

Frequently Asked Questions

1. What is health care fraud?
 - According to the National Health Care Anti-Fraud Association (NHCAA), health care fraud is intentional deception or misrepresentation made by an individual or organization for unauthorized benefit or profit to the individual, organization or another party. Some common examples of health care fraud include up-coding, split billing, unbundling, phantom billing, charging for services not rendered / add-on services and accepting kickbacks.
2. How big is the health care fraud problem?
 - The United States spends more than \$2.5 trillion on health care every year. Of that amount, the National Health Care Anti-Fraud Association (NHCAA) estimates that 3% - 10% (approximately \$70 billion - \$255 billion) is lost to fraud and abuse.
3. What is the difference between fraud and abuse?
 - Health care fraud is intentional or deliberate deceit committed for personal gain. Abuse is similar activity, but intent or deceit cannot be established or proven.
4. Who does health care fraud impact?
 - Health care fraud losses directly impact patients, taxpayers, employers and government through increased health care costs, insurance premiums and taxes.
5. Who commits health care fraud?
 - The majority of health care fraud is committed by a very small minority of dishonest health care providers, including physicians, pharmacists, dentists and more. But organized crime rings have also moved into the business of perpetrating fraud schemes against Medicare, Medicaid and insurance plans. Furthermore, consumers can commit fraud by stealing another patient's medical identity in order to get covered health care services or prescriptions for themselves.
6. Can health care fraud affect me physically?
 - Yes. Patients may be exploited by having their medical records altered with false diagnoses of medical conditions by a fraudulent provider in order for bogus insurance claims to be submitted for payment. Victims may end up receiving the wrong medical treatment because of a false disease or condition being falsely documented in their health record, causing significant risk of injury or death. Many patients have been harmed as a result of fraudulent activities involving medical transportation, surgeries, invasive testing and certain drug therapies.
7. How can I prevent becoming a victim of health care fraud?
 - Keep your health insurance card protected. Treat it the same as you would a credit card. Never give your personal health information or policy number to telephone solicitors or door-to-door salesman. Avoid offers for 'free' services, which are usually fraud schemes designed to bill you and your insurance company for false treatments.

8. How will I know if I've become a victim of health care fraud?

- Always read your health insurance policy, Explanation of Benefits (EOB) statements and any other paperwork you receive from your health insurance company. Confirm that you actually received the treatments for which your insurance company was charged. If you see any suspicious charges, immediately call your insurance company to discuss.

9. How should I report health care fraud?

- Call your insurance company immediately (many have fraud hotline numbers). Also contact your State Insurance Fraud Bureau. To report Medicare or Medicaid fraud, contact the Medicare or Medicaid Company that paid the claim (noted on your Medicare Summary Notice form).

10. Is health care fraud a federal crime?

- Yes, health care fraud is a federal crime, as well as a crime under most State criminal codes.