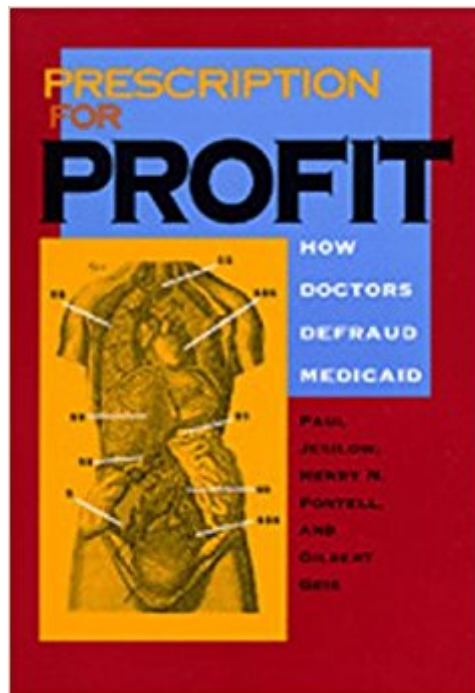




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Prescription For Profit: How Doctors Defraud Medicaid



Synopsis

In this explosive exposé of our health care system, Paul Jesilow, Henry N. Pontell, and Gilbert Geis uncover the dark side of physician practice. Using interviews with doctors and federal, state, and private officials and extensive investigation of case files, they tell the stories of doctors who profit from abortions on women who aren't pregnant, of needless surgery, overcharging for services, and excessive testing. How can doctors, recipients of a sacred trust and sworn to the Hippocratic Oath, violate Medicaid so egregiously? The authors trace patterns of abuse to the program's inauguration in the mid 1960s, when government authorities, not individual patients, were entrusted with responsibility for payments. Determining fees and regulating treatment also became the job of government agencies, thus limiting the doctors' traditional role. Physicians continue to disagree with Medicare and Medicaid policies that infringe on their autonomy and judgment. The medical profession has not accepted the gravity or extent of some members' illegal behavior, and individual doctors continue to blame violations on subordinates and patients. In the meantime, program guidelines have grown more confusing, hamstringing efforts to detect, apprehend, and prosecute Medicaid defrauders. Failure to institute a coherent policy for fraud control in the medical benefit program has allowed self-serving and greedy practitioners to violate the law with impunity. *Prescription for Profit* is a shocking revelation of abuse within a once-hallowed profession. It is a book that every doctor, and every patient, needs to read this year.

Book Information

Hardcover: 247 pages

Publisher: University of California Press (July 5, 1993)

Language: English

ISBN-10: 0520076141

ISBN-13: 978-0520076143

Product Dimensions: 6 x 0.8 x 9 inches

Shipping Weight: 1.4 pounds (View shipping rates and policies)

Average Customer Review: 5.0 out of 5 stars 1 customer review

Best Sellers Rank: #1,103,642 in Books (See Top 100 in Books) #33 in Books > Textbooks > Medicine & Health Sciences > Administration & Policy > Medicaid & Medicare #102 in Books > Medical Books > Administration & Medicine Economics > Medicaid & Medicare #1282 in Books > Textbooks > Medicine & Health Sciences > Administration & Policy > Health Care Delivery

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In this timely expose of "tension between . . . medicine as a profession and as a business," professors Jesilow, Pontell, and Geis (the latter emeritus) of the University of California's School of Social Ecology contend that since the 1965 establishment of a reimbursement of Medicaid fee-for-service policy, a "marginal" group of physicians, in addition to fee-splitting, has been multiplying superfluous visits, needless tests and procedures, and more. (Annual cost of unnecessary surgery in the U.S. is estimated here at \$3.92 billion.) Citing case files and extensive interviews with both private medical personnel and government officials involved in enforcing Medicaid and Medicare fees, the authors discuss AMA attitudes, insurance, fraud detection, penalties (suspension, fines) and how guilty doctors tend to rationalize their misconduct. And, anticipating a U.S. national health service, the authors appraise those of other countries. Copyright 1993 Reed Business Information, Inc.

Since the federal government began determining fees and regulating treatments through Medicaid in the mid-Sixties, some healthcare providers have blatantly taken advantage of the system and fleeced the American public. Jesilow and other colleagues in the School of Social Ecology at the University of California, Irvine, report on doctors, pharmacists, and insurance companies who have been convicted or who have confessed to Medicare crimes. The authors expose the greedy and self-serving behavior of these outlaws, estimated to cost between 10 and 25 percent of the total program cost for state and federal governments. The authors conclude that changes can come about only through a basic overhaul in the medical care delivery system--an issue that is on the front page of newspapers daily. Timely, well written, and carefully documented, this book is sure to keep the reader's interest.- Patty Miller, New Hampshire Technical Coll. Lib., Laconia Copyright 1993 Reed Business Information, Inc.

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