



The Ever-changing Nature of Government Healthcare Fraud: Provider Integrity

Isolating threats in a trusted environment is daunting, but with a full-spectrum view of healthcare practitioners, facilities, businesses, members, and the relationships between them, it can be done.

Government Healthcare is Facing a Fraud and Efficiency Crisis

Government healthcare programs are a lifeline to 1 in 3 Americans. With nearly \$2 trillion invested each year in Medicare and Medicaid, these programs reflect a strategic commitment to the nation's health, stability, and future.¹ While millions of professional and compassionate providers deliver critical care every day, sophisticated predators continue to exploit vulnerabilities in these programs; shattering the integrity that most providers strive to uphold. The Department of Justice's National Healthcare Fraud takedown of June 2025 demonstrates the power of coordinated federal and state enforcement and the value of preventive oversight to identify fraudulent providers.²

“National Health Care Fraud Takedown Results in 324 Defendants Charged in Connection with Over \$14.6 Billion in Alleged Fraud”

– [US DOJ Office of Public Affairs](#)

Sophisticated, technology-driven fraud committed by providers often includes:



Synthetic/Stolen Identities – stealing patient and provider identities to enroll in government programs



Shell Companies – setting up or purchasing legitimate-looking businesses



False Billing – submitting false claims for services or equipment never provided



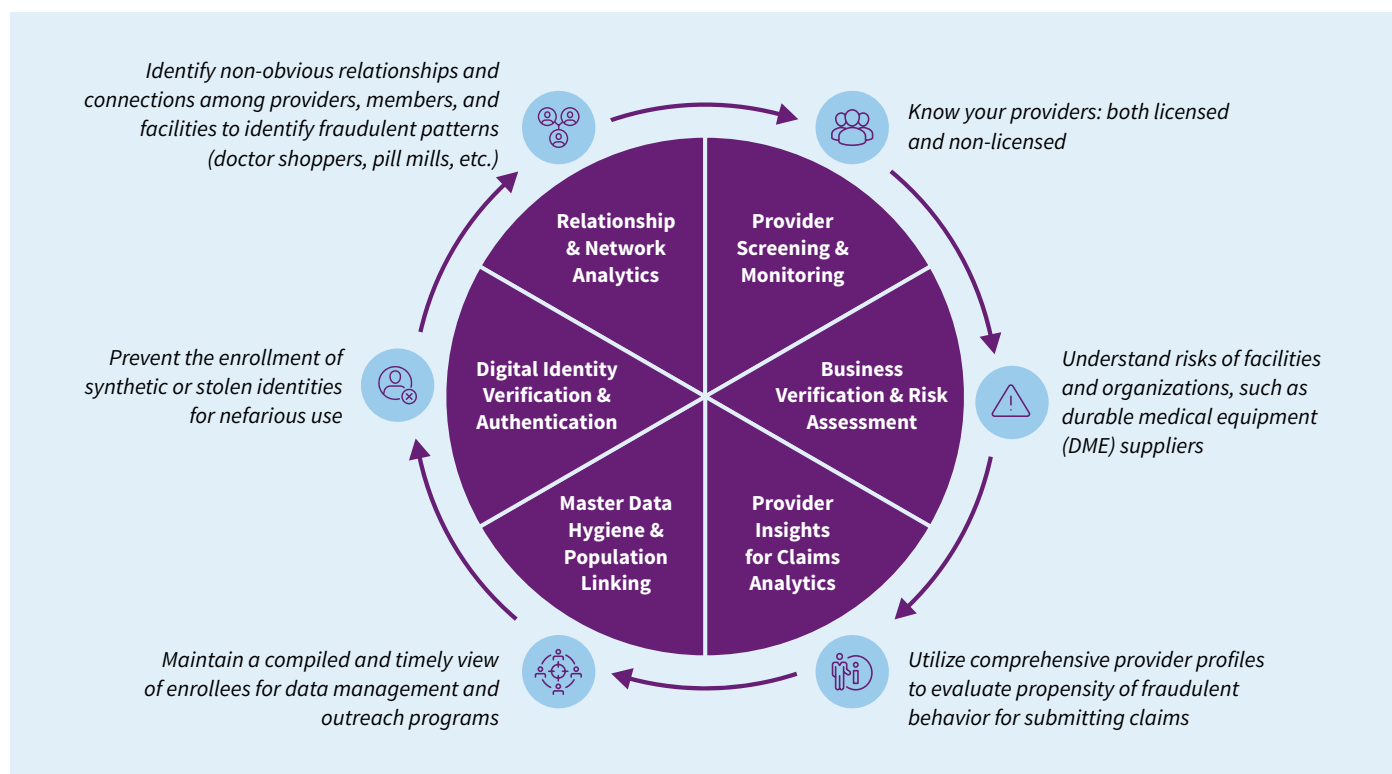
Money Laundering – funneling funds through complex financial networks



