who found an error in their Explanation of Benefits (EOB)³, about half did not know whom to report the claim to.

Resolution of medical identity theft is time consuming to resolve. Due to HIPAA privacy regulations, victims of medical identity theft must be involved in the resolution of the crime. In many cases, victims struggle to reach resolution following a medical identity theft incident. In our research, only 10 percent of respondents report achieving a completely satisfactory conclusion of the incident. Consequently many respondents are at risk for further theft or errors in healthcare records that could jeopardize medical treatments and diagnosis.

¹ Healthcare providers include physicians, dentists, nurses, pharmacists and others who provide health services to you and your family. An electronic health record (EHR) is an official health record for an individual that is shared among multiple facilities and agencies. Digitized health information systems are expected to improve efficiency and quality of care and, ultimately, reduce costs.

² The Fair Credit Billing Act (FCBA) limits a consumer's liability to \$50 when his or her credit card is used fraudulently.

³ An Explanation of Benefits (EOB) is a form or document that may be sent to you by your insurance company several months after you had a healthcare service that was paid by the insurance company. You should get an EOB if you have private health insurance, a health plan from your employer, Medicaid or Medicare.

Those who have resolved the crime spent, on average, more than 200 hours on such activities as working with their insurer or healthcare provider to make sure their personal medical credentials are secured and can no longer be used by an imposter and verifying their personal health information, medical invoices and claims and electronic health records are accurate. Finally, the impacted individual or a third party, such as the insurer or government agency paid the outstanding medical or insurance bills.

Medical identity theft can have a negative impact on reputation. Forty-five percent of respondents say medical identity theft affected their reputation mainly because of embarrassment due to disclosure of sensitive personal health conditions (89 percent of respondents). Nineteen percent of respondents believe the theft caused them to miss out on career opportunities. Three percent say it resulted in the loss of employment.

Consumers expect healthcare providers to be proactive in preventing and detecting medical identity theft. Although many respondents are not confident in the security practices of their healthcare provider, 79 percent of respondents say it is important for healthcare providers to ensure the privacy of their health records. Forty-eight percent say they would consider changing healthcare providers if their medical records were lost or stolen. If such a breach occurred, 40 percent say prompt notification by the organization responsible for safeguarding this information is important.

While medical identity theft cannot be completely prevented, there are steps both consumers and healthcare providers can take to slow its growth. Consumers should be informed about what they can do to prevent medical identity theft, including protecting their credentials from family and friends, monitoring their healthcare records and paying attention to insurance claims for possible signs their identity has been compromised. Twenty-five percent of medical identity theft victims in this study knowingly permitted a family member or friend to use their personal identification to obtain medical services and products and 24 percent say a member of the family took their credentials without their consent.

Healthcare providers and government have a responsibility to ensure the security of the personal information they collect and to prevent unauthorized access to patient records. This is clearly a concern for respondents. Fifty-five percent of respondents say new regulations under the Affordable Care Act increase their chances of becoming a victim of medical identity theft.

Part 2. Key findings & analysis

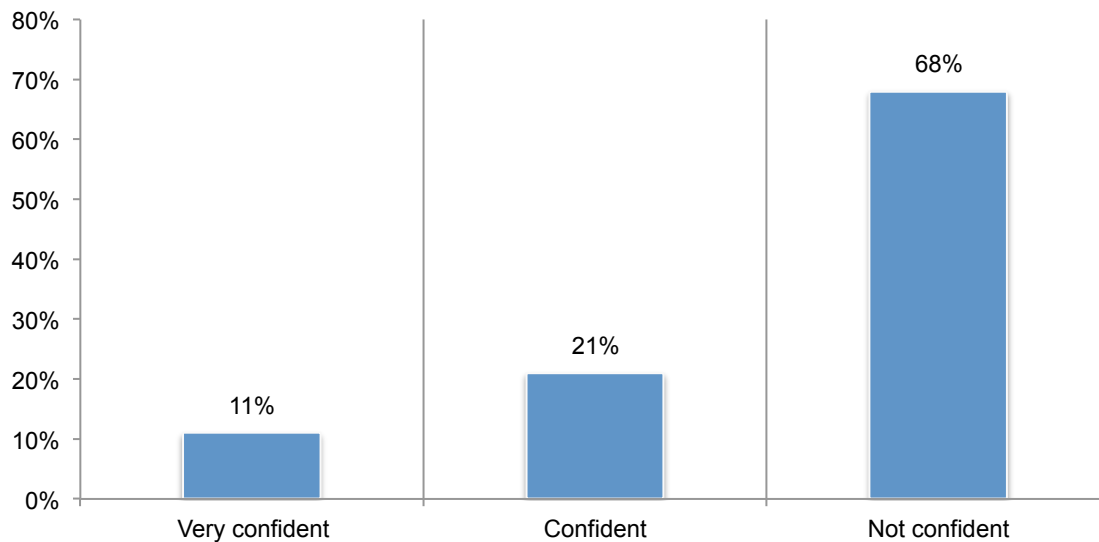
In this section, we provide an analysis of the findings. Whenever possible, we included findings from previous studies. The complete audited findings are presented in the appendix of this report. The report is organized according to the following themes:

- **Perceptions about the privacy and security of medical records**
- **Medical identity theft experience of respondents**
- **Solutions to reducing the number of medical identity theft incidents**

Perceptions about the privacy and security of medical records

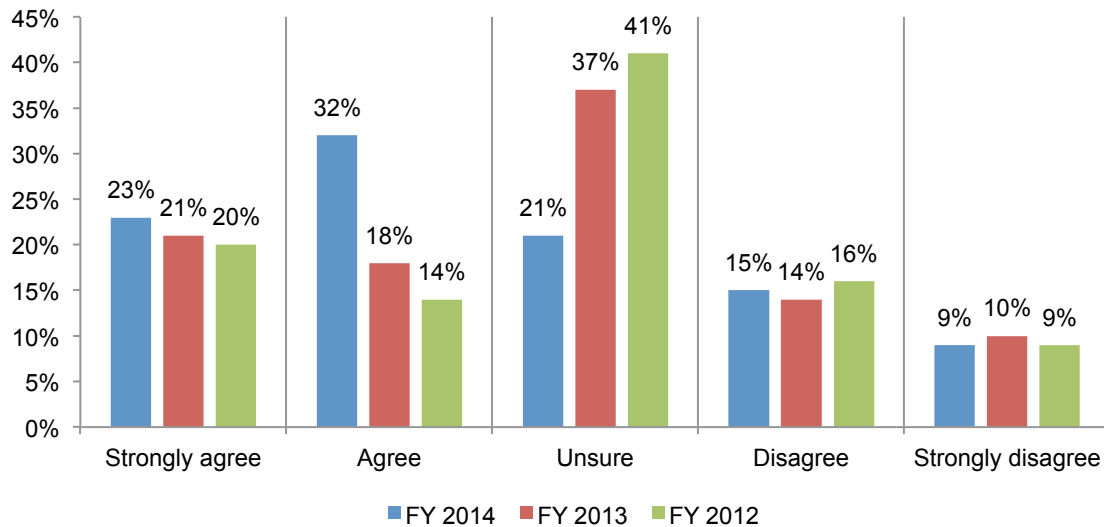
Many respondents lack confidence in their healthcare providers' ability to secure medical records. Only 37 percent of respondents say their healthcare providers have informed them about the measures they take to protect medical records. As shown in Figure 1, 68 percent of these respondents are not confident that these measures will keep their medical records secure.

Figure 1. Are you confident your healthcare providers' security measures will protect your medical records from loss or theft?



Worries about the impact of the Affordable Care Act (ACA) on the risk of medical identity theft increase dramatically. Since 2012, agreement that the ACA puts personal health information at risk has increased from 34 percent (20 percent strongly agree + 14 percent agree) to 55 percent of respondents (23 percent strongly agree + 32 percent agree), as shown in Figure 2. The ACA has both individuals and healthcare organizations worried about insecure websites, databases and health information exchanges that are vulnerable to insider and outsider threats.

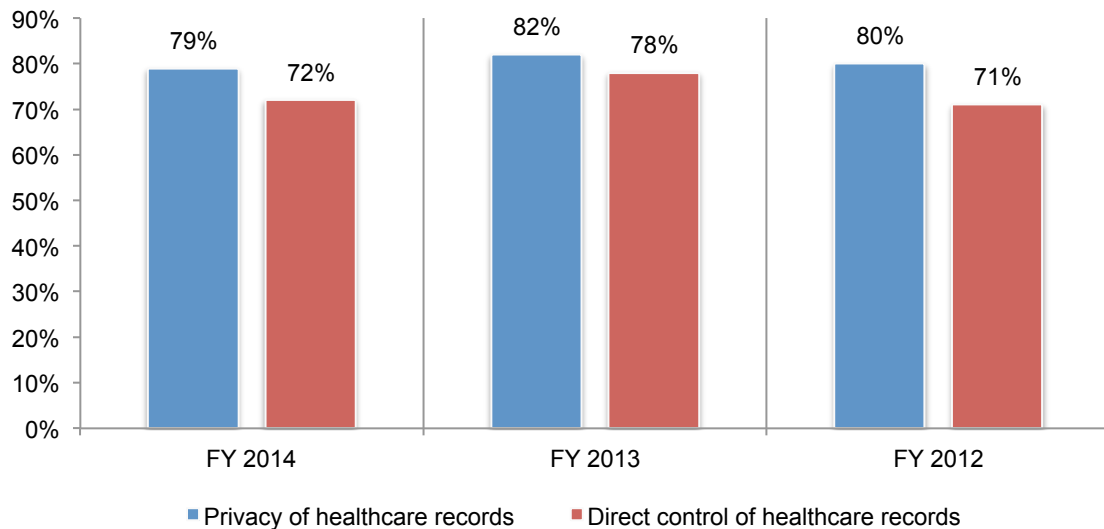
Figure 2. The Affordable Care Act increases my chances of becoming a victim of identity theft



Respondents want privacy and control over their medical records. Figure 3 reveals 79 percent of respondents say it is important for healthcare providers to ensure the privacy of their health records and this declined slightly from 82 percent in 2013. Control over their healthcare records is still considered important but has declined from 78 percent in 2013 to 72 percent in this year's research.

Figure 3. How important is it for healthcare providers to ensure privacy of health records and allow you to have direct control over your health records?

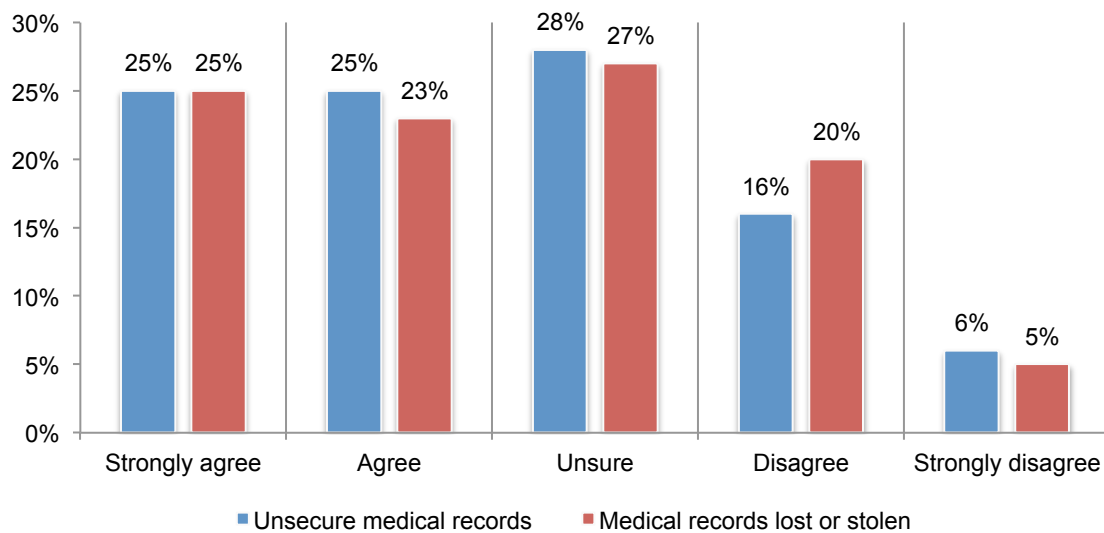
Very important and important response combined



Would a lapse in the security of medical records cause respondents to change healthcare providers? Respondents are divided as to whether the relationship with healthcare providers is as important as the privacy and security of their medical records. While 50 percent agree or strongly agree they would change healthcare providers if they were not confident in their healthcare providers' security practices, 28 percent of respondents are unsure they would make such a change and 22 percent (16 percent say they disagree or 6 percent strongly disagree) would not change providers.

