

Unit 4 assignment

Business



Research Questions and Hypothesis Medicaid fraud is an overwhelming problem that has affected the US healthcare system. The problem has resulted to loss of billions of dollars from the US healthcare kitty (Krause, 2010). The impacts of Medicare fraud on the country's economy and people's welfare have made Medicare fraud a significant research problem (Krause, 2010). Research interests in the problem results from the needs to establish the magnitude of the problem and the causes of Medicare fraud. The following research questions will be useful tools in analyzing the cause and extent of the problem.

Research Questions

1. Does variation in people's income contribute to Medicare fraud? If so, what is the correlation between people's basic salary and their involvement in Medicare fraud?
2. What is the role of information technology in cubing Medicare fraud? Alternatively, does technology contribute to Medicare fraud?
3. How has technology contributed to the increase in Medicare fraud cases?
4. The criminal investigation department has ruled Medicare fraud as a form of crime. What are the views of the people concerning the criminalization of Medicare fraud? (a) Do people consider Medicare fraud as a criminal activity? (b) Do people blame the authority for their misfortunes?
5. Does the country's legal system have the capacity to deal with cases of Medicare fraud?
6. What is the role of medical and legal professionals in Medicare Fraud?

Hypothesis

A hypothesis is statement that provides a tentative answer to the research problems according to the proposed research designs and methodology

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(Creswell, 2008). The following statements represent our hypothesis for the quantitative, qualitative, and mixed methods research methods respectively.

H1: The rate of Medicare fraud is inversely proportional to people's income.

H2: Medical professionals assist Medicare fraudsters due to inefficiency and bureaucracy in the healthcare systems government institutions.

H3: Medicare fraud increases medical cost and risk of fraudulent that are exposed to unnecessary medical procedures.

Rationale

1. The choice of the hypothesis was based on the role of government in providing basic healthcare to the citizens. The hypothesis provides a tentative answer to research questions that are related to the role of the medical authority in ensuring equitable healthcare services. In addition, the hypothesis provides a direct comparison between the two main research variables.
 2. The qualitative research approach provides answers to research questions that cannot be answered through a quantitative approach. The choice of the research question and hypothesis was based on their ability to respond to questions that are related to the society. Although it is impossible to determine the extent to which different institutions contribute to healthcare fraud, it is necessary to determine reasons that contribute to Medicare fraud through the qualitative approach.
 3. In the mixed method approach, a researcher will be concerned with the relationship between quantitative and qualitative research outcomes (Creswell, 2008). Thus, the research questions and hypothesis designated for the mixed methods section provide tentative relationship between different
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research variables and the respective social factors.

References

Creswell, J. W. (2008). *Research design: Qualitative, Quantitative, And Mixed Methods Approaches* (3rd ed.). Thousand Oaks, CA: Sage.

Krause, J. H. (2010). Following the Money in Health Care Fraud: Reflections on a Modern-Day Yellow Brick Road. *American Journal of Law & Medicine*, 36(2/3), 343-369.