

Healthcare fraud



In the United States there are many different types of coverage available for individuals and hospital plans needing insurance coverage. While this can be of great assistance for those suffering from different injuries and ailments, it can also give birth to a vast number of methods to commit torts against the Government, Insurance companies, Health care providers and of course the individual tax payer. Individuals who feel they are giving or receiving the proper amount for services rendered have come to notice that they have actually become victims of criminal forces.

In the following paragraphs I will describe the different units of health care read, the effects of health care fraud along with what entities are involved as well as technology and ethics and finish with some strategies to combat health care fraud. With health care fraud, we must consider this: “ There’s a group of people who really love the U. S. Health care system the fraudsters, scampers and organized criminal gangs who are bilking the system of as much as \$100 billion a year. ” (Civilian, January) Some other information in my research stated that almost \$50 billion were distributed in doubtful Medicare payments.

One way a criminal can defraud the Medicare system is called the Pay and Chase teeth. This is due to the fact that Medicare has to pay out quickly and if the payment is found to be fraudulent then the chase is on to recoup the funds or find the guilty party. Due to the short time it takes to make payments, this system has been called “ a virtual goldmine for fraudsters”. (Civilian, 2010) “ The payoff for health care identity fraud is huge. In 2008, criminals pocketed more than \$19, 000 per incident of health care fraud four times the amount gained through overall ID theft, according to Javelin.

The cost to the individual victim was nearly \$1, 200, more than double that of overall ID theft". (Civilian, 2010) Again, taxpayers (us) are losing enormous amounts of money due to these scammers which is why I feel it would be better for the Government (while I lose my job to furlough) to invest in some General Service (AS) or Wage Grade (WIG) workers to conduct an oversight of Medicare payment operations as well as use random calling methods to ensure the proper individual is receiving the proper prescription.

If any indication of malfeasance is indicated then the worker would simply ceremoniously thank the individual for their time and hand over the results to an investigator. Private insurance sellers are in a better position to recognize fraud due to their smaller size which allows them the opportunity to develop a dialogue with their insured counterparts. I am not stating that they are protected from fraudulent activity, but they are in a better position perhaps to investigate some of the adverse practices used by criminals.

Health care identity theft dominated all other crimes in the sector last year, according to Louis socially, executive Loretta AT ten Notational Health n care Anta- Fraud Association (NCAA). " (Civilian, January) One of the most frequent ways a read occurs is that personnel who have authentic access to files and other controlled areas sells the information of a patient to different groups of not so legit people or organizations.

These (sellers) could be hospital administrators or other individuals who hold access to personal information, as it is not uncommon for a majority of fraud issues to come from inside the health care community. With some of the information, the culprits actually falsify bills from Medicare as well as private insurers, for equipment, prescription drugs and also treatments. Medical

insurance is also sold on a much smaller scale to individuals by criminals as well, because many people want medical insurance but just can't afford it.

The money made by these insurance sellers is then put into an account that is shut down once they have found out that they are being investigated.

Thieves may order a wheelchair for someone who doesn't need it and then bill Medicare for the item, at two or three times the cost at times and then keep the money. From a billing standpoint, thieves can profit from using false billing procedures, many times for people who never asked for it. Not only does this work with health insurance, but with the pharmaceutical industry as well. This will lead us into a discussion on drug fraud.

Prescription Drug fraud is very popular and is defined as "the acquiring or obtaining of a controlled substance by an illegal method and the wrongful gain of prescription drugs for profit or personal use without a validated physician's prescription". (Vassal, 2010) The article also discusses the amount of the most commonly abused drugs available with a prescription which is about 2/3rd of the list of the most commonly abused drugs. So why do people practice prescription drug fraud? This is mostly done by those addicted to drugs and holds no distinction to race, sex, religion, etc.

One of the ways people commit fraud is by stealing the doctor's prescription pad then writing fake prescriptions for friends or family members. I actually saw this on a movie but didn't think anything of it. Offenders also forge prescriptions, alter prescriptions (the most common methods) and even call in prescriptions by imitating a person from the hospital. Obviously punishment is different due to circumstances as well as the individual

committing the offense. Now we can discuss some of the punishments as well as what led up to the fines and/or confinement.

