

Frauds, contracts and end of life issues in medicare

[Health & Medicine](#)



**ASSIGN
BUSTER**

Frauds, Contracts and End of Life Issues in Medicare And their Implications

This paper will describe different types of fraud, contracts and end of life issues and their impacts on individuals and organizations in the Medicare profession. The paper will go ahead and examine how such issues are managed. The paper will start by defining different forms of fraud, contracts and the subject of end of life in the Medicare profession. It will then focus on the issues surrounding end of life and differentiate the aspect of allowing the patient to die from physician assisted suicide. The paper will examine the ethical and legal issues surrounding these two issues. Dictionary. com defines fraud as deceit or trickery, sharp practice or breach of confidence perpetrated for profit or to gain unfair or dishonest advantage. A contract is defined as an exchange relationship created by an exchange or either oral or written agreement between two or more persons containing at least one promise and recognized in law as enforceable (Blum, 2007).

Frauds, Contracts and End of Life Issues in the Medicare And their Implications

A fraud is a deceitful and trickery manner perpetrated by individuals so as to gain profit or unfair and dishonest advantage. According to Gohsman (2008) fraud in the Medicare profession occurs in three forms: procedure fraud that involves providing treatments that a patient doesn't need, then billing the patient or the patient's health plan. Some Medicare providers and health plans have some rule requiring only a specific professional to perform certain treatments and then patients pay for it. The second type, kickbacks frauds involve payment to someone to obtain his/her business. It also involves paying or receiving money for patient referrals. This may also involve referring a patient to a facility like a hospital or laboratory fully or partially

<https://assignbuster.com/frauds-contracts-and-end-of-life-issues-in-medicare/>

owned by the referring doctor. The third billing fraud involves improper use of diagnosis codes or recurrent procedures terminology or billing for complex services when only simple services were performed. This may also involve billing for a branded drug when a generic was provided or more complicated diagnosis than the case.

All these types of medical frauds are illegal and unethical. Such frauds have immense impacts on individuals perpetrating such activities that include termination of their contracts, prosecutions and termination of their Practice certificates and general lack of trust in the organization or individual involved. Such activities could also lead to termination of agreements between institutions and insurance cover providers or medical trust fund providers.

The subject of end of life is continuing to draw national attention. Suicide involves one intending ones death either as an end itself or as a means to further end Rhodes and Francis(2007). They indicate suicide could be intentional or not. In this case they view assisted suicide as one that involves someone helping another person to commit suicide. On the other hand they argue that we can assist people accomplish their goals without sharing their goals and hence it remains open that a person assisting as suicide does not intend that the person kills himself which is the case for assisted physician death. An example is when a doctor injects a troubled patient with a lethal drug. They regard euthanasia as one that involves someone doing something so as to bring about another persons death in particular killing or letting die with the intention that the person dies because death is in the best interest of the dying person. An example is when life saving treatment is terminated to allow the patient to die. This has contributed to a lot of debate leaving <https://assignbuster.com/frauds-contracts-and-end-of-life-issues-in-medicare/>

unclear indications as to whether the two scenarios of letting the patient to die and assisted physician suicide should be allowed or not.

The current laws are required to provide balance between protecting the rights of the patients and protecting society's obligation to preserve life, prevent suicide and maintain confidence in the integrity and credibility of medical profession. Chia and Francis (2007) asserts that the British medical association has always opposed voluntary active euthanasia on the basis of human life value and the ethics of medicine because human life has depth and value that can take fresh and unexpected form even up until the last moment of death. They assert willingness by society to condone euthanasia will merely confirm the patients worthlessness resulting in society where individuals are deemed invaluable unless demonstratively useful. In fact stern legal action is eminent for medics' who might engage in this practice. Pavlock (2007) suggests that drafting and implementing corporate compliance program to address these issues. He argues that this can be achieved by establishing compliance that is to be followed by its employees and other corporate agents that are reasonably capable of reducing the prospect of wrongful or criminal conduct or using care that does not delegate substantial discretionary authority to individuals who may have the propensity to engage in criminal activities. The standards and procedures created should be communicated to employees and other agents and to develop and implement adequate training programs for employees to explain in practical manager what is required. He also states that the process should formulate a monitoring and editing system to detect criminals and other wrongful acts by employees and other agents, the practice should have in place and publicize a system whereby employees and other agents

<https://assignbuster.com/frauds-contracts-and-end-of-life-issues-in-medicare/>

can report criminal and other wrongful conduct by others within the practice without fear or retribution. He concludes by suggesting that oversight responsibilities should be addressed by appointing a specific individual at a higher level with the overall responsibility to oversee the compliance with the standards and procedures developed especially after auditing is complete. He suggests that the corporate compliance program reflects the upper management's intent to comply with federal regulations and indicates tone at the top.

On the other hand it's the responsibility of the state to formulate laws that govern the controversial debate of ending life. The regulations should reflect the ethical and moral standards required of the society while providing a platform that allows for confidence, integrity and credibility in the medical profession. This will go along way in providing a favorable environment for medical practitioners to provide their services without fear and at the same time re-emphasize support and understanding from the rest of the community.

References

Blum, Brian (2007). *Contracts: Examples and Explanations*. New York, Aspen Publishers. pg 2

Chia Rohland, Francis L. (2007). *The Right to Die: A Christian Response to Euthanasia*. Oxford. Blackwell Publishing. pg, 41

Fraud. (n. d) Dictionary . com unabridged: [http:// dictionary. reference . com/browse/fraud](http://dictionary.reference.com/browse/fraud)

Gohsman, Robyn (2008). *Types of Fraud Medical Assisting Made Incredibly Easy: Law and Ethics*. Philadelphia, Lippincott Williams and Wilkins. Pg. 128

Rhodes Rosemond, Francis Leshie. Eds. (2007): *The Blackwell Guide to* <https://assignbuster.com/frauds-contracts-and-end-of-life-issues-in-medicare/>

Medical Ethics. Oxford, Blackwell Publishing. pg. 42

Pavlock, Francis (2000). Financial Management for Medical Groups: A

Resource for New Experienced Mangers. Englewood, Center for Research. Pg.

648