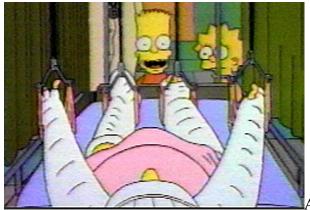**Reason Blog**

Medicare's Fraud Prevention Systems "Inadequate and Underused"

Peter Suderman | July 12, 2011

According to the Cato Institute's Michael Cannon, the Government Accountability Office has issued 159 separate reports on fraud prevention in Medicare since 1986. It doesn't appear that they did any good. The Associated Press reports on a new GAO report that once again highlights the system's failure to prevent fraud:

The federal government's systems for analyzing Medicare and Medicaid data for possible fraud are inadequate and underused, making it more difficult to detect the billions of dollars in fraudulent claims paid out each year, according to a report released Tuesday.

The Government Accountability Office report said the systems don't even include Medicaid data. Furthermore, 639 analysts were supposed to have been trained to use the system—yet only 41 have been so far, it said.

Earlier this year, the GAO issued a report estimating that Medicare made $48 billion in improper payments in 2010—much of it fraud—equal to almost 10 percent of the program's total spending.