

Healthcare fraud news briefing

January 2010

1. 3.1.10 – ABU DHABI HEALTH AUTHORITY FINDS 39 CASES OF SUSPECTED FRAUD

The Emirates News Agency reported that the Abu Dhabi Health Authority has announced that 39 health insurance violation cases have been uncovered and referred to prosecutors after its inspectors discovered cases of suspected fraud and abuse. The health insurance regulation department revealed that it made over 600 inspection visits in 2009 to select public and private healthcare providers in the Emirates of Abu Dhabi to monitor compliance with health insurance law.

2. 5.1.10 – MASSIVE FRAUD UNCOVERED IN GHANA'S NATIONAL HEALTH INSURANCE SCHEME

The Ghanaian Chronicle reported that an audit report commissioned by the Ghanaian National Health Insurance Authority (NHIA) has uncovered massive fraud which threatens to undermine the fortunes of the country's National Health Insurance Scheme (NHIS). The audit uncovered cases of financial fraud involving managers of some Mutual Health Insurance Schemes, their accountants and other related staff who had dissipated resources without following procedures.

3. 8.1.10 – FINLAND : REPORTED CASES OF ABUSE AMONG HEALTHCARE STAFF INCREASED IN 2009

Esmerk Finnish News reported that in Finland, reports of suspected cases of fraud and abuse by healthcare personnel rose to a record level in 2009. Over 130 cases were reported to the National Supervisory Authority for Welfare and Health (Valvira), compared to 26 cases in 2006. According to Valvira, the increase is due to employers' improved control. Control has become more efficient after the serious crimes that have been committed in health care services in recent years.

4. 14.1.10 – U.S. DOCTOR ACCUSED OF FRAUD BY FAKING RESEARCH

Associated Press Newswires reported that U.S. federal prosecutors have filed a healthcare fraud charge against a Massachusetts doctor accused of faking research for a dozen years in published studies that suggested after-surgery benefits from painkillers. Prosecutors allege that the doctor sought and got research grants from pharmaceutical companies, but never performed the studies. He allegedly made up patient data and submitted information to anaesthesiology journals that unwittingly published reports.

5. 17.1.10 – GLOBAL HEALTHCARE FRAUD COSTS PUT AT \$260 BILLION

Reuters reported that some €180 billion (£160 billion or \$260 billion) is lost globally every year to fraud and error in healthcare – enough to quadruple the World Health Organisation's and UNICEF's budgets and control malaria in Africa. A study by the European Healthcare Fraud and Corruption Network (EHFCN), the Centre for Counter Fraud Studies and MacIntyre Hudson LLP found that 5.59% of annual global health spending is lost to mistakes or corruption.

6. 21.1.10 – 2 CHARGED WITH \$1.8 MILLION HEALTHCARE FRAUD

UPI News Track reported that a grand jury in San Antonio, U.S., has returned an indictment charging a couple with an alleged \$1.8 million healthcare fraud scheme. They are charged with 10 counts of fraud and allegedly conspired to submit fraudulent billings to healthcare benefit programs between 2003 and 2007.

7. 22.1.10 – U.S. DENTAL CLINICS SETTLE FRAUD CHARGES FOR \$24 MILLION

American Health Line reported that dental management company FORBA Holdings will pay \$24 million to state and federal governments to settle charges that its clinics billed Medicaid for unnecessary work, including tooth extractions, crowns and 'baby root canals'

8. 29.1.10 – FRAUD INCREASES DESPITE FEDERAL 'STRIKE FORCES'

American Health Line reported that despite the launch of federal 'strike forces' in 2007 to address Medicare fraud, the number of people charged with insurance fraud increased by 2%, according to figures released by the U.S. Department of Justice. Louis Saccoccio, Executive Director of the National Health Care Anti-Fraud Association said that fraud in the U.S. healthcare system is "totally out of control".