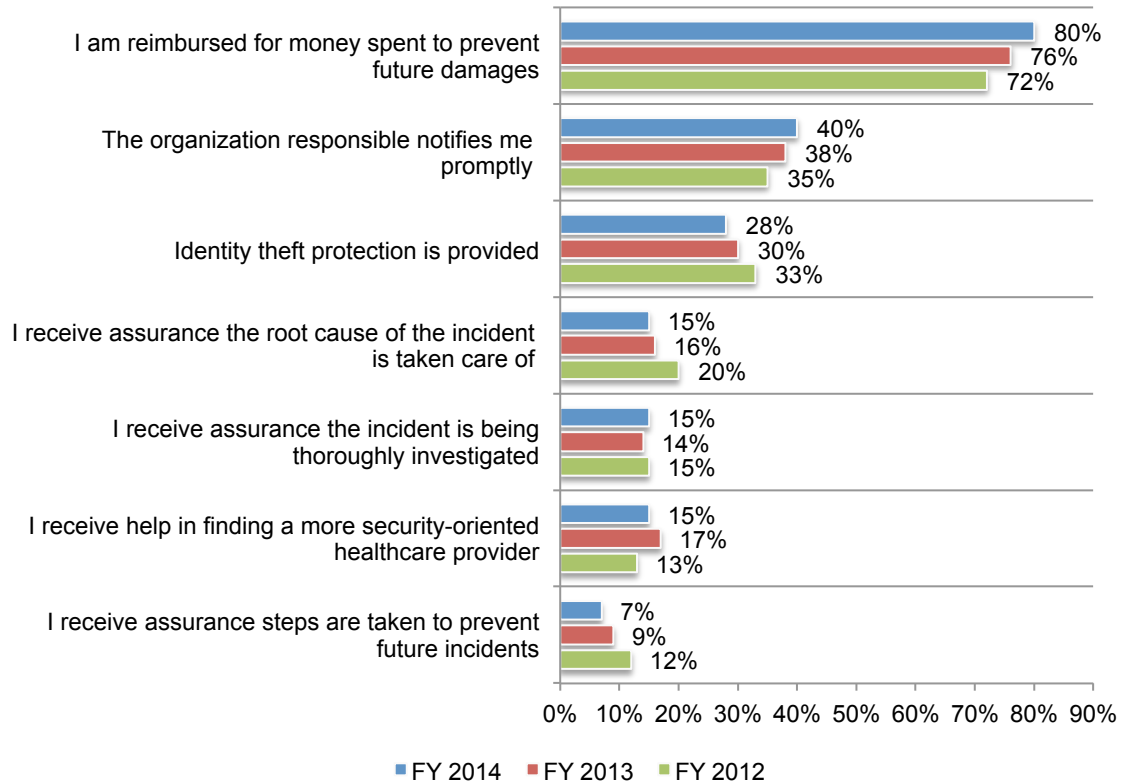
Would a data breach encourage a change in healthcare provider? Forty-eight percent (25 percent strongly agree + 23 percent agree) say they would change healthcare providers if they were informed their medical records were lost or stolen. However, more respondents (52 percent) say they are unsure (27 percent), disagree (20 percent) or strongly disagree (5 percent) a data breach would motivate them to change healthcare providers, as shown in Figure 4.

Figure 4. I would find another healthcare provider if I had concerns about the security of my medical records or if they were stolen



If notified of medical identity theft, victims would want reimbursement for what they spent to mitigate future damages. Figure 5 reveals the actions desired by respondents following a medical identity theft. The top three are: reimbursement for costs incurred to mitigate potential future damages (80 percent of respondents), prompt notification by the organization responsible for safeguarding this information (40 percent of respondents) and provision of identity protection services (28 percent of respondents). Since 2012, there is more interest in prompt notification and reimbursement for money spent by the victims to prevent future damages.

Figure 5. What actions are most important following the theft of your medical records?
More than one response permitted



Medical identity theft experience of respondents

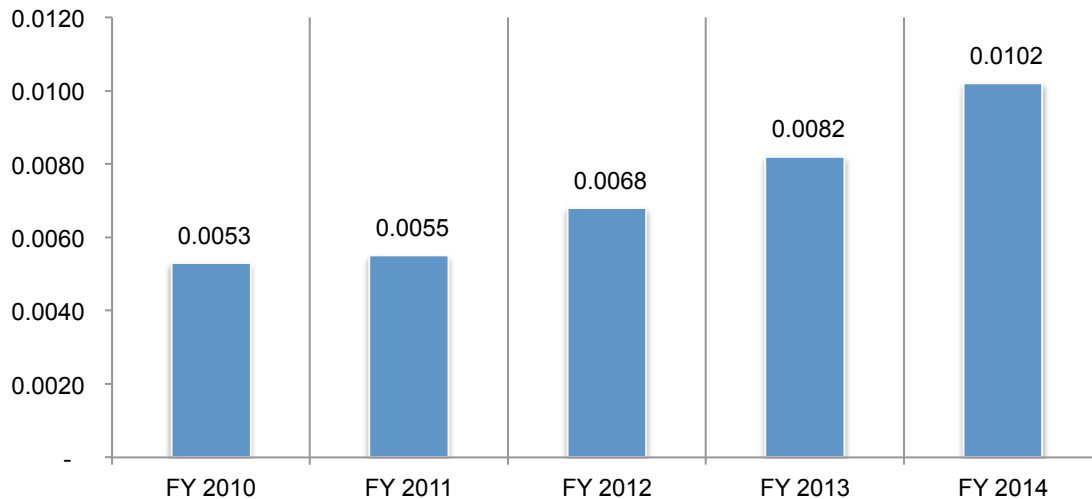
In this study, we asked respondents whether they had their medical identity stolen or if they willingly provided their medical identity to a family member or friend and as a result became a victim of medical identity theft. While all respondents were victims of some form of identity theft, 86 percent of respondents in this study were victims of medical identity theft. Fifty-two percent of these respondents say they had their medical identity theft stolen, 21 percent say the victim was a spouse or partner and 13 percent say it was a parent.

The financial consequences of medical identity theft can be significant for victims. Sixty-five percent of respondents in this study spent some amount of money as a result of the medical identity theft. The average cost for those who had to pay was \$13,453.38.⁴

Medical identity theft crimes steadily increase. The five-year growth rate of the medical identity theft U.S. population base was extrapolated using discovery-sampling methods. We randomly surveyed U.S. consumers to determine their victim or non-victim status. Those who indicated they were medical identity theft victims were included in the base rate group. This year we collected 51 bona fide identity theft victims after sampling 5,000 trials. Figure 6 shows the base rates over five years, showing a sharp increase in 2014.

Figure 6. Medical identity theft base rates over five years

Base rates are calculated from sample evidence



⁴Respondents were instructed to consider the following cost categories in their estimate: (1) Money spent plus lost time correcting records and restoring true identity; (2) All out-of-pocket costs for medical services and medications because of lapse in healthcare coverage; (3) All reimbursements to healthcare providers to pay for services provided to imposters.

Table 1 provides the estimate of the scope of medical identity theft in the United States for 2014. From U.S. Census data and the computation of the medical identity theft base rate, we estimate that 2.32 million adult-aged Americans or close family members became victims of medical identity theft during or before 2014. The increase from last year's estimate of 1.84 million individuals represents a net change of 21.7 percent. The incremental difference between 2013 and 2014 provides an estimated 481,657 new cases.

Table 1. Estimated U.S. population of medical identity theft victims	Calculus
U.S. population in 2014 (source: Census Bureau)	320,073,000
U.S. population below 18 years of age	29%
U.S. adult-aged population	223,940,455
Base rate for medical identity theft in 2014	0.0102
Estimated number of medical identity theft victims	2,317,969

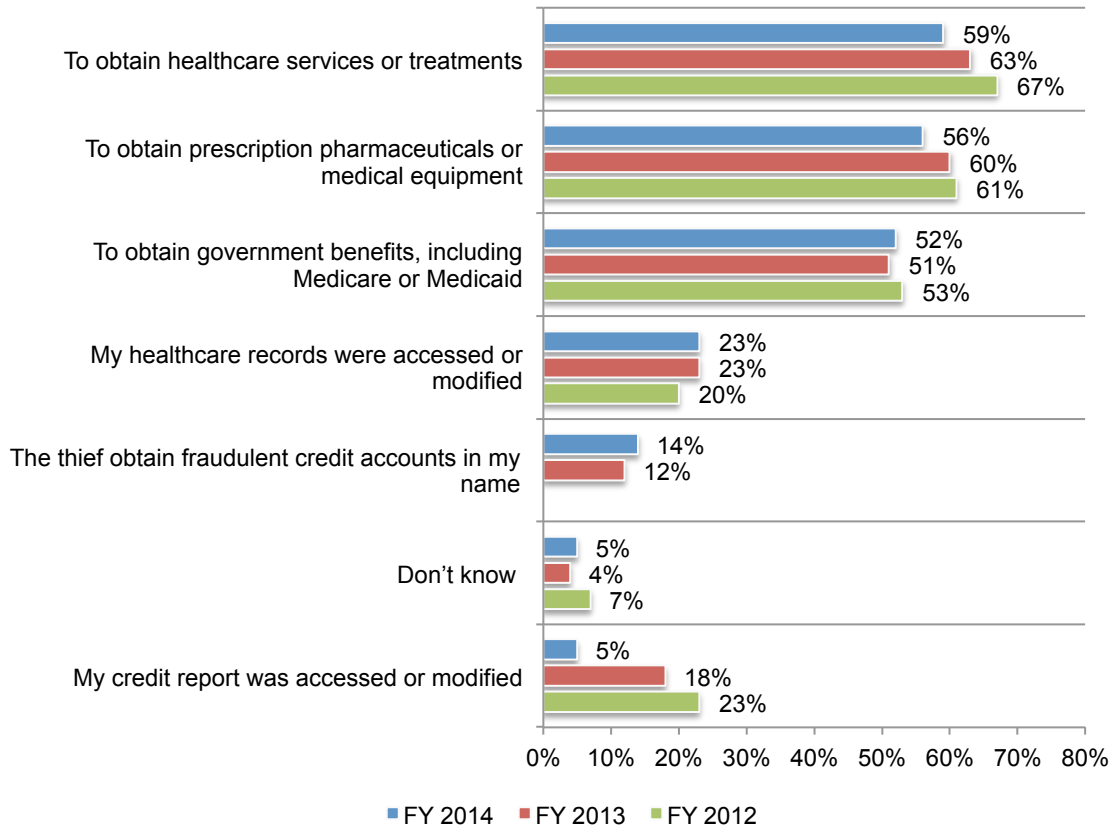
In addition to discovery sampling to estimate population base rates, we surveyed another sample of 1,005 individuals who were most likely victims of identity theft crime.⁵ Eighty-six percent of these individuals had their medical identity stolen or they willingly provided their medical identity to a family member or friend and as a result became a victim of medical identity theft.

⁵The sampling frame of identity theft victims was developed from an original sample of adult-aged consumers. This specialized and proprietary sampling frame has been maintained and updated since its inception on 2010.

Most often medical credentials were stolen to obtain services, benefits or products. According to Figure 7, 59 percent say the thief used their credentials to obtain healthcare services or treatments, to obtain prescription pharmaceuticals or medical equipment (56 percent) or to receive government benefits, including Medicare or Medicaid (52 percent). Only 23 percent of respondents say their healthcare records were accessed or modified as a result of the medical identity theft and 14 percent say it was to open up fraudulent credit accounts in their name.

