

# Healthcare Fraud and Abuse

## Healthcare Fraud and Abuse

### 1. Introduction

- Healthcare fraud is intentional deception to gain unauthorised benefits or payments.
- Abuse refers to practices that cause unnecessary cost or fall short of professional standards.

### 2. Key Definitions

- **Fraud:** knowingly submitting false claims or information for financial gain.
- **Abuse:** improper but not necessarily deliberate practices that waste resources.

### 3. Common Examples

- Billing for services not provided or upcoding to higher charges.
- Kickbacks for referrals and unnecessary tests or procedures.
- Falsifying records or patient eligibility.

### 4. Consequences

- Legal penalties including fines, exclusion, and imprisonment.
- Loss of licence and damage to professional reputation.
- Increased costs and reduced trust in the health system.

### 5. Prevention and Detection

- Strong internal controls, audits, and accurate documentation.
- Compliance programs and whistleblower protections.

### 6. Summary

- Fraud and abuse undermine the integrity and affordability of healthcare.
- Ethical billing, transparency, and oversight are key to prevention.