

# FWA – SOME INSIGHTS AND COLLABORATING FOR BETTER RESULTS

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**Cape Town**  
16 -19 July 2017

The  
**18<sup>th</sup>** Annual  
**BHF Southern  
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# Why is Fraud increasing?



Developed by Donald Cressey



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# FWA Defined

## FRAUD

*Willful misrepresentation of the facts in order to illegally obtain financial gain at the expense of someone else*

## WASTE

*Useless expenditure or consumption (money, goods, time, effort, resources) for which no true value is received*

## ABUSE

*Acts that are inconsistent with sound medical or business practice; simple profiteering*



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# So how bad is it?

- Examples of syndicate activity or deviant practices:

R4.3 mil in  
102 days -  
psychologist

>R100 mil –  
pharmacies  
in 3 years

>R80 mil –  
psychologist  
syndicate

Spectacle  
Frames -  
>2000%

R112 000 in  
67 mins -  
dermatologist

>R31 mil –  
Ambulance in  
<3 years

Hearing Aids -  
>500%  
markup

>R5 mil –  
radiographer  
in 1 year

Mental Health –  
R10 000 'Refund'  
to patient



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# Healthcare targeted:

The screenshot shows a web browser displaying a news article from USA Today. The article title is "Feds: More than 300 charged in health care fraud". The author is Kevin Johnson, and it was published on June 22, 2016. The article text states: "WASHINGTON — Doctors, nurses and pharmacists were among more than 300 charged with health care fraud schemes involving \$900 million in false billings in what the Justice Department described Wednesday as the largest such enforcement action". The article includes a photo of a woman speaking at a podium and social media sharing options for Facebook, Twitter, LinkedIn, and Email. A "LIGHTPOST" logo is also visible on the right side of the article content.



# Healthcare fraud...too easy?

United States Department of Justice Offices of the United States Attorneys

THE UNITED STATES ATTORNEY'S OFFICE  
SOUTHERN DISTRICT *of* NEW YORK

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Department of Justice U.S. Attorney's Office Southern District of New York

FOR IMMEDIATE RELEASE Wednesday, May 10, 2017

## Manhattan Man Sentenced To 10 Years In Prison For \$26 Million Scheme To Defraud Medicare And Medicaid

**Defendant Established Six Clinics in Brooklyn that Paid Elderly People to Pose as Patients, and Billed Medicare and Medicaid For Unnecessary and Non-Existent Medical Care and Equipment**

Joon H. Kim, the Acting United States Attorney for the Southern District of New York, announced that ALEKSANDR BURMAN, a/k/a "Alexander Burman," was sentenced today by U.S. District Judge Paul G. Gardephe to 10 years in prison. BURMAN organized and managed a large health care fraud scheme through six medical clinics in Brooklyn, through which BURMAN and his co-conspirators defrauded the Medicare and New York State Medicaid ("Medicaid") programs of more than \$26 million. As part of the scheme, BURMAN and his co-conspirators paid cash kickbacks to elderly and financially disadvantaged

SHARE

Prescription Drug Abuse Public Service Announcements Manhattan | Rockland

JUSTICE 101



# The Power of Big Data



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# Enforce accountability...

## Regulatory Bodies

Practice Numbers

Inspections

Sanctions



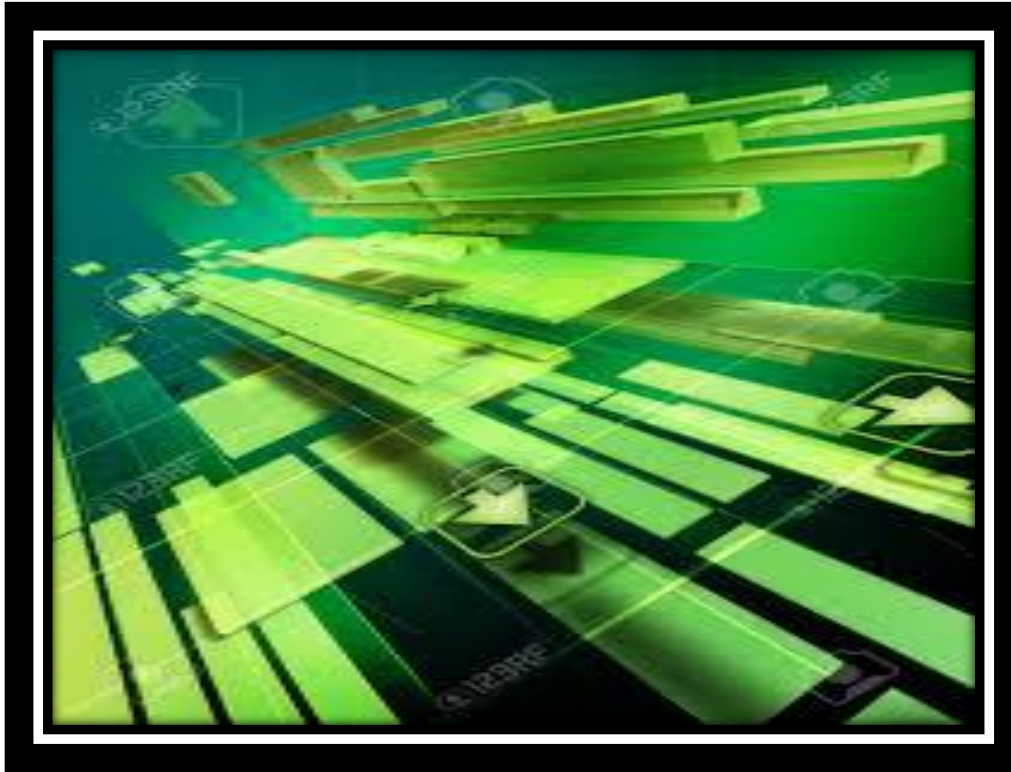
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# Fragmentation...enabling fraud



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# On a lighter note...



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# THANK YOU



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