

Medicare corruption in the united states

Law



MEDICARE CORRUPTION IN THE UNITED STATES Introduction Cases of Medicare fraud is a common thing which translates into billions of dollars lost every year through unscrupulous ways. Most of the fraud cases are mainly through billings. The Medicare system came into operation after the government decided to compensate the honest doctors who helped needy patients. However, this act of faith has gradually transformed into huge corruption deals which are difficult to trace and sum up.

Example of Fraud Cases

One of the largest Medicare fraud cases involved the Columbia HCA fraud case. By 1996 Rick Scott the CEO of Columbia/HCA started receiving red lights from various media like the New York Times and the Federal agents searching for illegal documents that might have translated to fraud. Eventually, Columbia/HCA confessed to committing criminal and civil fraud that amounted to fines of \$1.7 billion. The company was forced to change its name to HCA Incorporation in 1999. In 2009, 94 people were charged with cases of fraudulent Medicare claims by the Medicare Fraud Strike Task force. It was the largest number ever charged by the Agency and a total of \$251 million was involved in the fraud (WEISER, 2013). In 2011, the same agency charged 91 defendants for taking part in Medicare fraud schemes which involved \$259 million in false billing. In 2012, the same agency convicted two people for participating in Medicare fraud schemes which involved \$1.9 million. Last year, the same agency charged 89 people which included the doctor's nurses and other medical professions for involving themselves in Medicare Fraud schemes which totaled to \$223 million. Apart from this single cases other drug agencies like GlaxoSmithKline. In June 2nd 2012, the company was on the spotlight again and was forced to pay a fine of \$3 billion <https://assignbuster.com/medicare-corruption-in-the-united-states/>

after it emerged that the company was selling unfit drugs. This is also the largest drug scandal in the world. Just recently, four GSK staff in China was detained after it emerged that the four were engaged in fraud. According to the BBC News, the four had been channeling the money to a traveling agency to influence and bribe doctors to prescribe their company's drugs. It is imperative to hear this and although you cannot control how doctors prescribe these drugs it became a big scandal when it was discovered (Tom Holland, 2013).

Recommendations

It is argued that increased government participation into the Medicare services is leading to massive corruption. This paper therefore recommends that the government of US privatize Medicare services to avoid cases of corruption.

Various changes to the Whistleblowers law has made it difficult for people to report possible cases of fraud hence this paper recommends amendment of the laws to give room for whistleblowers to point out cases of Medicare fraud.

The Office of the Inspector General for the US Department of Health and Human Services should come up with stricter rules that aim at punishing severely all the Medicare offenders to avoid cases of Medicare fraud.

In 1997 the Federal government dedicated \$100 million to combat Medicare fraud. This amount is so not enough. For this reason, this paper recommends that the government gets more involved by investing more to reduce cases of Medicare fraud.

References

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