



Healthcare Fraud Investigation Guidebook

Charles E. Piper

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Some have estimated that healthcare fraud in the United States results in losses of approximately \$80 billion a year. Although there are many books available that describe how to "detect" healthcare fraud, few address what must be done after the fraud is detected. Filling this need, Charles Piper's **Healthcare Fraud Investigation Guidebook** details not only how to detect healthcare fraud, but also how to "investigate" and prove the wrongdoing to increase the likelihood of successful prosecution in court.

The book starts by covering the history of healthcare insurance and the various types of fraud schemes. It presents Charles Piper's unique approach to investigating (The Piper Method) which allows readers to conduct as many as 10 simultaneous investigations for each case. It emphasizes the importance of simultaneously searching for waste and abuse as well as systemic weaknesses and deficiencies that caused or contributed to the problem or wrongdoing under investigation and then make recommendations for improvement. It also provides:

- Questions to ask whistleblowers, complainants, employers, employees, and healthcare providers who are suspects
- Tips on investigative case planning, goals, and strategies
- Sample visual aids for use when briefing others about your investigative findings
- Guidance on presenting information obtained from healthcare investigations and on how to testify in court
- Techniques for uncovering previously undetected fraud

The book includes a sample case study that walks readers through a mock case—from the time the case is received through the end. The case study demonstrates how to initiate, plan, and conduct a thorough and complete healthcare fraud investigation while incorporating Piper's proven methodology.

Sharing insights gained through Charles Piper's decades of experience as a federal special agent and certified fraud examiner, the **Healthcare Fraud Investigation Guidebook** aims to revolutionize the way that healthcare fraud investigations are conducted. It provides the understanding you need to not only put a bandage on the problem of healthcare fraud, but to actually start curing the greed that is poisoning the healthcare industry.

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