

# Insurance Fraud Detection Dataset

## IFDD v1.0 — Business Glossary

### Business Glossary

#### **OIG LEIE**

Office of Inspector General List of Excluded Individuals/Entities — the federal database of providers excluded from participating in Medicare, Medicaid, and other federal healthcare programs.

#### **False Claims Act (FCA)**

Federal law imposing civil liability on those who submit false or fraudulent claims to the government; allows for treble damages and per-claim penalties.

#### **Anti-Kickback Statute (AKS)**

Federal law prohibiting the exchange of anything of value to induce or reward referrals of federal healthcare program business.

#### **Stark Law**

Federal self-referral law prohibiting physicians from referring patients to entities with which they have a financial relationship for designated health services.

#### **Corporate Integrity Agreement (CIA)**

A compliance agreement between OIG and a healthcare provider settling fraud allegations, requiring enhanced compliance oversight for typically 5 years.

#### **Civil Monetary Penalty (CMP)**

A financial penalty imposed by OIG on providers who have committed fraud, waste, or abuse in federal healthcare programs.

#### **Recovery Audit Contractor (RAC)**

CMS contractors that identify and recover improper Medicare payments through post-payment claims review.

#### **ZPIC**

Zone Program Integrity Contractor — CMS contractors that conduct investigations of potential Medicare and Medicaid fraud.

#### **NHCAA**

National Health Care Anti-Fraud Association — a public-private partnership focused on combating healthcare fraud.

#### **Upcoding**

The practice of billing for a higher-level or more expensive service than was actually provided.

#### **Unbundling**

The practice of billing separately for procedures that should be billed together as a single bundled service.

#### **Phantom Billing**

Submitting claims for services that were never actually provided to patients.

### **Qui Tam**

A provision of the False Claims Act allowing private citizens (whistleblowers) to file lawsuits on behalf of the government and receive a portion of any recovery.

### **HEAT Task Force**

Healthcare Fraud Prevention and Enforcement Action Team — a joint DOJ/HHS initiative to combat Medicare and Medicaid fraud.

### **Strike Force**

DOJ/OIG Medicare Fraud Strike Force — specialized teams in high-fraud cities targeting the most egregious fraud schemes.