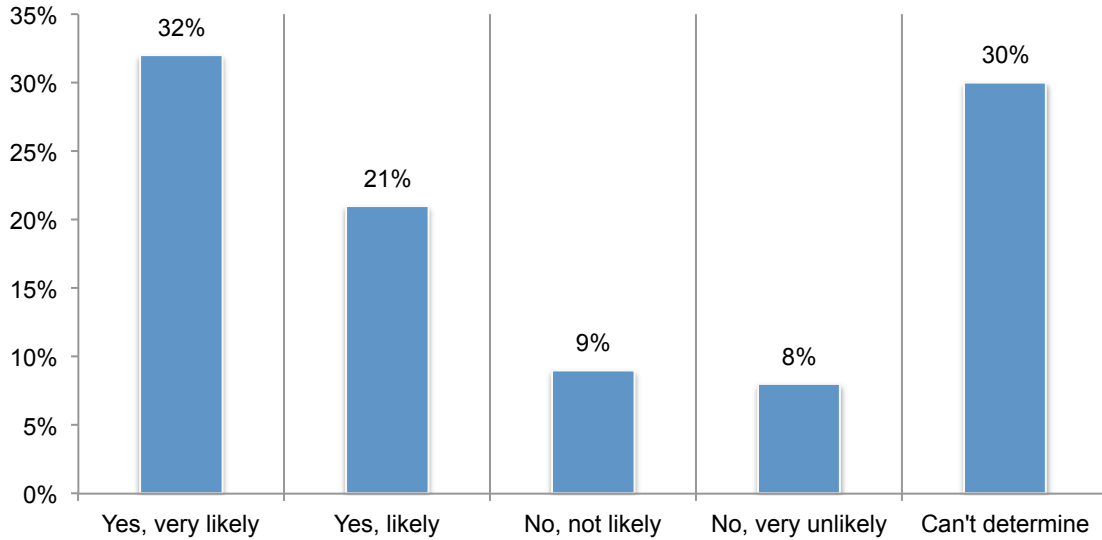
Figure 7. Why was your medical identity stolen?

More than one response permitted



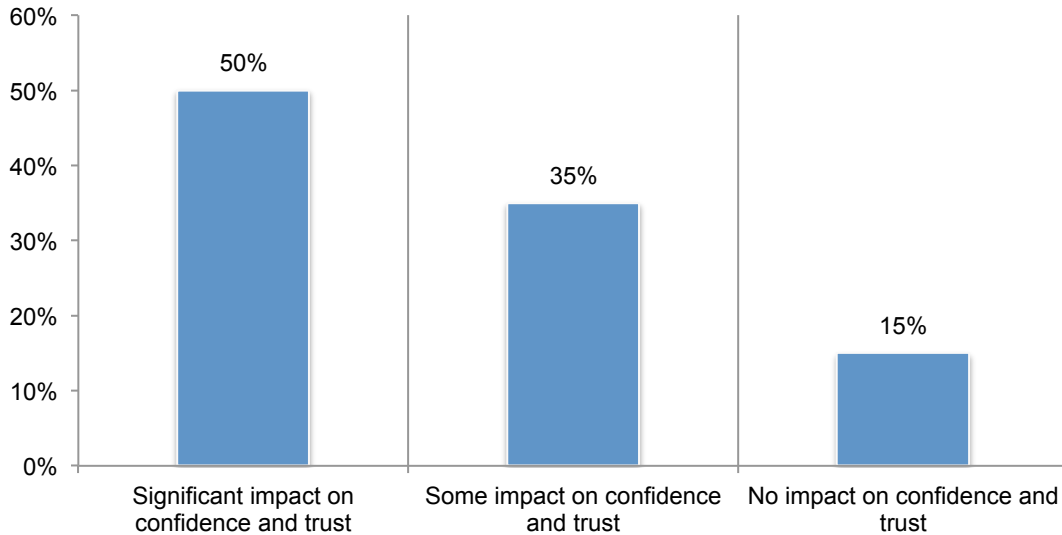
The healthcare provider’s negligence is believed to have caused or contributed to the incident. For the first time, we asked respondents what role the healthcare provider played in the medical identity theft incident. Figure 8 reveals that 53 percent (32 percent + 21 percent) believe negligence was very likely or likely a factor but 30 percent were unsure and could not determine if it was.

Figure 8. Did your healthcare provider’s negligence cause or contribute to your medical identity theft?



As shown in Figure 9, 50 percent of these respondents who believe the crime was due to the healthcare providers’ negligence say it had a significant impact on confidence and trust and 35 percent say it had some impact on confidence and trust. Only 15 percent believe it had no impact on their confidence and trust in the healthcare provider.

Figure 9. If yes, did it diminish your trust in your healthcare provider?

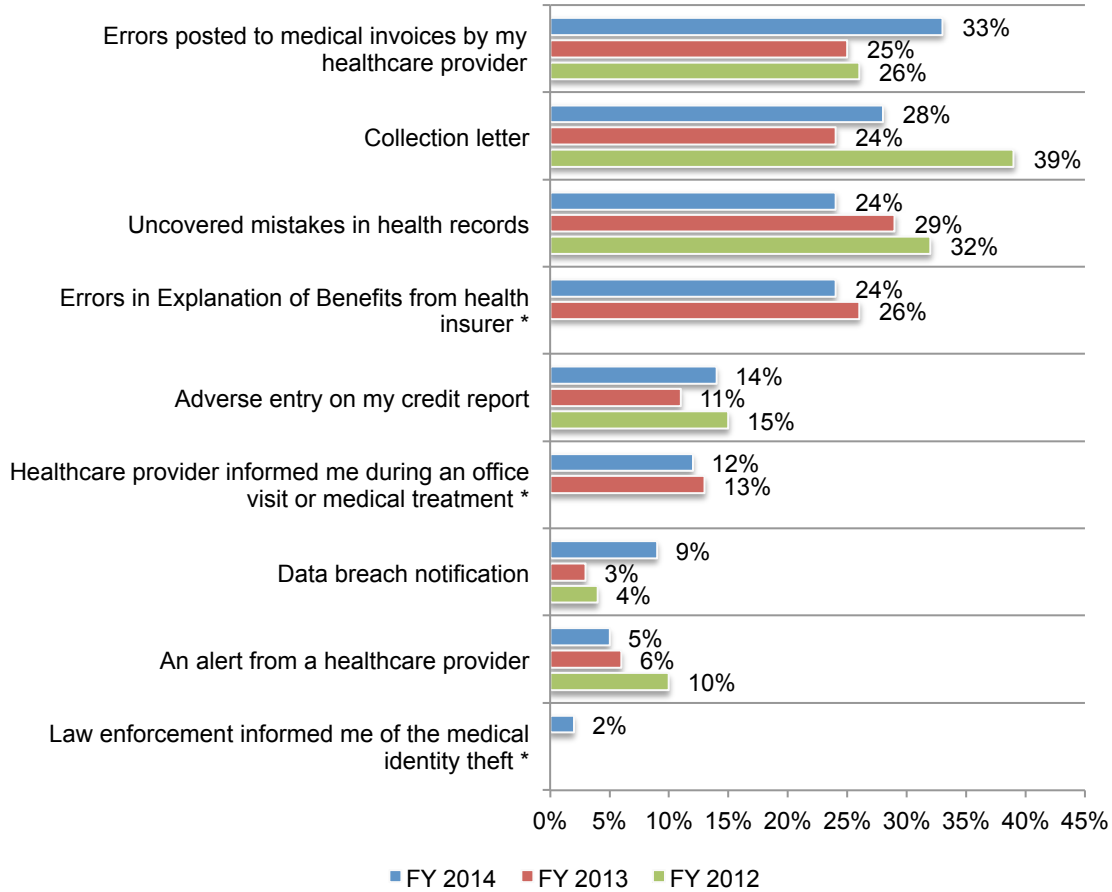


The healthcare provider or insurer seldom informs the victim about the theft. Rather, victims learn on their own because of errors in medical invoices and collection letters. According to Figure 10, 33 percent of respondents say it was an error posted by their healthcare provider to their medical invoice that alerted them to the theft. This can explain why 53 percent of respondents believe healthcare providers caused or contributed to the incident.

Twenty-eight percent say it was a collection letter. This is followed by errors in EOBs from the health insurer (24 percent) and uncovered mistakes in health records (24 percent).

Figure 10. How did you learn about the medical identity theft?

More than one response permitted

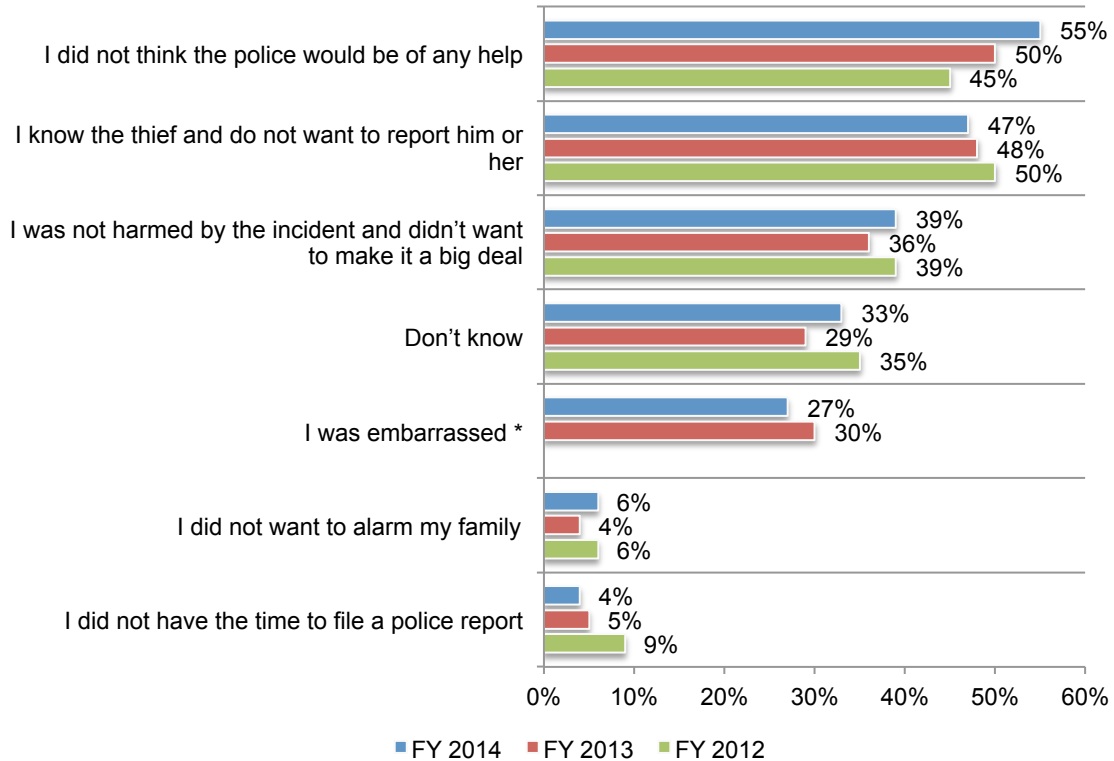


* This response was not available for all fiscal years

Medical identity theft often goes unreported. Most respondents did not learn about the incident until more than three months after it occurred and 30 percent do not know when they became a victim. When they did learn, only 40 percent reported it to law enforcement or other legal authorities.

Figure 11 reports the main reasons for not reporting the medical identity theft. First, they did not think the police would be helpful (55 percent), they know the thief and did not want to report him or her (47 percent) and there was no harm and didn't want to make it a big deal.

