



Medicare: Progress Made to Deter Fraud, But More Could Be Done: Testimony Before the Subcommittee on Oversight and Investigations, Committee on Energy and Commerce, House of Representatives (Paperback)

By U S Government Accountability Office

On Demand Publishing, LLC-Create Space, 2017. Paperback. Condition: New. Language: English . Brand New Book ***** Print on Demand *****. GAO has designated Medicare as a high-risk program. Since 1990, every two years GAO has provided Congress with an update on this program, which highlights government operations that are at high risk for waste, fraud, abuse mismanagement or in need of broad reform. Medicare has been included in this program in part because its complexity makes it particularly vulnerable to fraud. Fraud involves an intentional act or representation to deceive with the knowledge that the action or representation could result in gain. 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. Reducing fraud could help rein in the escalating costs of the program. 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. These contractors perform functions such as screening and enrolling providers, detecting and investigating potential fraud, and identifying improper payments and vulnerabilities that could lead to payment errors. This statement is...



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