

Medicare Fraud - Further Actions Needed to Address Fraud, Waste, and Abuse: Testimony Before the Subcommittee on Oversight and Investigations, Committee on Energy and Commerce, House of Representatives (Paperback)



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(Lexie Paucek PhD)

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Createspace Independent Publishing Platform, 2017. Paperback. Condition: New. Language: English . Brand New Book ***** Print on Demand *****. GAO has designated Medicare as a high-risk program, in part because the program s size and complexity make it vulnerable to fraud, waste, and abuse. In 2013, Medicare financed health care services for approximately 51 million individuals at a cost of about \$604 billion. The deceptive nature of fraud makes its extent in the Medicare program difficult to measure in a reliable way, but it is clear that fraud contributes to Medicare s fiscal problems. More broadly, in fiscal year 2013, CMS estimated that improper payments-some of which may be fraudulent-were almost \$50 billion. This statement focuses on the progress made and important steps to be taken by CMS and its program integrity contractors to reduce fraud in Medicare. This statement is based on relevant GAO products and recommendations issued from 2004 through 2014 using a variety of methodologies. Additionally, in June 2014, GAO updated information based on new regulations regarding enrollment of certain providers in Medicare by examining public documents.



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