Pennsylvania Crime Commission

Health Care Fraud: A Rising Threat



December 1981

Health Care Fraud A Rising Threat

United States. Congress. Senate.

Committee on the Judiciary.

Subcommittee on Criminal Law

Health Care Fraud A Rising Threat:

Health Care Fraud Pennsylvania, Pennsylvania. Commission on Crime and Delinguency, 1982 Health Insurance Fraud - Deception and Its Ramifications Amit Nandal, Praveen Kumar Rawat, 2025-04-14 SUMMARY Health Insurance Fraud Deception and Its Ramifications explores the pervasive issue of health insurance fraud detailing its various forms such as double billing phantom billing unbundling upcoding and false diagnoses and examining their significant impact on healthcare costs premiums and patient care The book also covers the legal framework surrounding fraud and how to report it through insurance providers state fraud bureaus and national organizations It then delves into the role of machine learning ML in detecting and preventing fraud explaining different algorithms such as decision trees neural networks and reinforcement learning Through case studies the book demonstrates real world applications of these technologies Additionally it outlines protection strategies like cybersecurity and best practices for safeguarding sensitive health data The final chapter addresses the ethical legal and societal implications of using AI in fraud detection discussing privacy concerns regulatory compliance and the importance of collaboration between stakeholders The book offers a comprehensive approach to combating health insurance fraud using modern technologies while considering ethical and legal dimensions Healthcare Fraud Investigation Guidebook Charles E. Piper, 2017-07-27 Some have estimated that healthcare fraud in the United States results in losses of approximately 80 billion a year Although there are many books available that describe how to detect healthcare fraud few address what must be done after the fraud is detected Filling this need Charles Piper s Healthcare Fraud Investigation Guidebook details not only how to detect healthcare fraud but also how to investigate and prove the wrongdoing to increase the likelihood of successful prosecution in court The book starts by covering the history of healthcare insurance and the various types of fraud schemes It presents Charles Piper's unique approach to investigating The Piper Method which allows readers to conduct as many as 10 simultaneous investigations for each case It emphasizes the importance of simultaneously searching for waste and abuse as well as systemic weaknesses and deficiencies that caused or contributed to the problem or wrongdoing under investigation and then make recommendations for improvement It also provides Questions to ask whistleblowers complainants employers employees and healthcare providers who are suspects Tips on investigative case planning goals and strategiesSample visual aids for use when briefing others about your investigative findingsGuidance on presenting information obtained from healthcare investigations and on how to testify in courtTechniques for uncovering previously undetected fraudThe book includes a sample case study that walks readers through a mock case from the time the case is received through the end The case study demonstrates how to initiate plan and conduct a thorough and complete healthcare fraud investigation while incorporating Piper's proven methodology Sharing insights gained through Charles Piper's decades o **Legal and Ethical Issues for Health Professionals with** Navigate Advantage Access George D. Pozgar, 2023-03-31 Legal and Ethical Issues for Health Professionals 6th Edition has

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