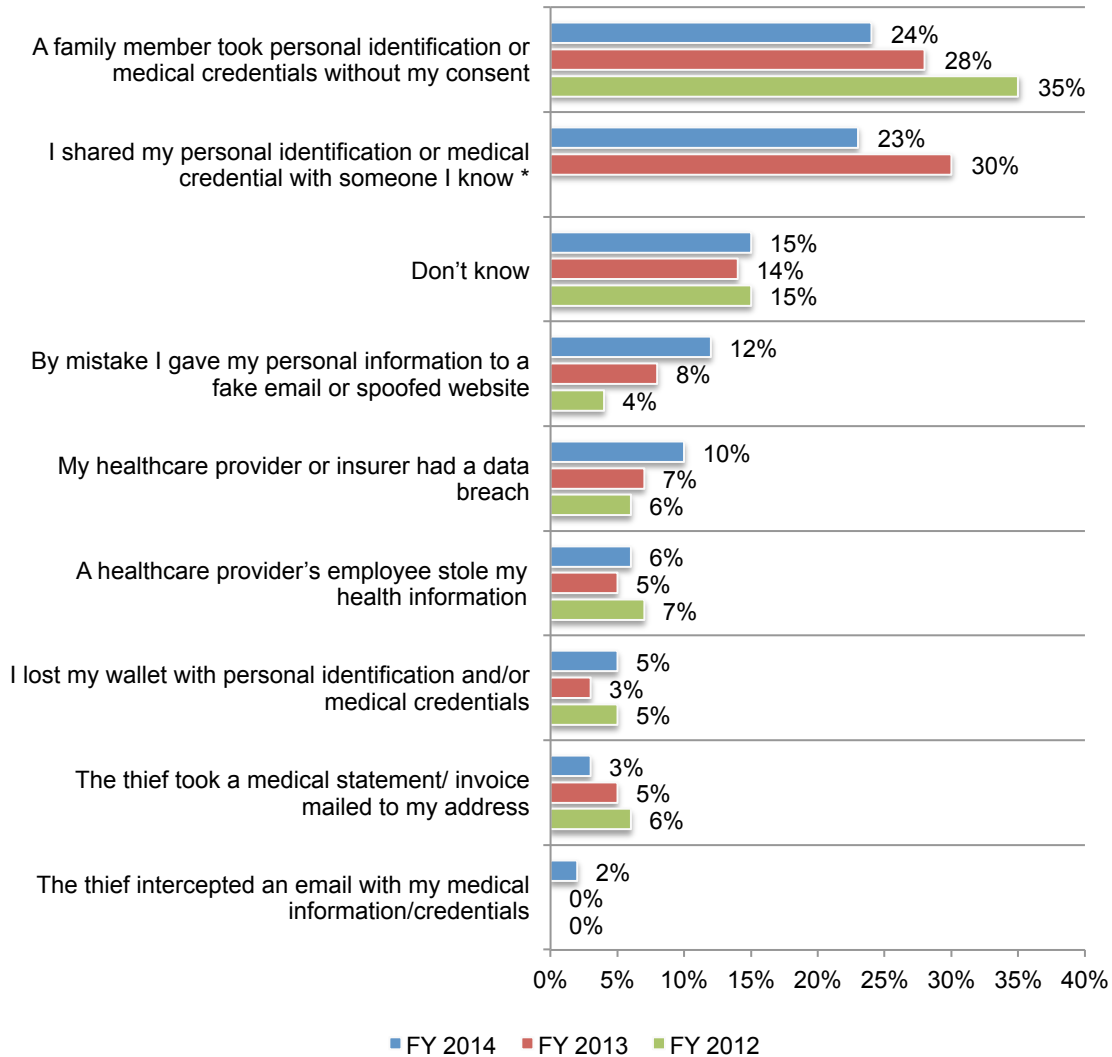
Figure 11. Why didn't you report the medical identity theft?



* This response was not available for all fiscal years

Medical identity theft continues to be a family and friends crime. However, as shown in Figure 12, since 2012 medical identity theft due to a family member taking personal identification or medical credentials without the victim’s consent declined from 35 percent of respondents to 24 percent of respondents. Sharing credentials declined from 30 percent to 23 percent. Giving personal information to a fake email or spoofed website increased significantly from 4 percent of respondents in 2012 to 12 percent in this year’s study. Fifteen percent do not know the cause.

Figure 12. How did the medical identity theft happen?

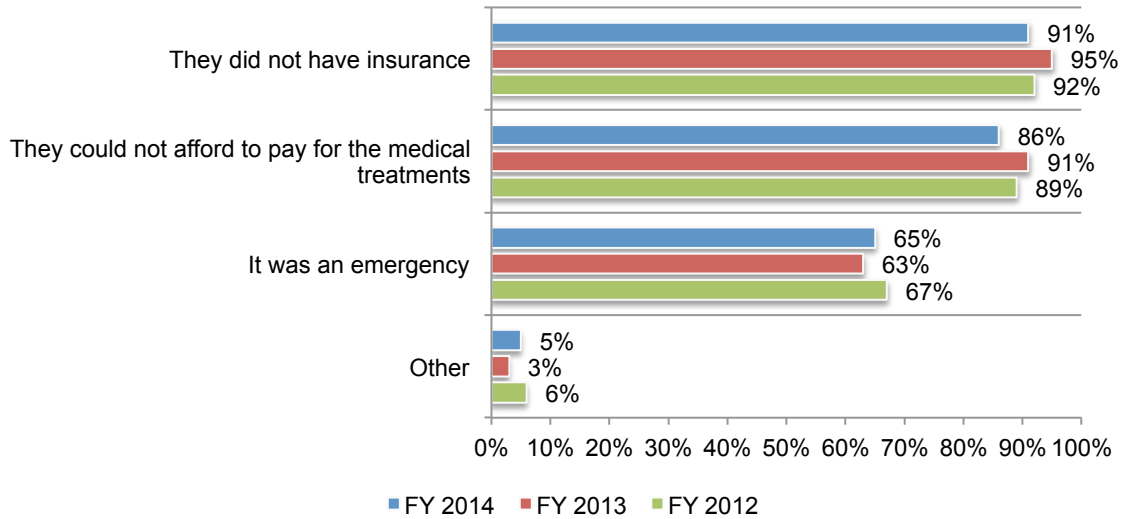


* This response was not available for all fiscal years

Why medical identity theft victims shared credentials. According to Figure 13, the primary reasons for sharing are because the person did not have insurance (91 percent), could not afford to pay for treatments (86 percent) or it was an emergency (65 percent).

Figure 13. Why did you let a family member or someone you know use your credentials to obtain medical services?

More than one response permitted

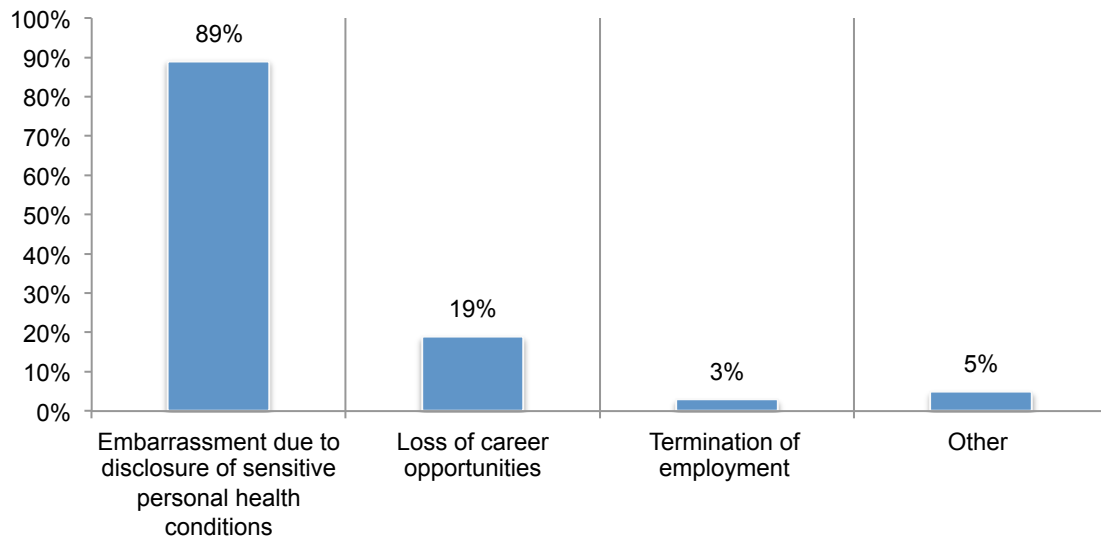


Victims of medical identity theft experience embarrassment and financial consequences.

Forty-five percent of respondents say the medical identity theft incident had a negative impact on their reputation. As shown in Figure 14, it was primarily because of embarrassment due to the disclosure of sensitive personal health conditions (89 percent).

Figure 14. How did the medical identity theft incident affect your reputation?

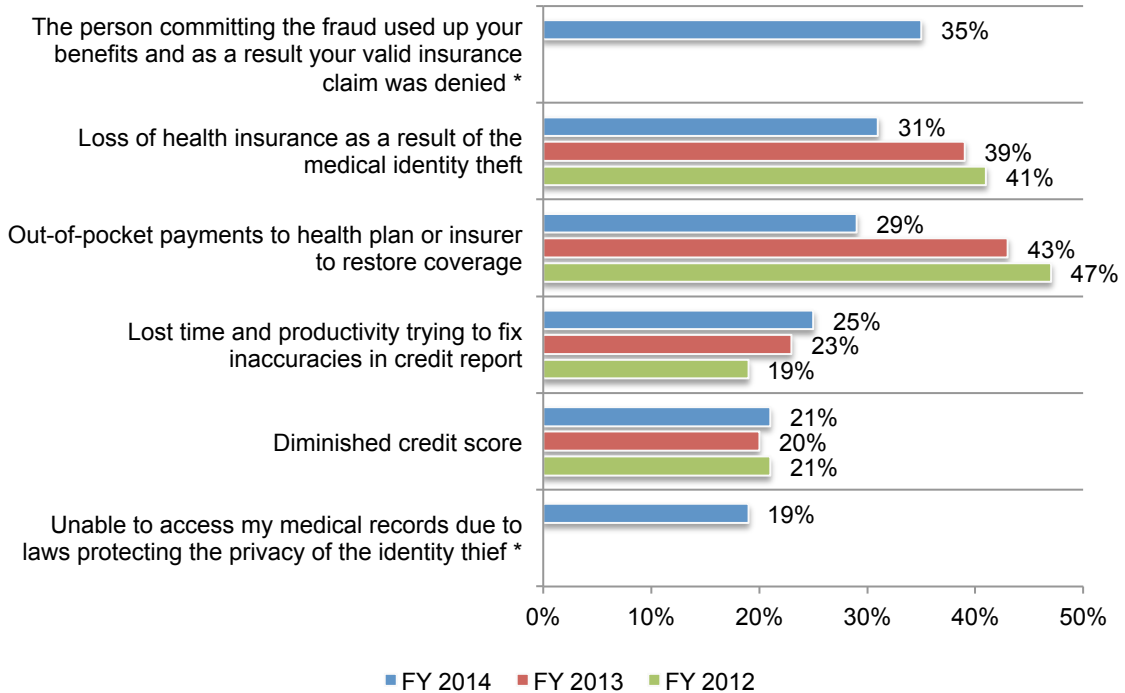
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Medical identity theft most often impacts the victim's insurance. As shown in Figure 15, 35 percent say the person committing the fraud used up their benefits and as a result their valid insurance claim was denied and 31 percent say they lost their health insurance as a result of the medical identity theft. Twenty-nine percent say they made out-of-pocket payments to their health plan or insurer to restore coverage.

Figure 15. What was the worst thing that happened from the medical identity theft?

