

# **SCAM, FRAUD, &/OR ABUSE IN HEALTHCARE**

## **GOALS**

1. To identify the word and need for personal “astuteness” as it relates to the intellectual understanding of a scam, fraud, and/or abuse in healthcare.
2. To define the meaning of scam, fraud, and healthcare abuse.
3. To present how intellectual astuteness allows individuals to detect and resist deceptive schemes designed for financial or personal gain-- especially those that manipulate healthcare processes for illegal reimbursement or profit.
4. To identify specific deceptive behaviors and efforts that represent a healthcare scam, fraudulent behavior, or abuse to obtain monetary healthcare reimbursement.
5. To reiterate the reasons healthcare providers should increase their awareness of scams, fraudulent behaviors, and abuse.
6. To state the future of detecting fraudulent patterns in real time.
7. To remind healthcare providers of their professional oath of honesty in the provision of healthcare.

## **INTELLECTUAL ASTUTENESS AS A BASIS FOR UNDERSTANDING AND RECOGNIZING SCAMS, FRAUDS, AND ABUSE**

*Intellectual Astuteness* is an acquired basis of human understanding and attentiveness. The intellectual component of the phrase implies the ability to *smartly* gain the advantage over another person attempting to deceive or unfairly manipulate. Astuteness, as a behavior, is essential to the protection and preservation of “the self.” These two powerful words (intellectual and astuteness) represent a personal discerning shrewdness and an ability to form a quick understanding of any situation.

And so it is --- The sometimes-intentional efforts of others to attempt to manipulate our vulnerable and sometimes unsuspecting selves through

scams, fraud, or abuse to their advantage can be thwarted by being intellectually astute and using personal common sense.

## **DIFFERENTIATING BETWEEN A SCAM, FRAUD, AND ABUSE IN HEALTHCARE**

**SCAM:** A dishonest scheme—sometimes referred to as a fraud.

**FRAUD:** A prescribed unnecessary, unproven, or dangerous procedure(s) or product. It may include a wrongful or criminal deception intended to result in financial or some other illegal gain.

**ABUSE:** A use or mistreatment of a person/patient--especially a monetary abuse. This includes, but is not limited to:

1. Billing of healthcare services not provided or dispensed.
2. Overcharging insurance/governmental programs.
3. Falsifying healthcare records that would justify increased healthcare charges.
4. Accepting money for patient referrals.
5. Charging other (sometimes personal) expenses to reimbursing programs.

## **COLLECTIVE HEALTHCARE SCAMS, FRAUDS, ABUSIVE, AND DECEPTIVE PROCESSES**

A “Collective Healthcare Scam, Fraud, or Abuse” is known as a wrongful deceptive process or criminal *scheme of collective healthcare behaviors* intended to deceive another person; thereby, resulting in financial or personal gain.

A “Healthcare Fraud” (also known as a healthcare hoax, con, scam, swindle, abuse, or scheme) is a white-collar crime that involves illegal healthcare benefits, payments, or omissions by a group or individual. It misrepresents any medical service actions or omissions for the purpose of receiving an inappropriately and/or intentionally enhanced healthcare declaration for reimbursement or profit.

## **WHY BE CONCERNED ABOUT HEALTHCARE SCAMS, FRAUD, AND ABUSE?**

In the complex landscape of healthcare where the stakes encompass both human wellness and economic stability, the ability to perceive subtle signs of deception (scam, fraud, and abuse) becomes an important defensive strategy. The *vigilance, astuteness, and common sense* of a healthcare provider (physician or nurse) and consumer of healthcare services, must increase optimum awareness of those who would exploit possible vulnerabilities for personal gain. Recognizing that scams, frauds, and abuse often wear convincing disguises, we need to arm ourselves by cultivating sharp personal awareness, recognition of inconsistencies, and remain alert to irregularities that could signal possible abusive intent.

In 2025, the largest US healthcare fraud cases revealed billions in Medicare and Medicaid claims and inappropriate schemes nationwide. Recently, the Department of Justice (DOJ) reported having charged 324 individuals (including 96 licensed medical professionals) in schemes totaling more than \$14.6 billion in losses—the largest in U.S. history. The law enforcement reported the fraud involved addiction treatment centers, fusion centers, telemedicine, genetic testing, and kickback schemes, urinary and wound supplies, opioid pills, unnecessary medication, miscellaneous equipment and services frequently used by elderly or hospice patients.

## **THE HEALTHCARE PROFESSIONAL OATHS**

**PHYSICIAN:** The core medical concept in medicine is the principle of “First, Do No Harm.” It is a guiding concept found in the ancient Greek writings of Hippocrates that rejects all aspects of actual or potential healthcare scams, frauds, and abuse by a physician. It requires the avoidance of unnecessary harm, suffering, or adverse outcomes to patients. This principle is the core concept to act in the best interest of the patient(s). It sets a clear ethical standard that guides every decision, diagnosis, treatment, or related patient behavior. The very expectation of “First, Do No Harm” rejects all aspects of actual or potential scams, frauds, and abuse used by all physicians on behalf of all patients.

**NURSE:** The core nursing concept in nursing is the principle stated in the Florence Nightingale Pledge. The pledge includes that the nurse will abstain from whatever is deleterious and mischievous. With loyalty, the nurse will be devoted to the welfare of those committed to his/her care. This expectation rejects all aspects of actual or potential scams, frauds, and abuse by all nurses on behalf of all patients.

## **IN CLOSING**

The DOJ has announced a new Health Care Fraud Data Fusion Center that will use AI and advanced analytics to detect fraud patterns in real time.

Therefore, such personal intellectual awareness, information, and discernment of healthcare scams, fraud, and abuse are fundamental in safeguarding all aspects of the integrity and safety related to all aspects of patients and the healthcare system(s). The consequences of overlooking scams, fraudulent schemes and abuse reach far beyond monetary losses by affecting access to quality care, the credibility of providers, and the available resources available to all patients truly in need of quality healthcare services.

As a healthcare provider (physician or nurse), we have an opportunity and responsibility to witness patient care and the management of specific medical or nursing decisions. It is a personal rewarding honor and immense responsibility to be trusted with such insight! Of all the professions in the world, healthcare providers are trusted with decisions and behaviors beyond the known awareness of patients. Let us always be aware, forthright, and honest in our healthcare dealings with humanity, especially keeping a watchful eye on a potential healthcare scam, fraud, or abuse.

“Honesty is the first chapter in the book of wisdom”—Thomas Jefferson

“Whoever is careless with the truth in small matters cannot be trusted with important matters”—Abraham Lincoln

“Honesty is the best policy”—Benjamin Franklin

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Author’s online website containing numerous available leadership articles:  
[leadershippoweronline.com](http://leadershippoweronline.com)

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The National Health Care Fraud Takedown