

Study of the healthcare fraud by pharmacies *CPAM (French health insurance) (Dpts 64, 24, 33, 40, 47) and the Regional Directorate for the Aquitaine medical service*

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For several years now, the French health insurance institution has confirmed its intentions to combat healthcare fraud. To achieve this, it has organized strategies to make actions against fraud as efficient as possible in France. The DACCRF, a French Directorate dedicated to Fraud repression and litigations is responsible for the definition, deployment and monitoring of an annual national anti-fraud program.

This national program, operationally implemented by all the organizations in the health insurance network, including the Regional Directorate for Medical Services, is completed by programs defined at regional scale under the aegis of the Risk Management Director-Coordinator, and locally by each Institution Manager associated with the Chief physician in the Medical Service. Furthermore, still pursuing the same objective of efficiency, the fight against fraud is accompanied by the constant evolution of techniques to identify atypical situations and targeting, under the impetus of the French Salaried Workers' National Health Insurance and the different components of its network. Experiments were run in this context, using data mining techniques, in particular.

Continuing on from the initiative to improve the efficiency of targeting measures and therefore anti-fraud actions, under the aegis of the French Regional Coordination Board for Risk Management, the Aquitaine region Health Insurance funds, in association with the Regional Directorate for the Medical Service, want to experiment with new approaches that, in view of the subject matter, must be ethically and scientifically irreproachable. Setting up a partnership with a university team experienced in data extraction from data lake issues was identified as a catalyst to achieving this objective.

CPAM

CREG - Center for Research and Studies in Management (UPPA-IAE)

24 months.