How You Can Help Detect And Prevent Healthcare Fraud:

- Protect your health insurance card/information.
- Never give your health insurance information to someone over the telephone unless you know they are from your medical provider’s office.
- Review the explanation of benefits summary you receive from your insurance carrier to ensure your medical provider only billed your insurance for services they provided.
- Contact your insurance company or the Ohio Department of Insurance Fraud Division if you identify a fraudulent billing.

If you suspect a medical provider is committing healthcare fraud, you are encouraged to contact our agency immediately by calling our toll free number or accessing our website:

Ohio Department of Insurance
50 West Town St.
Third Floor - Suite 300
Columbus, OH 43215
1-800-686-1527
1-614-644-2671
www.insurance.ohio.gov

Referrals can be made anonymously and the law protects those who report fraud from civil liability.

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www.insurance.ohio.gov

Some cheat. All pay.
What is Healthcare Fraud?
Common Healthcare Fraud Trends

Billing for services not rendered:
The most common health care fraud scheme involves a medical provider billing an insurance carrier for a service they never provided to a patient.

For example, your doctor submits a bill to indicate he saw you twice in one week when in reality, he only treated you once that week.

Upcoding:
This healthcare fraud scheme involves a medical provider billing an insurance company a higher level of service than what they actually provided.

For example, an x-ray may be billed as an MRI so the provider receives a higher insurance payment from your health insurance company.

Upcoding could also include a medical provider exaggerating or falsifying your medical diagnosis so they can perform unnecessary and expensive medical tests and procedures.

Medical Identity Theft:
Some patients have had their health insurance information stolen and used by criminals.

A number of doctors have also had their provider identification numbers stolen as well.

In both circumstances, criminals use the stolen information to submit fraudulent bills to health insurance carriers.

The Role of the Ohio Department of Insurance Fraud & Enforcement Division

The Superintendent of Insurance is responsible for seeing that all insurance laws are enforced.

In order to effectively investigate allegations of agent misconduct and insurance fraud, the ODI Fraud Division was created.

The Division is designated as a criminal justice agency and is authorized to subpoena testimony and information, access law enforcement databases and share confidential information with other regulatory and law enforcement organizations.

Division Investigators work with federal, state and local law enforcement agencies, prosecutors and government entities to bring charges against insurance agents, consumers, health care providers and contractors who commit insurance fraud or engage in crimes associated with insurance.

Healthcare Fraud is a Crime!

Ohio Revised Code 2913.47 classifies insurance fraud as a crime in the State of Ohio.