



Healthcare Fraud Defined

Healthcare fraud is the intentional submission of false or misleading information to a health insurance carrier.

It is a serious problem in the United States and it costs insurance companies and consumers billions of dollars each year in the form of higher insurance premiums.

Report Fraud

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 by accessing our website.

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



Ohio Department of Insurance
50 W Town St
Third Floor - Suite 300
Columbus OH 43215

800-686-1527
insurance.ohio.gov

Mike DeWine, Governor
Jon Husted, Lt. Governor
Jillian Froment, Director

Healthcare Fraud

OHIO DEPARTMENT OF
INSURANCE

FRAUD & ENFORCEMENT
DIVISION



Prevent Fraud

Protect your health insurance card information.

Never give your health insurance information to someone over the phone unless you know they are from your medical provider's office.

Review your explanation of benefits to ensure accurate billing.

Contact your insurance company or the Ohio Department of Insurance Fraud & Enforcement Division if you find a fraudulent billing.



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 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.

What is Healthcare Fraud?

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.

UPCODING

This healthcare fraud scheme involves a medical provider billing an insurance company for a higher level of service than what they actually provided. Upcoding could also include a medical provider exaggerating or falsifying a 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. Some doctors have also had their provider identification numbers stolen as well. In both circumstances, criminals use stolen information to submit fraudulent bills to health insurance carriers.