

Here are some articles on audit initiatives you might find interesting reading before attending Dr. Dennis P.H, Mihale's session **How to Respond to a Payer Audit** on October 18 at PAHCOM.



## Health care fraud prosecutions on pace to rise 85%

By Kelly Kennedy, USA TODAY

WASHINGTON – New government statistics show federal health care fraud prosecutions in the first eight months of 2011 are on pace to rise 85% over last year due in large part to ramped-up enforcement efforts under the Obama administration. Healthcare Informatics. [Read more.](#)

## Hospitals Agree the Medicare RAC Program Reduces Fraud and Errors, New IVANS Survey Shows

*IVANS LIME™ AuditDocs Reduces Administrative and Financial Burdens of RAC, MAC, CERT and PERM Audits by Enabling Providers to Electronically Send Documentation*  
Stamford, CT (PRWEB) August 01, 2011

[IVANS, Inc.](#), a national health information exchange, announced today that 73 percent of hospitals agree that the Recovery Audit Contractor (RAC) Program helps to reduce fraud and errors in the industry. However, more than 60 percent do not think the audit process is fair. According to IVANS 2011 RAC Audit Survey, respondents cited that the extra time and money it takes to substantiate a RAC claim is impacting budgets and resources that are already stretched too thin, and that the frequency (every 45 days) with which they can be audited is burdensome to their administrative workflow. The study also revealed that hospitals believe the review process is too subjective and they need education on how to reduce future audits. [Read more.](#)



## Identifying Fraud

Finding fraud in a mountain of claims takes more than just technology; it takes people too.

by Barry Johnson, DDS

Preventing fraud, abuse and overpayments is an increasing challenge for payers. The complexity of the healthcare system's billing procedures and frequent code and rules updates presents vulnerabilities and provides many opportunities for billing mistakes. These factors are part of the reason up to \$230 billion is lost to healthcare fraud, abuse and overpayments annually, according to the National Healthcare Anti-Fraud Association (NHCAA). [Read more.](#)

## THE HUFFINGTON POST U.S. Wages War On Health Care Fraud

Posted: 04/13/11 01:36 PM ET

If Peter Budetti gets his way, the criminals who gorge on the U.S. healthcare system, bilking the government out of billions of dollars a year, will soon be on a much leaner diet. As Washington's point man on healthcare fraud, the 66-year-old Budetti knows there are no quick fixes to a mind-boggling mess that ranks as one of America's top crime problems. But he has been working to develop new technological tools and a comprehensive, long-term strategy to rein in fraud since his appointment as director of Program Integrity at the Centers for Medicare and Medicaid Services (CMS) last year. [Read more.](#)



## HHS Finding and Rules on Healthcare Fraud Prevention

March 02, 2011

U.S. Department of Health and Human Services (HHS) [Secretary Kathleen Sebelius](#) and U.S. Associate Attorney General Thomas J. Perrelli announced a [new report](#) showing that the government's health care fraud prevention and enforcement efforts recovered more than \$4 billion in taxpayer dollars in Fiscal Year (FY) 2010. In addition, HHS announced at its [press conference](#) new rules authorized by the Affordable Care Act (ACA) that will help the department work proactively to prevent and fight fraud, waste and abuse in Medicare, Medicaid and the Children's Health Insurance Program (CHIP). [Read more.](#)



### [Fixing Health Care](#)

## Health care fraud crackdown nets \$4 billion

By [Parija Kavilanz](#), senior writer January 24, 2011: 12:12 PM ET

NEW YORK (CNMoney) -- The government collected a whopping \$4 billion last year -- the largest sum ever recovered in a single year -- through its health care fraud prevention and enforcement efforts, according to a new report Monday.

"This is the highest annual amount ever recovered from people who attempted to defraud seniors and taxpayers," the Department of Health & Human Services said in a statement. [Read More.](#)



## ***The Year of the Audit***

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*The healthcare forecast for 2010 includes a strong chance of audit. HIM professionals in many organizations will be busy responding to a shower of external record requests and internal compliance checks.*

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By Chris Dimick

Stormy systems of audit programs, compliance initiatives, and fraud prevention have been marching toward the HIM department over the past months. This year they will converge, raining down medical records requests, stinging audits, and high pressure reviews upon HIM departments. HIM professionals are facing more audit and compliance initiatives than ever before, say several industry experts. [Read more.](#)