Something to look for concerning prescription drug fraud or some red flags I have come to know are copies made of prescriptions, also look to see how many pills are required, for instance, four Marco's (heavy meg's) for an initial dose would be too much. You can also look for exact handwriting which is quite unlike doctor's handwriting, as well as prescriptions that look like copies. Punishment in all aspects of health care fraud can leave an individual imprisoned for a long time as well as having to pay back huge fines for his/her offenses depending on the individual of course.

For medical personnel they can lose their license if convicted. Many folks are indirectly involved in health care fraud, which brings me to my next point on Entities of health care fraud. " A person or company found guilty of insurance fraud could face a term of between 20 and 30 year in federal prison. "

(Westbrook, 1999-2013) Punishment for prescription drug fraud is treated like other drug crimes in the U. S. And an individual can be put in Jail for up to five years because it is considered a crime here in the United States.

As mentioned before, " Medical professionals who commit prescription drug fraud risk losing their medical license, the payment of major fees, and can result in Jail time. " (Vassal, 2010) Depending on how tough the judge is may mean that first time criminals in prescription drug fraud may catch a break, but as far as I am concerned, this would have to do with the offenders ability to pay back the amount of what was lost, along with the amount of time the

criminal committed the offense. Fines would be tougher depending on the individual being piped off, which leads into my next area of discussion.

The majority of the folks being defrauded seemed to be elderly individuals along with those using government assistance, from what I see can be easy pickings for a thief. “ Miami is the ‘ Ground Zero’ for a lot of where these schemes begin, and they’re spreading like cancer to California, Detroit and Houston,” (Civilian, 2010) This can be done by mail fraud or simply picking up the mail for an elderly relative or friend. The criminals will use any available meaner to defraud the government and other health are entities as well, to include technological meaner which we will discuss next.

With today’s technology, almost anything is possible. So how does technology fit in? Technology can work in the favor of many fraudulent people by different meaner. One way is that the criminals gain access to records, that allow stem to gain access to the names of patients along with they’re identities. They actually able to hack into digitized records so they can steal money from the “.. \$450 billion, 44-million- beneficiary Medicare system”. (Civilian, 2010) so while we are all taxpayers into the yester, these crooks are actually stealing from us the taxpayers.

Patients are made to suffer as well because their information may be tampered with which could put three care at risk while someone’s information could inadvertently be placed into another individuals file which could result in injury or death. Along the same line of thinking, the technology that is so important to speed up processes could also benefit those who practice health care fraud, not just prescription fraud. Much of the

data in today's health industry is being put into electronic format from a previously used paper format.

President Obama has set a five-year deadline for all Americans to have electronic medical records, saying digital records will save billions by cutting waste and eliminating repeated tests and errors. " (Civilian, 2010) This would give the providing companies (hospitals) extra cool Decease tenet would get a Dental (In ten Tort AT money) to meet ten anemone and avoid penalties associated with slower responses. Using today's technology, this could make the retrieval of information even easier if not at a more rapid rate. Political entities include individuals behind the scenes who are starting to make a preference in combating health care fraud.

In 2009 the Obama administration put together an agency, as part of the President's health care overall system, to figure out a way to stop the billions of dollars the criminal's are stealing from Medicare spending. It is called the Medicare Fraud Task Force. One mission of the Health Care Fraud Prevention and Enforcement Team is " to gather resources across the government to help prevent waste, fraud, and abuse in the Medicare and Medicaid programs". (Services) From a social standpoint, I see that everyone is going to have to be alert to health care fraud, not just the medical community, because again, it is our tax money.

Social programs are readily available for a breach because they are for everyone. From a political stance, health care fraud is out in the open and our government is upset at people stealing money from them which has been demonstrated by the President's fraud task force which is providing

some oversight into this issue. Culturally, we are (as in the social aspect) going to have to police ourselves, change our way of trusting folks and scrutinize insurance programs as well as remaining focused on our own medical information.

From an ethical posture, stronger punishment (and no more threats like the ones you see on DVD's before you see the movie) would hopefully change the mind of those that rip off the government and the elderly (majority of those involved). In conclusion, I would like to touch on the economical loss that health care fraud has cost us. Billions of dollars are gone because individuals know how to manipulate the system for their own gain. As taxpayers we want to see corruption stopped and ensure that fraud and/or fraudulent practices do not get in the way of our health care as well as that of our children.