



INSIGHTS

Healthcare Enforcement And Compliance: A Look At 2023 Trends

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Regulatory and enforcement agencies are using more sophisticated tactics to identify and combat healthcare fraud, including data analytics and inter-agency initiatives, and leveraging the False Claims Act (FCA) – the government’s primary civil fraud enforcement tool – to do so. This overview, [Healthcare Enforcement and Compliance: A Look at 2023 Trends](#), summarizes some of the most notable FCA investigations, settlements, and judgments in 2023 so far, including cases and trends relating to Medicare, Medicaid, and TRICARE and involving claims for services not rendered, unnecessary services, substandard care, upcoding, unlawful kickbacks and bribes, and improper marketing and co-management arrangements.

In addition to the FCA, the U.S. Department of Justice (DOJ), U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG), and other federal and state enforcement and regulatory agencies are pursuing actions using a variety of civil, criminal, and administrative laws to combat fraud, waste, and abuse in the healthcare industry.

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