More than one response permitted



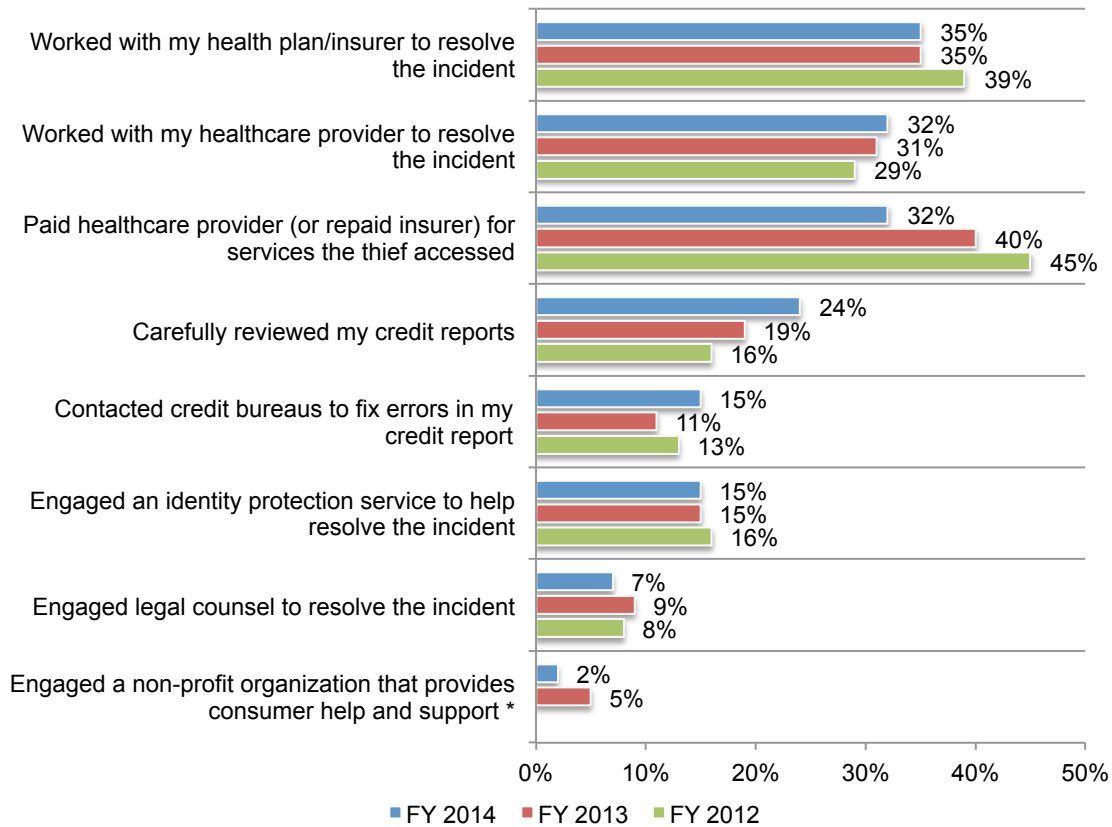
* This response was not available for all fiscal years

Resolution of the identity theft incident takes time and often never occurs. Only 10 percent of respondents say they or their immediate family members completely resolved the identity theft incident. Thirty-seven percent say they are in the process of resolving the incident. Fifty percent of respondents say they are unsure how long they spent resolving the incident.

The steps most often taken by those who were able to resolve the incident included working with their health plan and/or insurer (35 percent), working with their healthcare provider to resolve the incident (32 percent) and paying the healthcare provider (or repaying the insurer) for services obtained by the thief (32 percent), as shown in Figure 16.

Figure 16. How did you resolve the medical identity theft?

More than one response permitted



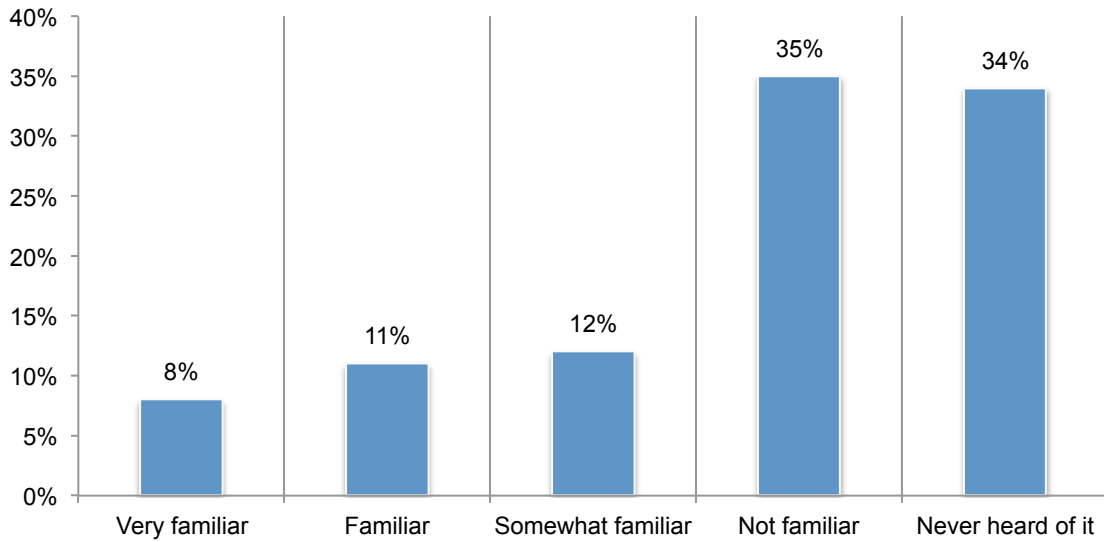
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Solutions to reduce medical identity theft

According to the findings of this study, consumers, healthcare providers and government can take steps to mitigate the risk of medical identity theft.

Respondents should be informed about their privacy rights. Knowledge about the Health Insurance Portability and Accountability Act (HIPAA) and the Standards for Privacy of Individually Identifiable Health Information is minimal among respondents. Despite having to sign HIPAA statements when seeking medical care, only 19 percent are very familiar or familiar with the privacy protections in the Act. They may know about HIPAA, however, 34 percent never heard about the privacy protections, as shown in Figure 17.

Figure 17. How familiar are you with HIPAA and Standards of Privacy of Individually Identifiable Health Information

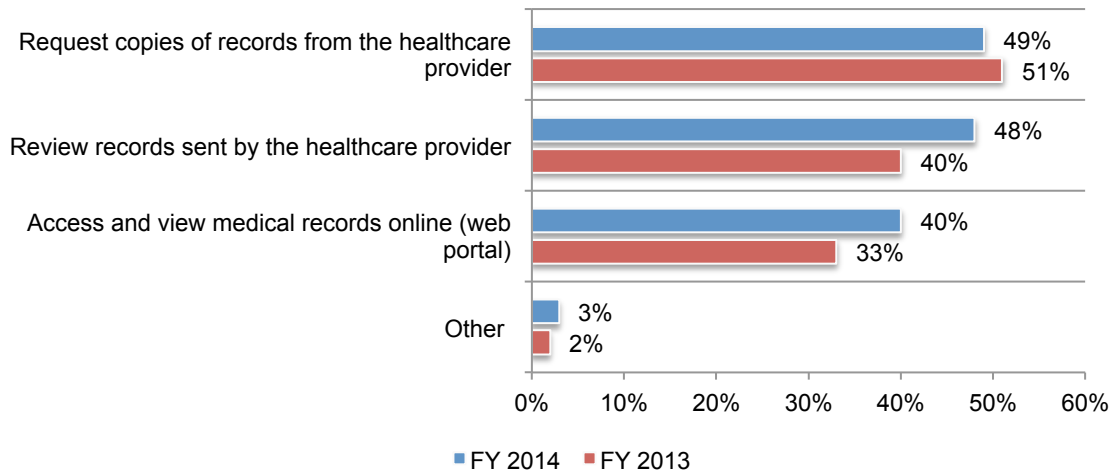


A more careful review of electronic health records (EHR) could reduce the consequences of medical identity theft. To protect the accuracy of their health records and ensure they are not victims of medical identity theft, it is important for individuals to check these records. Despite the fact that respondents in this study have been victims of some type of identity theft, only 17 percent check their records for accuracy most of the time and 23 percent check some of the time. That means 60 percent of identity theft victims are not taking this precautionary step.

If they do check, the most common ways are shown in Figure 18: requesting copies of their records from their healthcare provider (49 percent), reviewing records sent by the healthcare provider (such as explanation of benefits) (48 percent of respondents) and accessing and viewing medical records online (40 percent).

Figure 18. How do you check your health records for accuracy?

More than one response permitted

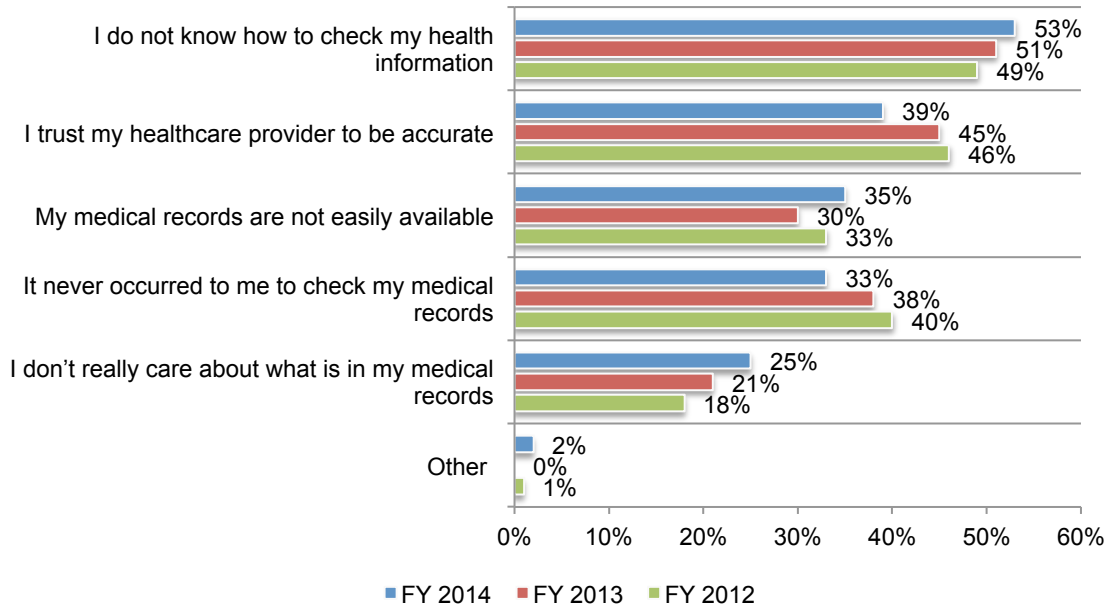


Healthcare providers need to make health records accessible and easy to correct.

According to Figure 19, the reason why the 60 percent of respondents do not check their records is because they do not know how to check (53 percent). Thirty-nine percent of respondents say they trust their healthcare provider to be accurate, medical records are not available (35 percent) followed by it never occurred to them to check their records (33 percent). An interesting trend from the previous studies is the decline in trust respondents have that the healthcare provider will ensure that information in their medical records will be accurate (a decline from 45 percent in 2013 and 46 percent in 2012).

Figure 19. Why don't you check your health records for accuracy?

