

Ombating healthcare fraud and abuse

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Combating Healthcare Fraud and Abuse

The article, ' Penalizing substandard care: The next step in combating healthcare fraud and abuse' by Hoffman, Geroux and Schwartz is highly illuminating in its content. Health care delivery system is one of most important elements of public welfare schemes of the government. The various components of healthcare plan become hugely essential for the effective delivery of the same. But in the recent times, the accessibility to quality medical care, effective Medicare, patients' rights, Medicare fraud etc. have emerged as major issues. There is urgent need to address the issue of deteriorating quality in care and increasing fraud in the Medicare. The sub standard care, especially that of aging population and under privileged segment of society has become a key concern for the government.

In recent times, different departments: DOJ or Department of Justice, HHS or Health and Human Service office of Inspector General (OIG), HCCA or Health Care Compliance Association, CMS or Centers for Medicare and Medicaid Services etc. have collaborated with federal and state governments to fight against fraud and sub quality of healthcare. I believe that government initiative in addressing the issue from three main fronts is hugely commendable: punishment for delivery low level of care and reward for high performance; fraud and abuse; training and compliance. There is urgent need to punish the providers who are duping the patients and the government through sub quality services vis-à-vis inadequate staffing, incomplete care, improper medication management, neglect etc.

The Pay for Performance initiatives by various hospitals encourages improved service delivery. Health providers found to be deficient in their services are penalized. More than 375 quality measures covering almost all <https://assignbuster.com/ombating-healthcare-fraud-and-abuse/>

aspects of healthcare delivery have been developed to promote quality healthcare. Public disclosure and accountability has been intrinsic part of quality mechanism that monitors patient care outcome. Fraud and abuse in CMS services have also emerged as critical aspects of sub standard care. There is high degree of chances of committing fraud by the various service providers like doctors, chemists, laboratory tests, medical goods supplier, hospitals etc. as Medicare and Medicaid is disbursed through healthcare providers to needy patients. Under FCA or False Claim Act, the government had recovered nearly a billion dollars in the first ten months of 2009! Involvement of various agencies like HCCA, AHLA or American Health Lawyers Association etc. for educating healthcare professionals and Boards with healthcare compliance guidelines are important government initiatives for improving quality. The checks and measures for implementing the requisite guidelines are critical mechanisms that have helped to improve quality. Indeed, financial penalties along with Civil and Criminal actions against the agencies have significantly impacted the outcome and helped improve quality.

Stringent penalties for substandard care and fraud in Medicare and Medicaid are key initiatives of government that have huge ramifications for future. The recoveries from the service providers for inappropriate level of care, fraud and false claims will serve as major deterrents for the various service providers and agencies involved in the delivery of healthcare services. The collaborated efforts of various agencies and government would indeed help to curb Medicare and Medicaid fraud. At the same time, it is expected that the compliance guidelines would contribute to higher levels of care in healthcare delivery.

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Reference

Hoffman, Max R., Geroux, Debra A., and Schwartz, Robert H. (April 2010).

Penalizing substandard care: The next step in combating healthcare fraud and abuse. *The Health Lawyer*, 22(4), 1-12.