

## **Mandatory Reporting: Health Card Fraud**

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Under the *Health Insurance Act* (HIA), an optometrist is obliged to file a report when "in the course of his or her professional or official duties, has knowledge" that any of the following activities have occurred:

- i. an ineligible person receives or attempts to receive an insured service as if he or she were an insured person,
- ii. an ineligible person obtains or attempts to obtain reimbursement by the Ontario Health Insurance Program (OHIP) for money paid for an insured service as if he or she were an insured person, or
- iii. an ineligible person, in an application, return or statement made to OHIP or the General Manager gives false information about his or her residency.

The HIA extends the reporting requirements to employees of optometrists who may become aware of the fraud. In cases where reporting of health card fraud arises, the optometrist, or his or her employee, is required to make the report promptly to the General Manager of OHIP.