



Widespread Fraud of Medicare – A report by a whistleblower attorney

/EINPresswire.com/ For many years the U.S. government has urged doctors and hospitals to get rid of messy and sometime illegible hand-written patient histories in favor of electronic records. Pushing the benefits of efficiency, accuracy and improved care, the government's campaign has been successful—but not without creating a new way to commit fraud in the process.

The switch to electronic records has proven to be an easy target for widespread fraud of Medicare, as well as other government agencies. According to investigations by media outlets and government auditors, doctors and hospitals are increasingly “upcoding”—clicking on the most costly Medicare reimbursement codes, even when they have not rendered the services to justify them. The switch to electronic medical records has made these kinds of cheats possible system-wide and not just in the records for a single patient.

In a common scenario, a doctor selects a code that tells Medicare the doctor spent more time with a patient than actually occurred. In another example, a chain of urgent care facilities falsely bills for allergy and other diagnostic tests they never performed.

There is also the related problem of “cloning,” a practice in which doctors cut and paste old records to “pad” the most current visit and make it appear that more extensive treatment took place.

Between 2001 and 2010, Medicare reimbursement costs soared by \$11 billion, and there is little evidence—such as a sicker and older population requiring more acute care—to account for such a massive cost increase. Emergency rooms are some of the worst offenders of billing code fraud. Between 2001 and 2008, emergency rooms nationwide increased Medicare billing substantially, adding \$1 billion to the tab paid by taxpayers. In just one example, the number of claims by emergency rooms for providing the two highest categories of care jumped from 40 percent in 2006 to 54 percent in 2010. These two categories also provide the highest reimbursements possible from Medicare.

The good news is that health care employees, including doctors, nurses, and administrators, have been helping expose the fraud and return money to taxpayers. These whistleblowers are protected under the federal False Claims Act, which has led to the recovery of more than \$30 billion in lost government funds since the law was overhauled in 1986. By law, the whistleblower is also entitled to a portion of any damages recovered. The False Claims Act and many state laws like it also provide employees protection from retaliation for trying to expose fraud on the government.

About - Keller Grover whistleblower law firm

Jeffrey F. Keller, a founding partner at Keller Grover, a nationally recognized labor and employment law firm, says whistleblowers can play an important role in fighting fraud on the government. “To the average person, the country’s financial woes might seem almost too huge to contemplate. It’s hard to know how to make a difference,” Keller says. “But whistleblowers can play a crucial part by disclosing the fraud that is fleecing our treasury every year. Whistleblowers are courageous people who should be rewarded for their efforts.”

If your employer is a Medicare contractor with the government and you know the company has been engaged in electronic medical records fraud a whistleblower attorney may be able to help. Contact the Keller Grover whistleblower law firm today for a free, confidential case evaluation.

For more information please visit http://www.kellergroverwhistleblowerlawyers.com/widespread-fraud-of-medicare-a-report-by-a-whistleblower-attorney_9137.html

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