



Kentucky Medical Recorder

By -

RareBooksClub. Paperback. Book Condition: New. This item is printed on demand. Paperback. 50 pages. Original publisher: Washington, D. C. : The Office, 2000 OCLC Number: (OCoLC)47441225 Subject: Administrative agencies -- United States -- Management. Excerpt: . . . In some cases, information is insufficient to provide systematic estimates of improper payments for other important programs. For instance, HHS has not estimated improper payments for the Medicaid program, which had 108 billion in federal outlays for fiscal year 1999. However, in recent work, we have concluded that the size and structure of this program makes it inherently vulnerable to exploitation. As a third-party payer, Medicaid reimburses for services provided by others and cannot, as a practical matter, police each claim for reimbursement. The program relies on providers, some of whom have incentives to exploit third-party payers like Medicaid, and program administrators, who are sometimes reluctant to impose controls perceived as burdensome for fear of discouraging provider participation. Common Medicaid fraud and abuse schemes fall into three broad groups: improper billing practices, misrepresentations of professional qualifications, and improper business practices such as kickbacks, self-referrals, or collusion. Medicaid Fraud and Abuse Problems Billing Fraud - A psychiatrist operated a psychotherapy mill where parents...



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