

News Clippings

Avoid Health Care Fraud

USAWeekend.com, November 29, 2009

More than \$2.25 trillion is spent on health care in the United States; of that, between \$68 billion to \$225 billion is lost each year because of health care fraud and abuse. And it's not all about losing your insurance card. "The majority of health care fraud is committed by a very small minority of dishonest...

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What Insurers Can Do About Escalating Medical Fraud in Health and Property/Casualty Insurance

The John Cooke Fraud Report, 2009

Fraudulent medical schemes are a growing problem in the health and property/casualty insurance sectors. In fact, they are the largest issue facing the industry today. Unfortunately, the volume and expansion rate of medical fraud is uncontrolled in comparison with other property/casualty risks...

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The \$60 Billion Fraud

60 Minutes, October 25, 2009

Medicare and Medicaid fraudsters are beating U.S. taxpayers out of an estimated \$90 billion a year using a billing scam that is surprisingly easy to execute. Steve Kroft investigates...

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Organized Crimes New Target: Medicare

CNN, October 24, 2009

Experienced in running drug, prostitution and gambling rings, crime groups of various ethnicities and nationalities are learning it's safer and potentially more profitable to file fraudulent claims with the federal Medicare program and state-run Medicaid plans...

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Health Matters: How to Join the Fight in a crackdown on Medicare Fraud

The Wall Street Journal, June 20, 2009

When Medicare scammers targeted Joe O'Malley two years ago, they picked the wrong guy. Mr. O'Malley, a retired computer programmer in Orange County, Calif., was having kidney dialysis when a woman approached and asked if he wanted a new glucose monitor for his diabetes...

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Controlling Medical Fraud in Health and Property/Casualty Insurance

ISO Review, May 2009

At the 2009 Insurance Fraud Management Conference (sponsored by ISO and the National Insurance Crime Bureau), one key speaker identified medical schemes as the single most significant fraud issue facing the property/casualty industry this year. Several of the conference breakout sessions expanded...

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Detect – Stop – Prevent: The Approach to Fighting Health Care Fraud

Health News Digest.com, March 31, 2009

Quantifying the annual losses attributed to health care fraud and abuse remains a difficult proposition. Given the covert nature of fraud, a definitive number remains elusive, and polling the perpetrators isn't a viable option. According to the National Health Care Anti-Fraud Association (NHCAA), 3 to 10 percent...

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Fraud Monitoring of Electronic Medical Record Uncovers Identity Theft

Dotmed News, March 18, 2009

In the health policy arena, information technology is seen as a panacea to improve efficiency, reduce repeat testing, and save billions. While those are some expected benefits of electronic medical record-keeping, its greater money-saving potential may lie in helping to uncover fraud...

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Fraud, Errors in Health Care Billing and Payments

The Tribune Democrat, March 7, 2009

Other than landfills, hospitals and health professionals rate as some of the most highly scrutinized organizations and businesses in the United States. Even as lead-based paint on children's toys, uninspected airplanes and tainted peanut products were negatively touching the lives of American...

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New York Steps Up War on Medicaid Abuse

Long Island Business News, February 23, 2009

The state's Medicaid inspector general late last year found that in New York Medicaid made payments care and prescriptions for 417 deceased people and 912 prison inmates, who are not entitled to payments. In many cases, the state continued to pay since the program didn't record death certificates...

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Fraud Control Benefits Bottom Line

Managed Healthcare Executive, October 1, 2008

Experts say that fighting fraud and abusive billing practices is a continually evolving process—not a single event. "In order to fight fraud effectively, you need to understand that fraud is a moving target, constantly changing and evolving. Once you've uncovered one fraudulent scheme, the most sophisticated...

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Finding the Right I.T.

Health Data Management Magazine, March 1, 2008

Selecting the right information technology to support a health care organization's business objectives sometimes involves carefully measuring whether the technology offers a tangible return on investment. For example, AmeriBen/IEC Group, which has a third-party administrator subsidiary, invested in claims...

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Claims Software Needn't be a Tough Sell to Providers

Health Leaders Media, November 2007

Technological advances in claims fraud detection software have made adoption of such systems de rigueur for dental plans of all sizes. But prevalence among plans doesn't necessarily equal popularity among providers. The dentists whose claims are being double-checked for accuracy may not...

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Identifying Fraud

Healthcare Informatics, October 2007

Preventing fraud, abuse and overpayments is an increasing challenge for payers. The complexity of the healthcare system's billing procedures and frequent code and rules updates presents vulnerabilities and provides many opportunities for billing mistakes. These factors are part of the reason up to \$230 billion...

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How to Get Your Coding Up to Code

Advance, September 1, 2007

Ask anyone within the four walls of your hospital, "What is coding?" and you'll get a different answer every time. For the CIO, coding is a step within the software development process. For the CFO, it is all about the revenue cycle — and it's the keystone for accurate health care reimbursement. Finally, the health...

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