

SUBJECT: HEALTHCARE FRAUD

SUBMITTED BY: Bureau of Federal Health Programs and Council on AOA Policy

REFERRED TO: Ad Hoc Committee

1 RESOLVED, that the Bureau of Federal Health Programs and the Council on AOA Policy
2 recommend that the following policy be Reaffirmed as Amended:

3 **H224-A/04 HEALTHCARE FRAUD**

4 The American Osteopathic Association urges the Center for Medicare and Medicaid
5 Services (CMS) to: ~~(1) redefine its definition of "fraud" to include only those claims for~~
6 ~~services billed intentionally to defraud the government; (2) omit from the definition of~~
7 ~~"fraud" any mistake on the submitted claim as well as any difference between CMS and~~
8 ~~the physician regarding the level of service, based on the CPT code; (3 1) disclose to the~~
9 public and the medical community the actual amount of "fraud" in dollars, based on the
10 reasonable definition of "fraud" omitting all denied claims and all honest mistakes by
11 physicians and the Medicare carriers; and ~~(4 2)~~ strongly opposes the use of law
12 enforcement agencies and auditors to enter physicians' offices without prior request,
13 warning or due process under the law for the purpose of confiscating records. 1999;
14 revised 2004

ACTION TAKEN APPROVED

DATE 7/17/08