



Researching of Fraud and Abuse in Healthcare

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Healthcare fraud is an intentional practice of misusing the healthcare system for unlawful gains, such as billing patients for services that were never provided or performing unnecessary medical procedures. The difference between fraud and abuse is that the latter is not done intentionally, despite the fact that both incur additional costs for the country's healthcare budget and require countermeasures. Healthcare Insurance Portability and Accountability Act, or HIPAA, was enacted to protect patients' privacy from breaches and prevent misuse of the healthcare system.

Merton's theory states that every action made by an individual or a government may have unexpected aftermath. Merton (1936) also defines several sources of unanticipated consequences, including ignorance, error, and short-termism. When action was made in ignorance, it means that there was a limited amount of information available, while error means that incorrect reasonings were made. Short-termism is when an individual or a government focuses on immediate gains rather than the long-term benefits of a decision. While the theory is not strictly defined by its author and left to interpretation, the ideas expressed by Merton are clear enough to be understood individually.

Merton's theory can be applied to HIPAA, with three of the sources attributable to fraud and abuse within the healthcare system. Ignorance and error can lead to abuse and unintended damages, while short-termism can be associated with fraud and lead to unanticipated

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