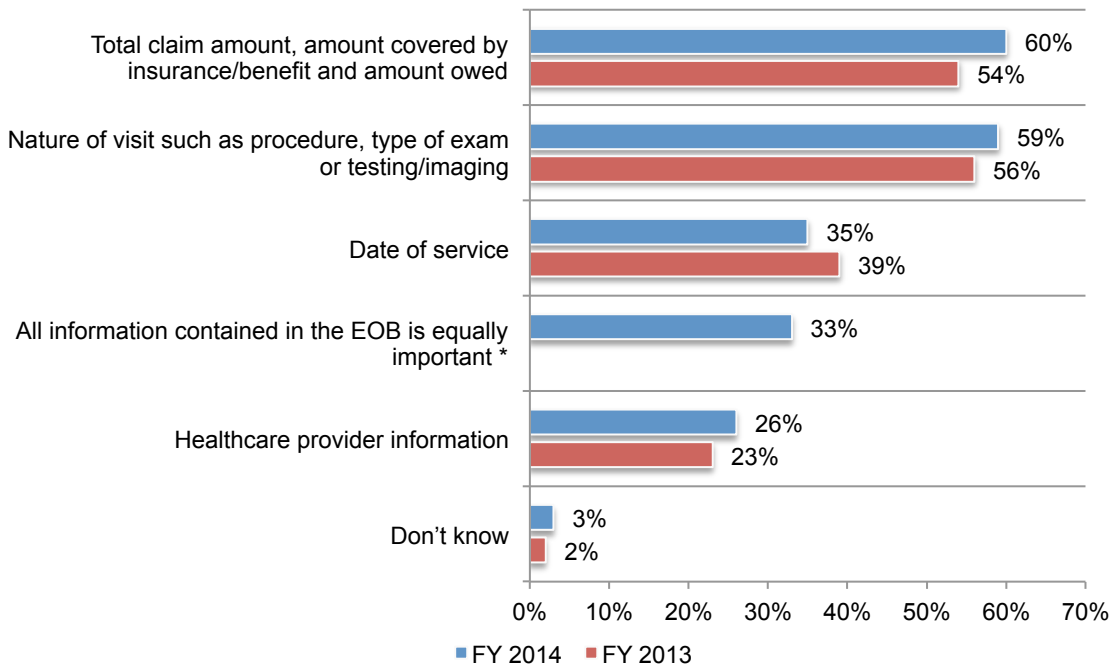
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Explanation of Benefits (EOBs) can signal if individuals have had their identity stolen and if they are at risk. Only 20 percent of respondents say they read their EOBs all the time and 30 percent say they read them some of the time. According to Figure 20, these respondents say the most important information in these EOBs is the total claim amount (the amount covered by insurance/benefit and amount owed) (60 percent) and the nature of the procedure, type of exam or testing (59 percent) and date of service (35 percent).

Figure 20. What information is most important to ensure the EOBs are correct?

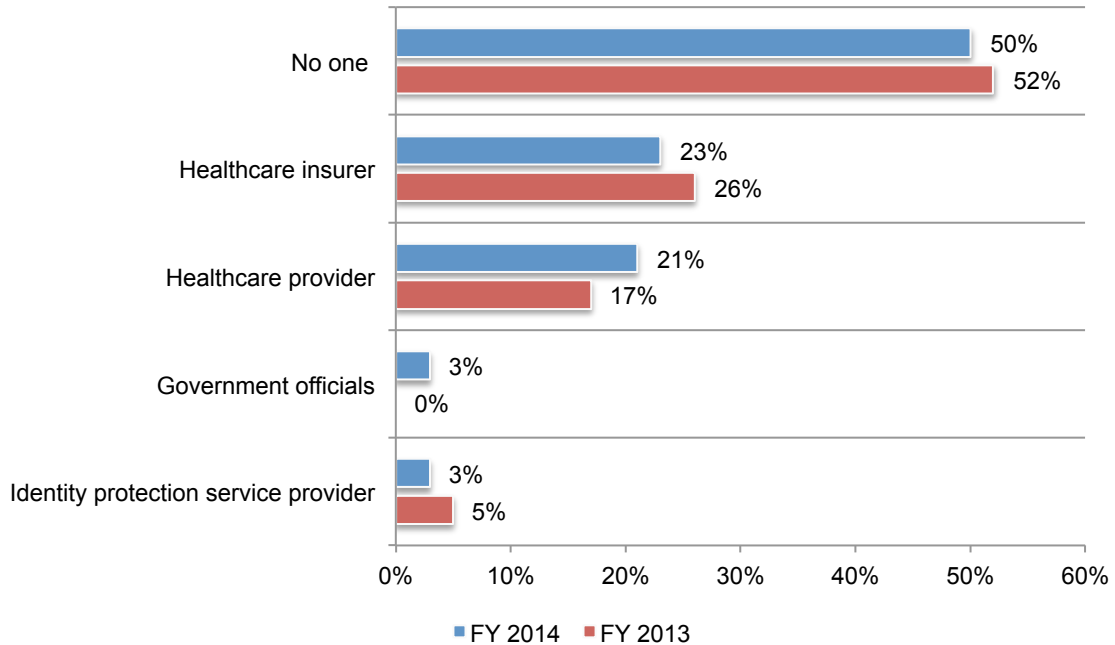
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* This response was not available for all fiscal years

EOBs should be easy to correct. Of those respondents who read their EOBs, 54 percent say they saw a claim from a healthcare provider they did not recognize. This is similar to last year when 51 percent said they saw a strange claim. Despite an error in their EOBs, 50 percent did not report it because uncertainty as to the person or organization they should contact. Twenty-three percent say they reported it to their healthcare insurer and 21 percent say they told their healthcare provider, as shown in Figure 21.

Figure 21. Whom did you report the claim to?



Part 3. Conclusion

To reduce the risk of medical identity theft, healthcare providers and insurance providers should help consumers gain more control over their medical records. This includes making EHRs accessible to consumers and helping them to correct any errors they might contain. EOBs should also provide information on the importance of reporting errors and to whom they should be reported.

Healthcare providers also have a responsibility to inform individuals of the negative consequences of sharing their medical credentials with others. Further, healthcare providers, organizations and government must improve their authentication procedures to insure imposters are not obtaining medical services, pharmaceuticals and products.

Following are recommendations for individuals, healthcare providers, insurers and government to curb the rise of medical identity theft:

- Monitor credit reports and billing statements for possible medical identity fraud. For example, an unpaid balance on a statement for medical procedures, products or pharmaceuticals may suggest someone has committed fraud. Victims of medical identity theft should be encouraged to report the crime to law enforcement.
- Periodically check with the primary physician to ensure the accuracy of medical records. Specifically, check to see if the records accurately reflect the procedures, treatments, prescription and other medical activities that have been conducted. Also, look for any inaccuracies concerning health profiles such as blood type, pre-existing conditions, allergies and so forth.
- Individuals should engage the services of an identity protection provider if there are any concerns about the ability to monitor and protect their identity.
- Individuals should be made aware that sharing their personal identification is fraud and could result in significant costs to the government and healthcare industry and, ultimately, the taxpayer as a result of medical services, products and pharmaceuticals illegally obtained.
- In turn, healthcare providers, government agencies and insurance companies should understand the financial impact to their organizations. In addition to safeguarding the patient data entrusted to their care from breaches, their responsibility should be to ensure that all patients are properly authenticated prior to receiving medical services and products. By doing so, both the medical and financial consequences of this crime could be minimized.

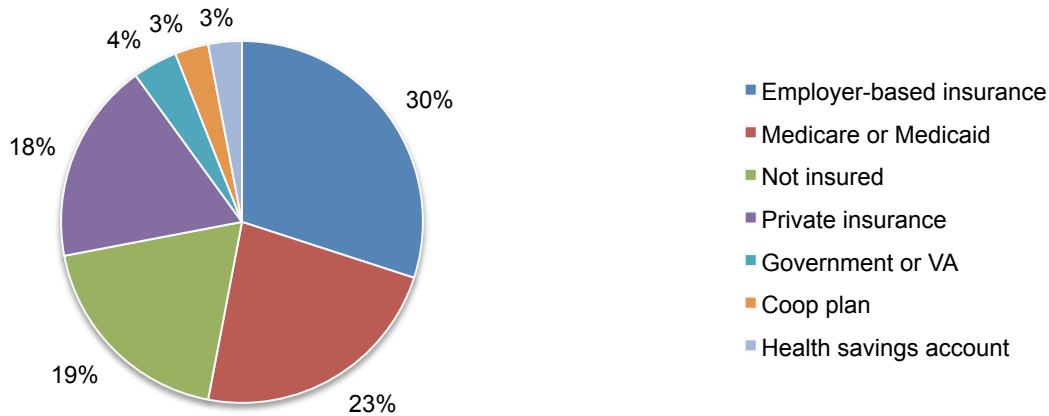
Part 4. Methods

A sampling frame of 49,266 individuals located in all regions of the United States was selected as participants to this survey. This sampling frame contained adult aged individuals (18 + years) who were victims of identity theft. Table 2 shows 1,158 respondents completed the survey. Screening and reliability checks removed 153 surveys, which resulted in a final sample of 1,005 respondents or a 2 percent response rate.

Table 2. Survey response	FY 2014	FY 2013	FY 2012
Total sample frame	49,266	43,778	40,001
Total survey returns	1,158	901	905
Rejected or screened surveys	153	111	148
Final sample	1,005	790	757
Response rate	2.0%	1.8%	1.9%

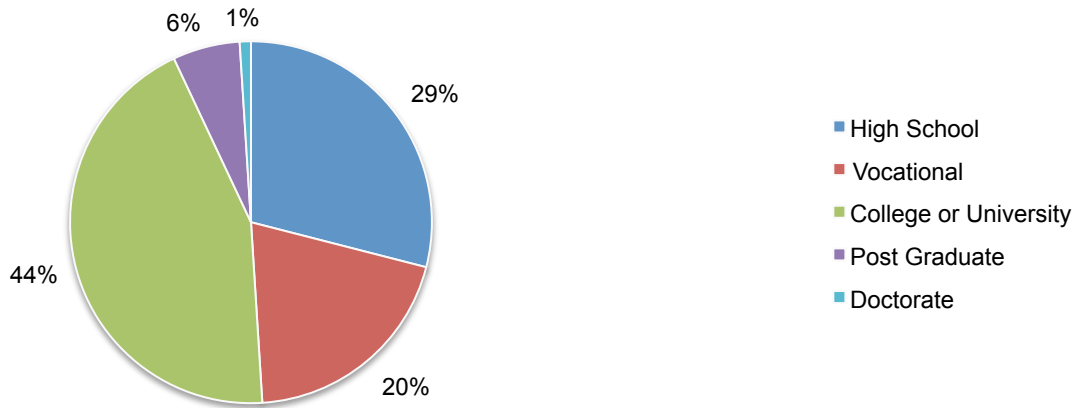
Pie Chart 1 reveals that 30 percent of respondents in the 2014 sample have employer-based insurance, 23 percent have Medicare or Medicaid and 19 percent are not insured.

Pie Chart 1. Respondents' current health insurance or plan



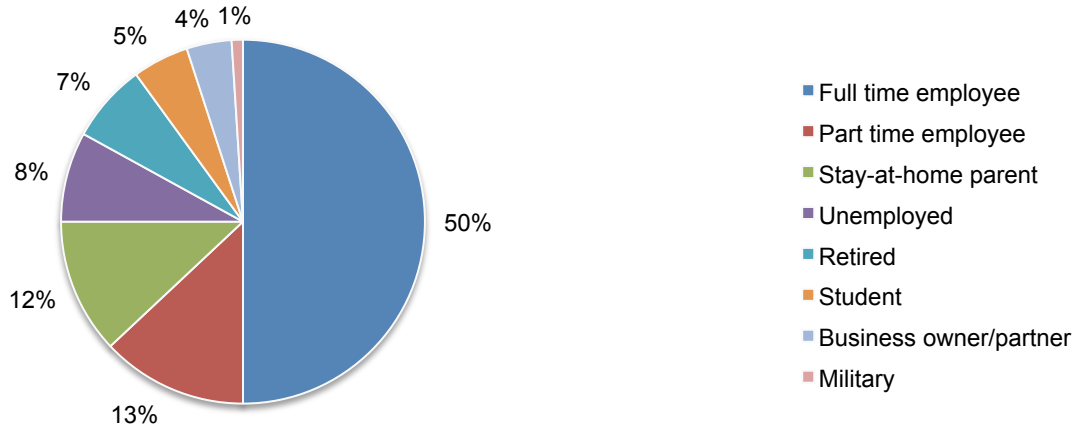
According to Pie Chart 2, more than half (51 percent) of the respondents have attained a college, post graduate or doctorate education level.

Pie Chart 2. Highest level of education attained



Fifty percent of respondents are employed full time, 13 percent are employed on a part time basis and another 12 percent reported they are a stay-at-home parent, as shown in Pie Chart 3.

