US Inspector General Recoups Millions in Audits, Fraud, and Abuse Investigations

Fraud and abuse investigations by the office of the Inspector General resulted in payments totaling $407.7 million. Audits by the same agency identified $251.5 million in items such as overpayments, according to the agency’s mid-year fiscal year 1999 report.

As a result of its findings, the Inspector General recommended exclusion of 2976 individuals or entities from government programs such as Medicare, according to the American Hospital Association.

Between April and September of 1999, the office of the Inspector General recouped more than $160 million through civil monetary penalties, as well as from the False Claims Act in settlements related to Medicare and Medicaid. The office also collected $1.7 million in civil monetary penalties from 61 hospitals and physicians in association with violations of the “patient dumping” law, which requires all Medicare-participating hospitals to screen all patients who appear in the emergency room and to stabilize those who need treatments.

As of September 30, 1999, review of payments to physicians at teaching hospitals has resulted in $75.1 million from 6 educational institutions. The Inspector General’s office investigated whether billing physicians provided the services to the patients or were present when residents did so.

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