

# Health law and regulations paper

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Organizational Responsibility and Current Health Care Issues HCS/545 August 27, 2012 Charles Barron Organizational Responsibility and Current Health Care Issues Health care fraud and abuse is a current issue affecting everyone in the United States costing billions of dollars annually. This fraudulent crime is committed when dishonest consumers and providers submit false or misleading information to turn profit. It affects the United States by hampering the ability to provide affordable access health care and good quality of care to Americans.

The Affordable Care Act prevention resources and tools are working to stop fraud before it occurs. The purpose of this paper is to discuss a health news situation affecting the health care system and evaluate the effect of organizational structure and governance, culture, and social responsibility. Recommended resources to preventing this situation in the future and recommended changes in future prevention will be discussed. Health News Situation A 38 year old Miami Florida resident, Sandra Jimenez, admitted to participating in a Medicare fraud scheme affecting assisted living facilities, half way houses, and home health agencies. The fraud schemes were orchestrated by the owners and operators of American Therapeutic Corporation (ATC); its management company, Medlink Professional Management Group Inc. ; and the American Sleep Institute (ASI)" (Department of Justice, 2012, para. 2). In January 2012, Jimenez pleads guilty to counts of committing conspiracy of health care fraud and frauding the United States in receiving illegal health care kickbacks. The various owners, doctors, managers, and therapists of ATC and Medlink were charged with health care kickbacks, moneylaundering, and fraud of millions of Medicare

dollars. The Medicare fraud scheme resulted in the submission of more than \$200 million in fraudulent claims to Medicare” (Department of Justice, 2012, para. 1). An example of the fraud committed by Jimenez and co-conspirators is submitting medically unnecessary services that were billed through Medicare and then laundered. Jimenez as a marketer solicited the beneficiaries and then paid the illegal kickbacks to assisted living facility owners in exchange for the beneficiaries. If convicted Jimenez and co-conspirators are facing maximum penalty prison time and fines.

Corporate Structure and Governance, Culture, and Focus on Social Responsibility Social responsibility in the United States is to ensure organizations adhere to state, federal, and local laws, it ensures consumers and providers are held accountable. A sound corporate structure and governance ensures there is a standard of excellence, integrity, and accountability in all aspects of the organization. References Department of Justice. (2012). Miami-area resident pleads guilty to participating in \$200 million medicare fraud scheme. Office of Public Affairs. Retrieved from <http://www.justice.gov/opa/pr/2012/January/12-crm-063.html>