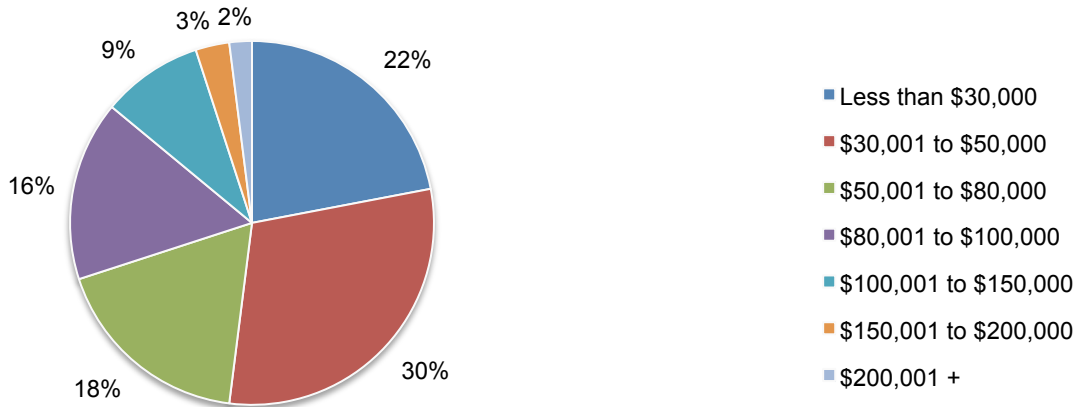
Pie Chart 3. Present employment status



Pie Chart 4 shows the distribution of respondents according to their self-reported household income level. As shown, 52 percent of respondents reported an income level at or below \$50,000 per annum. The extrapolated average household income level for the 2014 sample is \$69,500.

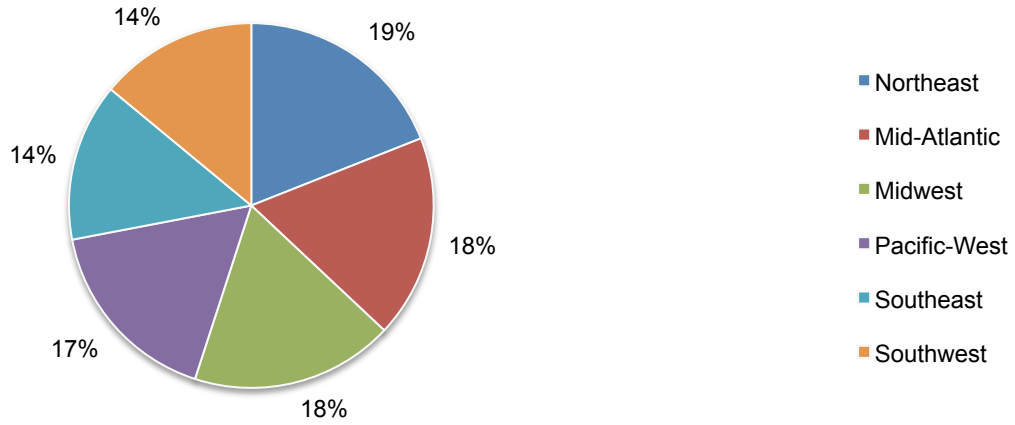
Pie Chart 4. Total household income

Extrapolated value = \$69,500



Pie Chart 5 shows the distribution of sample respondents by geographic region. The largest regions are the Northeast, Mid-Atlantic and Midwest. The smallest regions are the Southeast and Southwest.

Pie Chart 5. Respondents' location by U.S. region



Part 5. Caveats

There are inherent limitations to survey research that need to be carefully considered before drawing inferences from findings. The following items are specific limitations that are germane to many consumer-based surveys.

- Non-response bias: The current findings are based on a sample of survey returns. We sent surveys to a sample of adult-aged consumers located in all regions of the United States, resulting in a large number of usable returned responses. Despite non-response tests, it is always possible that individuals who did not participate are substantially different in terms of underlying beliefs from those who completed the instrument.
- Sampling-frame bias: The accuracy is based on contact information and the degree to which the sample is representative of individuals who are likely to suffer from an identity theft crime. We also acknowledge that the results may be biased by external events such as media coverage at the time we fielded our survey.

We also acknowledge bias caused by compensating respondents to complete this research within a holdout period. Finally, because we used a web-based collection method, it is possible that non-web responses by mailed survey or telephone call would result in a different pattern of findings.

- Self-reported results: The quality of survey research is based on the integrity of confidential responses received from subjects. While certain checks and balances can be incorporated into the survey process, there is always the possibility that certain respondents did not provide accurate responses.

Ponemon Institute

Advancing Responsible Information Management

Ponemon Institute is dedicated to independent research and education that advances responsible information and privacy management practices within business and government. Our mission is to conduct high quality, empirical studies on critical issues affecting the management and security of sensitive information about people and organizations.

As a member of the **Council of American Survey Research Organizations (CASRO)**, we uphold strict data confidentiality, privacy and ethical research standards. We do not collect any personally identifiable information from individuals (or company identifiable information in our business research). Furthermore, we have strict quality standards to ensure that subjects are not asked extraneous, irrelevant or improper questions.

Appendix: Detailed Results

The following tables provide the frequency of responses to all survey questions contained in this study. All survey responses were captured in November 2014.

Survey response	FY 2014	FY 2013	FY 2012
Total sample frame	49,266	43,778	40,001
Total survey returns	1,158	901	905
Rejected or screened surveys	153	111	148
Final sample	1,005	790	757
Response rate	2.0%	1.8%	1.9%

Part 1. Healthcare provider privacy

Q1a. Does your healthcare provider inform you about the measures they are taking to protect your medical records?	FY 2014
Yes	37%
No	63%
Total	100%

Q1b. If yes, how confident are you that the measures taken by your healthcare provider will keep your medical records private and secure?	FY 2014
Very confident	11%
Confident	21%
Not confident	68%
Total	100%

Q2. If you were informed that your medical records were lost or stolen, what actions listed below would be most important to you? Please select the two most important actions.	FY 2014	FY 2013	FY 2012
Prompt notification by the organization responsible for safeguarding this information	40%	38%	35%
Provision of identity protection services	28%	30%	33%
Assistance in finding a more security-oriented healthcare provider	15%	17%	13%
Reimbursement for costs incurred to mitigate potential future damages	80%	76%	72%
Assurance that the incident was being thoroughly investigated	15%	14%	15%
Assurance that steps were taken to address the root cause of the incident	15%	16%	20%
Assurance that additional security precautions would be taken to prevent future incidents	7%	9%	12%
Total	200%	200%	200%

Q3a. Do you check your electronic health records (EHR) to determine if the health information about you is accurate?	FY 2014	FY 2013	FY 2012
Yes, most of the time	17%	18%	19%
Yes, sometimes	23%	26%	24%
No	60%	56%	57%
Total	100%	100%	100%

Q3b. If no, why don't you check?	FY 2014	FY 2013	FY 2012
My medical records are not easily available	35%	30%	33%
I do not know how to check my health information	53%	51%	49%
I trust my healthcare provider to be accurate	39%	45%	46%
It never occurred to me to check my medical records	33%	38%	40%
I don't really care about what is in my medical records	25%	21%	18%
Other (please specify)	2%	0%	1%
Total	187%	185%	187%

Q3c. If yes, how do you check?	FY 2014	FY 2013
Access and view my medical records online (web portal)	40%	33%
I request copies of my records from my healthcare provider	49%	51%
I review my records sent by my healthcare provider (such as the explanation of benefits)	48%	40%
Other (please specify)	3%	2%
Total	140%	126%

Please rate the following statements using the scale provided below each item.

Q4a. If I knew my healthcare provider was unable to safeguard my medical records, I would find another provider.	FY 2014	FY 2013	FY 2012
Strongly agree	25%	27%	30%
Agree	25%	29%	28%
Unsure	28%	25%	24%
Disagree	16%	15%	15%
Strongly disagree	6%	4%	3%
Total	100%	100%	100%

Q4b. If my healthcare provider informed me that my medical records were lost or stolen, I would find another provider.	FY 2014	FY 2013	FY 2012
Strongly agree	25%	28%	30%
Agree	23%	29%	26%
Unsure	27%	21%	20%
Disagree	20%	18%	19%
Strongly disagree	5%	4%	5%
Total	100%	100%	100%

Q4c. New healthcare regulations called the Affordable Care Act or "Obamacare" increase my chances of becoming a victim of medical identity theft.	FY 2014	FY 2013	FY 2012
Strongly agree	23%	21%	20%
Agree	32%	18%	14%
Unsure	21%	37%	41%
Disagree	15%	14%	16%
Strongly disagree	9%	10%	9%
Total	100%	100%	100%

Q5. How familiar are you with the Health Insurance Portability and Accountability Act (HIPAA) and the Standards for Privacy of Individually Identifiable Health Information	FY 2014
Very familiar	8%
Familiar	11%
Somewhat familiar	12%
Not familiar	35%
Never heard of it	34%
Total	100%

Q6a. How important is it for healthcare providers to ensure the privacy of your health records?	FY 2014	FY 2013	FY 2012
Very important	33%	40%	43%
Important	46%	42%	37%
Sometimes important	10%	8%	8%
Not important	5%	6%	7%
Irrelevant	6%	4%	5%
Total	100%	100%	100%

Q6b. How important is it for healthcare providers to allow me to control my health records directly?	FY 2014	FY 2013	FY 2012
Very important	32%	37%	31%
Important	40%	41%	40%
Sometimes important	14%	11%	15%
Not important	8%	5%	9%
Irrelevant	6%	6%	5%
Total	100%	100%	100%

Part 2. Healthcare insurer privacy

Q7a. Do you read your health care Explanation of Benefits (EOB) from your health insurer?	FY 2014	FY 2013
Yes, all the time	20%	21%
Yes, sometimes	30%	25%
No because I do not understand the benefits [please skip to Q8]	16%	18%
No, because I do not believe it is important [please skip to Q8]	11%	11%
No, because I trust that they are accurate [please skip to Q8]	23%	25%
Total	100%	100%

Q7b. If yes, what information is most important to ensure the EOB is correct?	FY 2014	FY 2013
Healthcare provider information	26%	23%
Date of service	35%	39%
Nature of visit such as procedure, type of exam or testing/imaging	59%	56%
Total claim amount, amount covered by insurance/benefit and amount owed	60%	54%
All information contained in the EOB is equally important *	33%	
Don't know	3%	2%
Total	216%	151%

* Not a response for all FY

Q8a. Did you ever review your EOB and see a claim from a health care provider that you did not recognize?	FY 2014	FY 2013
Yes	54%	51%
No	46%	49%
Total	100%	100%

Q8b. If yes, whom did you report the claim to?	FY 2014	FY 2013
Healthcare insurer	23%	26%
Healthcare provider	21%	17%
Identity protection service provider	3%	5%
Government officials	3%	0%
No one (because I did not know whom to report the claim to)	50%	52%
Total	100%	100%

Part 3. Medical identity theft experience

Q9a. Did you ever knowingly permit a family member or someone you know to use your personal identification to obtain medical services including treatment, healthcare products or pharmaceuticals?	FY 2014	FY 2013	FY 2012
Yes	25%	30%	31%
No	75%	70%	69%
Total	100%	100%	100%

Q9b. If yes, why did you do this?	FY 2014	FY 2013	FY 2012
They did not have insurance	91%	95%	92%
They could not afford to pay for the medical treatments	86%	91%	89%
It was an emergency	65%	63%	67%
Other	5%	3%	6%
Total	247%	252%	254%

Q9c. If yes, how often did you share your personal healthcare information with a family member or someone you know?	FY 2014	FY 2013	FY 2012
Only 1 time	49%	53%	50%
Between 2 and 5 times	11%	15%	13%
Between 6 and 10 times	6%	7%	9%
More than 10 times	2%	4%	3%
Can't remember how often	32%	21%	25%
Total	100%	100%	100%

Q9d. If yes, how did this affect you?	FY 2014
I had to reimburse the healthcare provider	13%
I lost my service coverage	9%
I had to correct my healthcare records	20%
I was sued by the healthcare provider	7%
I was accused of committing a crime	30%
There were no consequences	64%
Other (please specify)	2%
Total	145%

