

Fraud, Part I (Introduction)

Module 1: Health Care Fraud: An overview

Module 2: Provider Fraud and Abuse

Module 3: Consumer Fraud

Module 4 Agent, Broker, and Employee Fraud

Module 5: Managed Care Fraud

Module 6: Disability Income Insurance Fraud Module 7: A Summary of Fraudulent Practices Module 8: The Insurer Anti-Fraud Program

Module 9: The Detection of Fraud

Module 10: Investigation Review of Files and Record Module 11: Investigation Interviews and Surveillance Module 12: Investigating Evidence and Reporting

Module 13: The Detection and Investigation of Managed Care Fraud

Module 14: The Detection and Investigation of Disability Fraud

Module 15: Collaborative Anti-Fraud Efforts **Module 16:** Laws Against Health Care Fraud

Module 17: Legal Issues Affecting Anti-Fraud Activities

Module 18: Outcomes of Anti-Fraud Activities

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