

W7 legal discussion

Business



W7 LEGAL DISCUSSION School: Lecturer: W7 LEGAL DISCUSSION Several experts have indicated that the amount of monies that go away from the national coffers as a result of fraud in the health sector is sufficient in revamping the sector and ensuring that the issue of high cost of services becomes a thing of the past (Morris, 2009). It will be noted that the issue of high cost of healthcare for consumers has existed over the years because of reported cases of insufficient funds to run the healthcare service provision. Meanwhile, there are major loopholes that come in the form of fraud, which create huge spaces through which large sums of monies that should have gone into the national treasuries go waste. Over the years, different interventions have been used in stopping this situation, including the use of criminal fines and sanctions for offenders. It is however debated in this paper that such criminal fines and sanctions are not severe enough to prevent health care fraud.

King (2012) outlined different forms of health care fraud that are recorded in various health institutions throughout the country. An important point that King (2012) made while listing the forms of frauds was that as much as the fraud cost the country several billions of dollars year in and year out, the frauds are also very difficult to detect. What this means is that in a situation where there are not very deterring measures to discourage people from engaging in these frauds, they will continue to do them because of the idea that they will hardly be caught in their crimes. In the administration of health care also, prevention has always been noted to be the best way out to dealing with most administrative and clinical issues that come up (Stuart Showalter, 2011). With this said, it is important that there will be stiffer punishment to offenders such that those who have not been involved in

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these acts of fraud will have no motivation of engaging in them (Morris, 2009).

Fraud and for that matter crime is an issue that works on a cost-benefit basis. This means that when people have a feeling that by engaging in crime, they get better benefits than what they suffer as a result of being caught, they are likely to repeat their actions. Even if those involved do not repeat their actions, those who have not been involved will have no deterrent not to be involved in it. To this end, it is important to take a new approach to preventing providers and organizations from engaging in health care fraud. From a very pragmatic perspective, it is recommended that offender who are found should have their licenses of operation revoked for a good number of years. This will keep them totally out of business and out of the possibility of being there again to repeat their crimes. To conclude, it will be stated that the health care industry needs growth and not retardation. Much of the variables of growth are also found directly in the outcomes of management and administrative processes (Walker, 2005). Part of the administrative and management processes should be the need to having highly deterrent legal provisions that frown on the practice of engaging in any forms of fraud.

References

King K. M (2012). Health Care Fraud: Types of Providers Involved in Medicare Cases, and CMS Efforts to Reduce Fraud. Washington D. C: United States Government Accountability Office

Morris, L. (2009). Combating Fraud in Health Care: An Essential Component of any Cost Containment Strategy. *Health Affairs*, 28, no. 5, 1351-1356

Stuart J. and Showalter, J. D. (2011). *The Law of Healthcare Administration*.
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6th Edition. New York: Health Administration Press.

Walker D. M. (2005). GAO Testimony before Committee on Ways and Means, House of Representatives, by, Comptroller General of the United States, May 26 2005, p. 4.