Methodological approach to quantify and understand the healthcare fraud

Short description

The identified amounts of healthcare fraud increase each year. Fraud is by nature hidden and therefore difficult to assess. However, social protection organizations have to engage in a better estimate of their risk of fraud.

Defined goals

- Invite participants to share their current approach and their results in this assessment of fraud.
- Define specific areas where healthcare fraud losses should be estimated as a priority.
- Share a methodological approach that can assist EHFCN members in their own assessment of healthcare fraud.

Activity

1 webinar: France (15 min), Belgium (15 min), interaction with participants (30 min).

After the webinar, the presentation (PPT & video) will be available on a webpage of the corporate website

Contact details for more information

This webinar is a common initiative of two EHFCN-members:

- France: Cnam-Daccrf (National Health Insurance Fund - Department of Audit, Litigation and Fraud repression)
- Belgium: NIHDI-MEID (National Institute for Health and Disability Insurance - Medical Evaluation and Inspection Department)

Contact persons

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EHFCN
WEBINAR

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Speakers

- Sophie Bellenger has been working for the National Health Insurance Fund (Caisse nationale d'assurance maladie) since 2004. She is in charge of fraud detection for the Department of Audit, Litigation and Fraud repression since 2014.

- Tom Beerens is since October 2020 in charge of the Data Cell of the Department Medical Evaluation and Inspection of the National Institute for Health and Disability Insurance.