

HEALTHCARE FRAUD DETECTION

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Abstract-

Now a day we are seeing many scenarios that may cause much damage to us. In that one of the scenarios is health care fraud detection.

In hospitals we see many types of fraud happening so we can detect and resolve these frauds happening in the health care or hospitals etc.

Keywords- HFD, frauds, hospitals, healthcare, detection, scenarios, etc.

Introduction

Fraud detection means a set of activities that are not relevant to the others other than the authorized users.

The fraud detection is applied to various fields such as banking, hospital industries, schools, college, etc. But we see about the fraud detection in hospitals and health care.

Health care fraud detection is taking place in many areas where we can stop the fraud detection.

There are many apps came for detecting the fraud which helps in the analyzing and detecting the fraud user.

Many researchers have researched about detecting the user by applications such as the health care fraud detection system in which it could help some users to identify the fraud user.

In the US and other countries they have the National Health Care Anti-fraud association according to this health care fraud is an intentional deception or misrepresentation that could result in unauthorized benefit.



Fig1: Fraud detection for health care

Body

In this we see how does fraud detection occurs, prevention, types, methods and advantages and the disadvantages of fraud detection.

How does the fraud detection occurs?

The fraud detection can occur in many ways some are as follow:

- Developing appropriate healthcare fraud and abuse prevention policies and compliance programs may be difficult for provider organizations.
- As value-based purchasing takes hold of the healthcare industry, providers are also seeing claims reimbursement rates drop in favor of incentive payments.
- It occurs in the revenue to engage in healthcare fraud and abuse activities without intending to payments, specific tasks.
- While providers may or may not intend to commit healthcare fraud and abuse crimes, the federal government is as strict as ever with cracking down on fraud schemes.
- Providers may find difficult to scrutinizing claim to detect improper billing.

We can prevent the fraud detection by avoiding the following ways are:

- By protecting the health care insurance care ID to each patient. By Using the ID the caretaker can do tasks such as payments etc.
- Report the fraud. That is called the insurance company immediately.
- Nowadays insurance companies offer the ability to report suspected fraud online through their company website.
- Be Informed and knowledgeable about the health care service message which will be sent to the customers.
- Be aware of free offers you receive from the illegal companies designed for the free service, test or treatments.

Market Snapshot



Fig2: healthcare fraud detection market - growth, trends, and forecast

Prevention of fraud detection in healthcare

Healthcare Fraud Detection Market: Revenue Share (%),
By Application, Global, 2018

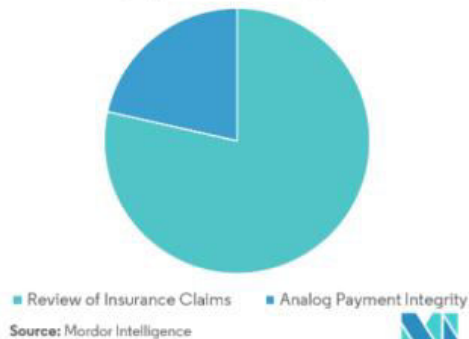


Fig 3:: healthcare fraud detection according to revenue share

Types Of Healthcare Fraud Detection

The fraud detection has many types which are as follow:

- Medical Identity Theft

Medical identity theft involves misusing person health care goods and services and even goods.

- Billing for Services or Items Not Furnished

To be covered by Medicaid, the billed service or supply must be furnished. Furnishing different services or supplies is no justification for billing services or supplies not furnished.

- Upcoding

Upcoding is a term that is used for billing for services at a level of complexity or document as a file.

- Kickbacks

Kickbacks can be defined as offering, soliciting, paying, or receiving remuneration to induce or in return for the referral of individuals for the furnishing or arranging of any item .

Methods Of Healthcare Fraud Detection

The fraud detection has many methods which are as follow:

- Data mining- It is a term which classify group or segment through transaction to find patterns and to detect fraud.
- Neural networks- Which can learn suspicious-looking patterns, and use those patterns to detect them further.[ref 5]
- Machine learning- This can automatically identify characteristics found in fraud.
- Pattern recognition- Which can detect classes, clusters and patterns of suspicious behavior [ref 5].

Healthcare Fraud Detection Market - Growth Rate by Region (2019 - 2024)



Fig 4: Statistical data analysis

Advantages and the Disadvantages of the fraud detection.

The advantages of fraud detection:

- Higher –quality Care:

Big data draws several sources, including previous doctor and pharmacy visits, social media, and other outside sources, it can create a more complete picture of a patient. [ref 3]

- Early Intervention

The overall goal of big data in healthcare is to use predictive analysis to find and address medical issues before they turn into larger problems. [ref 3]

- *Fraud Detection*

A growing problem in the healthcare and insurance spaces is a fraud, or patients submitting false claims in hopes of being paid.

The disadvantages of fraud detection:

- *Privacy*

One of the strongest negatives relating to big data is the lack of privacy, especially when it comes to confidential medical records[ref 3].

Growth provides many benefits



Fig 5: Growth benefits of advantages of fraud detection:

Conclusion

By studying and analyzing the different aspects and views of the fraud happening in the hospitals, or medical shops, or the healthcare centers, etc.

By this views and study we can stop the fraud happening in these different areas.

We can stop the fraud by keeping the data privacy and not allowing the data to use by the others other than the patients and the caretakers

By keeping high-quality protection to stored data the data can be secured and safe.

By providing the high early intervention or detection system to know the fraud doing activities.

Reference

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