Fraud Report and Case Flow Process

Intake section receives report of suspected fraud.

Intake Section analyzes each report. May request additional information from complainant or other source for evaluation.

Does the report meet the criteria for a criminal investigation?

- Yes
  - Intake section: entered information into case management system (CMS), and notifies complainant that report was received.

  - No
  - Intake section closes report in CMS.

  - Report is further evaluated and may be forwarded for administrative action to another TDI division.

  - Correspondence sent to complainant advising of Fraud Unit decision.

  - Transferred to investigator supervisor

  - Supervisor opens case in CMS and assigns case to investigator.

  - Investigation conducted. Investigator sends 90 day updates to complainant and TDI divisions.

  - Can a criminal offense be proven?

    - Yes
      - Investigation report prepared and referred to prosecutor.

    - No
      - Case Closed

Sources of reports of suspected fraud:
- Insurance carrier
- Consumers
- Law Enforcement Agencies
- NICB(National Insurance Crime Bureau)
- NHCAA(National Healthcare Anti-Fraud Association)
- NAIC(National Association of Insurance Commissioners)
- Other State Agencies
- Internal TDI

Fraud Unit Teams
- Claim Fraud
- Insurer Fraud
- Workers’ Compensation Fraud
- Mortgage Fraud

Reports received via:
- TDI Website
- Written submission
- Telephonic
- Electronic Submission