Medicare fraud on the rise nationwide

by UPI

WASHINGTON -- Healthcare experts say the simplicity of defrauding the U.S. Medicare program points to the need for more resources devoted to prevent fraud. One issue is that Medicare doesn't review the majority of the bills it pays to companies with federally issued supplier numbers, The Washington Post said Friday.Checks are in place more to detect overbilling and unconventional medical treatment than fraud, officials said.Law enforcement officials estimate healthcare fraud costs taxpayers more than $60 billion annually.The Centers for Medicare and Medicaid Services, which oversees federally-funded health programs, said it's instituted several new measures to combat fraud. The efforts include working more closely with investigators, removing the mandatory billing numbers of nearly 900 companies and imposing new standards in areas of high fraud that prevent convicted felons from receiving a Medicare number.In the Miami area, the U.S. Justice Department created a strike force that works with a small number of U.S. attorneys. The joint effort during the past year opened almost 900 criminal investigations and convicted 560 defendants in healthcare fraud offenses throughout the country, the Post said.The strike force recently established a base in Los Angeles and plans call for similar operations in Houston soon.