Explanation of Benefits Assignment

In the Unit 1 Assignment, you visited NIAIC at http://www.naic.org/ and explored your state’s insurance commissions. A common topic was reporting fraud. Additionally, in your textbook readings, fraud and abuse in healthcare reimbursement were discussed as they related to Medicare and Medicaid. However, personnel in health organizations should also be aware that fraud and abuse exist in the voluntary health insurance sector.

Fraud is the intent to deceive in order to gain an unfair or undeserved advantage or benefit. Healthcare fraud is widespread (Rosenbaum et al. 2009, 1). Examples of fraud include fraudulent billing, kickbacks, upcoding, and ghost patients (Rosenbaum et al. 2009, 2). As can be deduced from the examples, most people who commit fraud are healthcare providers.

References
Coalition against Insurance Fraud. Fraud Statistics.

Answer the following questions in a Word document and when you are finished, submit them in the location provided.

Questions
1. Does your state insurance commission provide information about insurance fraud?
2. Does your state have multiple means to notify the commission of insurance fraud?
3. Does your state give examples of common types of insurance frauds?
4. Why should you care whether health insurance fraud is occurring?

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