

# Unit 3 assignment

Business



In many cases, fail to capture the attention of the reader. This is because for the toexpress the details discussed in a paper, he/she must analyze the major points that are discussed through a detailed abstract. In the journal Following the Money in Health Care Fraud: Reflections on a Modern-Day Yellow Brick Road American Journal of Law & Medicine, the author has failed to include some of the most important aspect required for a standard abstract. First although the author of the article has stated the problem that is going to be researched, he could have given detailed information concerning the research e. g. how the problem has affected the citizens and the world at large in order for the reader to have detailed information concerning the problem being research. The author did not give the central aim of research. Instead, he highlighted the problem in the literature review. This results to failure of the author to attract the attention of reader. Although he highlighted that he will use quantitative and qualitative methods to collect their data that they will use in making the conclusion, they never gave the size of the population. In a well researched paper, the author should state the research methods used eg longitudinal design or use of focus groups to retrieve information. In addition, the author could have explained more on how he manipulated the data obtained through coding to come up with report or conclusion. He never highlighted the size of the sample to be used in gathering the information. This is important in helping the reader determine the credibility of the information discussed in the paper. Furthermore, he did not summarize the results obtained in the study. This could have given the reader a clue of what to expect after reading the whole article. Nevertheless, the paper qualify to be a research paper because it has been well formatted despite major points of a research paper

<https://assignbuster.com/unit-3-assignment/>

being missed.

Revised abstract

Fraud has been one of the major problems that have been facing health sectors in the world an aspect that has caused them lose a lot of money. This paper addresses the issue of Medicare fraud by pinning down the core problem bringing about the fraud in the first place and then seeks ways in which by using quantitative, qualitative, and mixed method approaches, the problem can actually be studied, understood and addressed appropriately. To gain clarity of objective, the issue is addressed from different world views and more importantly, aligns the world view with the research methodologies. The paper also tries to come up with a solution of how the problem can be solved and addressed. This is in an effort to increase the level of transparency in the sector. In order to gather information, different methods are suggested in order to ensure that the information collected is reliable to make a conclusion. The major aim of this study is to see if we can come up with a formula that will be used to disburse and monitor how money is used in various health centers. In addition the study will try to get an appropriate method of follow up to ensure that money is well used for the benefit of the public. In order to gather information a focus group and questionnaire methods will be used. The process will mainly involve employees who handle the money and some top management. After the data has been collected, it will be coded and edited to ensure that precision is maintained. Lastly, the study is aimed at finding the most appropriate and appealing technology and information system that is to be used to solve the problem facing Medicare. The research will combine two methods i. e. qualitative and quantitative method in order to for the conclusion to be

<https://assignbuster.com/unit-3-assignment/>

precise. After a detailed research, it was concluded that fraud is a crime that affect all people irrespective of their social status. Therefore, each stakeholder has a mandate of eradicating it.

#### Reference

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.