

TACKLING FRAUD AGAINST the HEALTH INSURANCE SYSTEM



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AGENDA

- Situation & last years developments
- Detected and stopped fraud cases
- A new approach to enhance the contribution of National Programs
- Improvement of existing anti-fraud tools and techniques
- Legal actions



Generalities

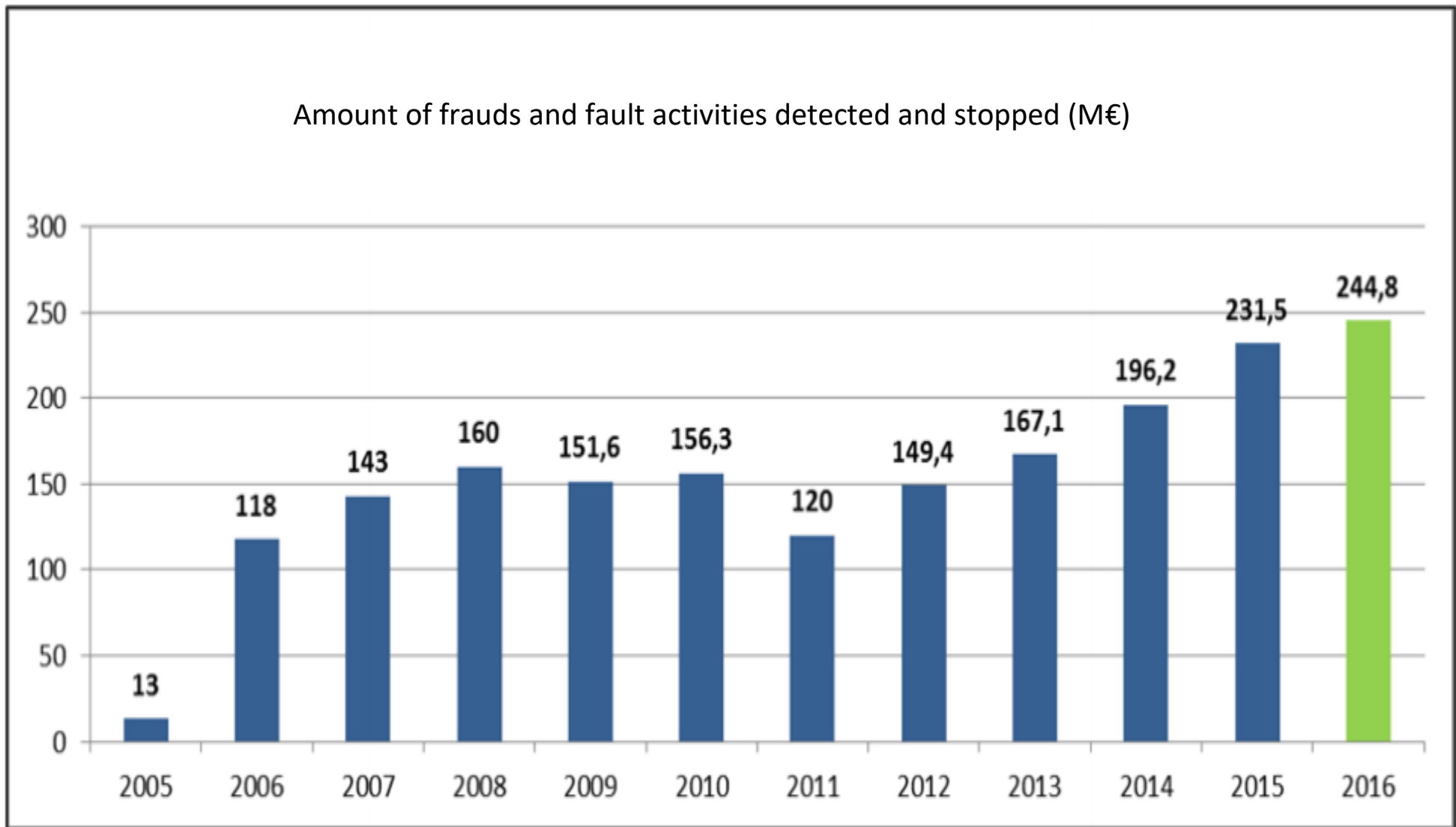
➤ Specific environnement :

- 60 M patients
- Thousands of medical actors
- Countless medical acts performed annually (500 M)

➤ Definitions

- Fraud : Illicit facts -Committed deliberately
- Fault activities : Irregular facts- repeated
- Excessive activities : medical acts beyond the need for the patient

Situation & last years developments



Detected and stopped fraud cases

Amount of frauds and fault activities detected and stopped (M€)	2016	2015	EVOLUTION 2015 – 2016
In-cash benefits	30,9 M€	27,5 M€	+12,4 %
Required rights	30,9 M€	7,8 M€	+16,9 %
In- kind benefits/non-hospital treatment (except medicine)	90,4 M€	82,7 M€	+9,3 %
In-kind benefits/non-hospital treatment (including medicine)	17,3 M€	17,5 M€	-1,2 %
Establishment	82,4 M€	88,5 M€	-6,9 %
Other fraud from Health professionals and beneficiaries	14,7 M€	7,5 M€	+96,4 %
TOTAL	244,8 M€	231,5 M€	+5,8 %

A new approach to enhance the contribution of National Programs

□ National thematic programs

- recurrent programs
- New thematic

□ local and regional thematic programm

□ A new approach in 2016 : fraud topics that have previously initiated at local level.



Improvement of existing anti-fraud tools and techniques

□ Work to develop the skills of employees

✓ ≈30,000 hours of training

□ Experts to be involved in anti-fraud activities

- ✓ statisticians
- ✓ investigators
- ✓ lawyers

□ Identification, research and release of efficient anti-fraud tools

- ✓ Datamining
- ✓ Big data

Legal actions

□ **≈7,500 legal actions in 2016 : + 11% increase compared to 2015.**

- ✓ ≈900 criminal complaints
- ✓ ≈250 peers' referrals
- ✓ ≈6,000 financial penalties and formal warnings
- ✓ breaches of contracts

□ **against various healthcare providers**

- ✓ independent professionals
- ✓ institutions and hospitals
- ✓ service providers
- ✓ beneficiaries



TO SUMMARIZE

**NOTHING is so GOOD
THAT
CANNOT be DONE BETTER!**



Bibliography

And last not least before running out of time...

Report of the policy of tackling fraud against Health Insurance System according to Article L.114-9 of the code of the Social Security



Thank you very much for your time and attention...