Q10. Did you ever have your medical identity stolen or did you willingly provide your medical identity to a family member or friend and as a result became a victim of medical identity?	FY 2014	FY 2013*	FY 2012*
Yes	86%	92%	94%
No (skip to Part 4)	14%	8%	6%
Total	100%	100%	100%

* Not a response for all FY

Q11. If yes, who was the identity theft victim?	FY 2014	FY 2013	FY 2012
Me	52%	45%	46%
My spouse/partner	21%	22%	20%
My child or dependent under the age of 13 years	8%	7%	8%
My child or dependent between 13 and 18 years	3%	3%	2%
My child or dependent over 18 years	1%	0%	1%
My parent	13%	20%	19%
Another family member living in my household	2%	3%	4%
Total	100%	100%	100%

Q12. How would you describe your medical identity theft incident? Please select all that apply.	FY 2014	FY 2013	FY 2012
My identity was stolen to obtain government benefits, including Medicare or Medicaid	52%	51%	53%
My identity was stolen to obtain healthcare services or treatments	59%	63%	67%
My identity was stolen to obtain prescription pharmaceuticals or medical equipment	56%	60%	61%
My identity was stolen so the thief could obtain fraudulent credit accounts in my name	14%	12%	
My healthcare records were accessed or modified	23%	23%	20%
My credit report was accessed or modified	5%	18%	23%
Don't know	5%	4%	7%
Total	214%	231%	231%

Q13a. Did your healthcare provider's negligence cause or contribute to your medical identity theft?	FY 2014
Yes, very likely	32%
Yes, likely	21%
No, not likely	9%
No, very unlikely	8%
Can't determine	30%
Total	100%

Q13b. If yes, how did this diminish your confidence and trust in your healthcare provider?	FY 2014
No impact on confidence and trust	15%
Some impact on confidence and trust	35%
Significant impact on confidence and trust	50%
Total	100%

Q14. How did you learn about the medical identity theft?	FY 2014	FY 2013	FY 2012
Collection letter	28%	24%	39%
Adverse entry on my credit report	14%	11%	15%
Errors posted to medical invoices by my healthcare provider	33%	25%	26%
Errors in Explanation of Benefits from health insurer	24%	26%	
Uncovered mistakes in health records	24%	29%	32%
An alert from a healthcare provider	5%	6%	10%
Healthcare provider informed me during an office visit or medical treatment	12%	13%	
Data breach notification	9%	3%	4%
Law enforcement informed me of the medical identity theft *	2%		
Other (please specify)	1%	0%	0%
Total	152%	137%	126%

* Not a response for all FY

Q15. When did you learn you were a victim of medical identity theft?	FY 2014	FY 2013	FY 2012
Almost immediately	0%	0%	0%
Less than 1 week after the incident	0%	0%	2%
Less than 1 month after the incident	3%	4%	5%
Less than 3 months after the incident	8%	14%	16%
Less than 6 months after the incident	14%	20%	19%
Less than 1 year after the incident	15%	18%	17%
Less than 2 years after the incident	14%	15%	13%
More than 2 years after the incident	16%	6%	4%
Don't know	30%	23%	24%
Total	100%	100%	100%

Q16a. Once you became aware of the incident, did you or someone in your immediate family report the medical identity theft to law enforcement or other legal authorities?	FY 2014	FY 2013	FY 2012
Yes	40%	43%	48%
No	60%	57%	52%
Total	100%	100%	100%

Q16b. If no, why wasn't the medical identity theft incident reported?	FY 2014	FY 2013	FY 2012
I know the thief and do not want to report him or her	47%	48%	50%
I did not want to alarm my family	6%	4%	6%
I did not think the police would be of any help	55%	50%	45%
I did not have the time to file a police report	4%	5%	9%
I was not harmed by the incident and didn't want to make it a big deal	39%	36%	39%
I was embarrassed	27%	30%	
Don't know	33%	29%	35%
Total	211%	202%	184%

Q17. To the best of your knowledge, how did this medical identity theft happen? Please select only one most likely cause.	FY 2014	FY 2013	FY 2012
I lost a wallet containing personal identification or medical credentials	5%	3%	5%
The identity thief intercepted a statement or invoice mailed to my address	3%	5%	6%
Email correspondence containing medical information was intercepted online by the identity thief	2%	0%	0%
I inadvertently provided my personal information to a fake email or spoofed website (phishing attack)	12%	8%	4%
An employee working in the healthcare provider's office stole my health information	6%	5%	7%
My health care provider, insurer or other related organization had a data breach	10%	7%	6%
A member of the family took my personal identification or medical credentials without my consent	24%	28%	35%
I shared my personal identification or medical credentials with someone I know *	23%	30%	
Don't know	15%	14%	15%
Total	100%	100%	78%

* Not an option in all fiscal years

Q18a. Do you believe the medical identity theft incident had a negative impact on your reputation?	FY 2014
Yes	45%
No	55%
Total	100%

Q18b. If yes, what were the consequences of having a negative impact on your reputation?	FY 2014
Embarrassment due to disclosure of sensitive personal health conditions	89%
Loss of career opportunities	19%
Termination of employment	3%
Other (please specify)	5%
Total	116%

Q19. Did you experience any of the following consequences as a result of the medical identity theft? Please select all that apply.	FY 2014	FY 2013	FY 2012
Lost time and productivity trying to fix inaccuracies in credit report	25%	23%	19%
Following the theft I was unable to access my medical records due to laws protecting the privacy of the identity thief	19%		
Employment-related difficulties resulting from inaccuracies in credit report or health records	5%	6%	4%
Revocation of licenses because of inaccuracies in health records	2%	0%	1%
Identity theft including credit or debit card fraud	18%	19%	
Leakage of sensitive health information to public sources	13%		
Diminished credit score	21%	20%	21%
Fees paid to lawyers or other experts to help resolve the issue	15%	17%	15%
Misdiagnoses or mistreatment of illness because of inaccuracies in health records	10%	15%	12%
Delay in receiving medical treatment because of inaccuracies in health records	11%	14%	
Increased health insurance premiums as a result of inaccuracies in health records	8%	7%	8%
Loss of health insurance as a result of the medical identity theft	31%	39%	41%
The person committing the fraud used up your benefits and as a result your valid insurance claim was denied	35%		
Out-of-pocket payments to health plan or insurer to restore coverage	29%	43%	47%
Other (please specify)*	2%	1%	0%
None*	45%	37%	27%
Total	289%	241%	195%

* Not a response for all FY

Q20a. Did you or your immediate family members resolve the identity theft incident?	FY 2014	FY 2013	FY 2012
Yes, completely resolved	10%	11%	10%
No, but I am in the process of resolving this incident	37%	39%	43%
No, nothing has been done as yet to resolve the incident	53%	50%	47%
Total	100%	100%	100%

Q20b. If yes, how did you resolve this medical identity theft? Please select all that apply.	FY 2014	FY 2013	FY 2012
Paid healthcare provider (or repaid insurer) for services obtained by the thief	32%	40%	45%
Engaged an identity protection service provider to help me resolve the incident	15%	15%	16%
Worked with my healthcare provider to help me resolve the incident	32%	31%	29%
Worked with my health plan and/or insurer to help me resolve the incident	35%	35%	39%
Obtained and carefully reviewed credit reports	24%	19%	16%
Contacted credit bureaus to fix inaccuracies in my credit report	15%	11%	13%
Engaged legal counsel to help me resolve the incident	7%	9%	8%
Engaged a non-profit organization that provides consumer assistance and support (i.e. the Identity Theft Resource Center)*	2%	5%	
Total	162%	165%	166%

* Not a response for all FY

Q20c. If yes, how long did it take you or your immediate family members to resolve this medical identity theft incident?	FY 2014	FY 2013	FY 2012
Less than 1 month	0%	0%	4%
Less than 3 months	4%	6%	5%
Less than 6 months	10%	10%	41%
Less than 1 year	13%	13%	10%
Less than 2 years	13%	12%	15%
More than 2 years	10%	11%	25%
Not resolved as yet *	50%	48%	
Total	100%	100%	100%

* Not a response for all FY

Q21. Was your healthcare or insurance provider helpful in resolving the consequences of the identity theft?	FY 2014
Yes	15%
No	25%
I did not ask for their assistance	60%
Total	100%

Q22. Approximately, what was the total cost of this medical identity theft crime to you and your immediate family?	FY 2014	FY 2013*
None	35%	64%
Less than \$100	33%	6%
\$101 to \$1,000	3%	5%
\$1,001 to \$5,000	0%	6%
\$5,001 to 10,000	3%	4%
\$10,001 to \$25,000	12%	7%
\$25,001 to \$50,000	11%	6%
\$50,001 to \$100,000	3%	2%
More than \$100,000	0%	1%
Total	100%	100%
Extrapolated average value	\$8,744.70	
Extrapolated average for those who incurred a cost	\$13,453.38	

Q23. Approximately, how much time did you and your immediate family members spend trying to resolve this medical identity theft incident?	FY 2014	FY 2013
None	6%	5%
Less than 5 hours	8%	8%
5 to 10 hours	3%	3%
11 to 25 hours *	8%	
26 to 50 hours *	16%	
51 to 100 hours *	18%	
101 to 500 hours *	20%	
More than 500 hours *	21%	
Total	100%	
Extrapolated average value	196.95	
Extrapolated average for those who spent time	209.52	

* Scale for FY 2013 was different (FY 2013 Q24)

Part 4. Demographics

D1. What best describes your present health plan?	FY 2014	FY 2013	FY 2012
Private insurance	18%	42%	44%
Employer-based insurance *	30%		
Medicare or Medicaid	23%	24%	21%
Government or VA	4%	5%	5%
Coop plan	3%	3%	4%
Health savings account	3%	5%	6%
Not insured	19%	21%	20%
Total	100%	100%	100%

* Not a response for all FY

D2. What is your highest level of education attained?	FY 2014	FY 2013	FY 2012
High School	29%	28%	29%
Vocational	20%	23%	23%
College or University	44%	43%	41%
Post Graduate	6%	5%	6%
Doctorate	1%	1%	1%
Total	100%	100%	100%

D3. What best describes your present employment status?	FY 2014	FY 2013	FY 2012
Full time employee	50%	53%	56%
Part time employee	13%	11%	10%
Business owner/partner	4%	5%	6%
Stay-at-home parent *	12%	11%	
Retired	7%	7%	11%
Military	1%	0%	1%
Student	5%	5%	6%
Unemployed	8%	8%	9%
Total	100%	100%	100%

* Not a response for all FY

D4. Approximately, what is your total household income?	FY 2014	FY 2013	FY 2012
Less than \$30,000	22%	24%	25%
\$30,001 to \$50,000	30%	25%	24%
\$50,001 to \$80,000	18%	15%	16%
\$80,001 to \$100,000	16%	15%	16%
\$100,001 to \$150,000	9%	10%	8%
\$150,001 to \$200,000	3%	6%	7%
\$200,001 to \$300,000	1%	3%	3%
\$301,000+	1%	2%	1%
Total	100%	100%	100%

Extrapolated average	\$65,900.00		
D5. Gender:	FY 2014	FY 2013	FY 2012
Female	52%	51%	52%
Male	48%	49%	48%
Total	100%	100%	100%

D6. Please choose the range that best describes your age.	FY 2014	FY 2013	FY 2012
Below 18 years	0%	0%	0%
Between 18 and 25 years	17%	17%	18%
Between 26 and 35 years	25%	21%	24%
Between 36 and 45 years	22%	23%	21%
Between 46 and 55 years	15%	20%	19%
Between 56 and 65 years	13%	11%	12%
Above 65 years	8%	8%	7%
Total	100%	100%	100%
Extrapolated average	40.45		

D7. Geographic region in the United States	FY 2014	FY 2013	FY 2012
Northeast	19%	20%	19%
Mid-Atlantic	18%	19%	19%
Midwest	18%	19%	20%
Southeast	14%	17%	17%
Southwest	14%	13%	13%
Pacific-West	17%	12%	11%
Total	100%	100%	100%