Digital Tools – using VPNs and virtual servers to hide locations and evade detection

Proven Solutions and Services from LexisNexis® Risk Solutions to help Eliminate Improper Payments

Stopping the complex and evolving nature of provider fraud in government programs requires a referential data-driven, multi-faceted approach that can comprehensively identify diverse areas of risk.



LexisNexis Risk Solutions Provider Data Solutions for Government are specifically designed for agencies to screen, verify, and monitor all types of healthcare providers for fraud, waste, and abuse risks in three key areas:



Professional Risk: Identify provider risk with insights including disciplinary sanctions, federal exclusions, and license status changes



Personal Risk: Identify provider risk with insights including criminal activity, financial distress, collusion, and deceased indicators



Provider Data Accuracy: Verify provider information such as address, phone, and practice details to uphold the integrity of your provider data

With over 12 million provider entities in the LexisNexis® Risk Solutions Provider Data Intelligence Suite, we provide robust national coverage of both typical and atypical providers. Our advanced and patented linking technology orchestrates data from over 10,000 public and proprietary sources, resolving to a unique identity. This creates a snapshot of a provider to identify, assess, and prioritize risk and data issues.



A Full Spectrum View of Health Providers Has a Profound Impact on the United States

Provider fraud has far-reaching and serious consequences, affecting the integrity of the entire healthcare system. A proactive and data-driven approach that prevents fraud before it happens has multiple benefits:

- ✔ **Preserved Public Funds** – Prevention of fraudulent enrollments and continuous monitoring safeguards taxpayer dollars, ensuring resources are directed to legitimate care.
- ✔ **Improved Patient Safety and Care Quality** - Agencies can reduce the prevalence of identity theft and medical record errors, leading to more accurate treatment and fewer disruptions in patient care.
- ✔ **Controlled Healthcare Costs** - Effective fraud detection can prevent unnecessary payments, lowering costs for government programs, insurers, and patients.
- ✔ **Streamlined Operations and Better Data Quality** - Minimizing fraud can reduce costly investigations and audits and improve data accuracy for policy and program evaluation.
- ✔ **Enhanced National Security and Public Safety** - Blocking fraudulent actors from entering the system can prevent the misuse of healthcare funds for domestic and transnational criminal enterprises, protecting vulnerable populations from exploitation.
- ✔ **Strengthened Public Trust in Government Programs** - Demonstrated oversight and accountability can instill confidence in public health systems, encouraging broader participation and support.

LexisNexis Risk Solutions has been curating data on U.S. healthcare providers for more than five decades. In government, it equips over 18 states with essential provider screening data. Within government agencies, we equip over eighteen states with provider screening data to satisfy federal mandates and prevent bad actors from entering the system. When combined with the expertise of the LexisNexis® Risk Solutions Special Investigations Unit (SIU), agencies can benefit from additional insights into hidden networks and relationships that may uncover larger fraud rings that go beyond state lines.

As provider enrollment schemes become increasingly complex, LexisNexis® Risk Solutions can serve as a trusted partner in safeguarding government healthcare programs through vigilant and identity-centric fraud prevention, essential for preserving public trust, ensuring fiscal responsibility, and maintaining the integrity of care delivery across the United States.



Contact us today for more information.
Tel: 1-888-216-3544



1 <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/nhe-fact-sheet>
2 <https://www.justice.gov/opa/pr/national-health-care-fraud-takedown-results-324-defendants-charged-connection-over-146>