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## Medical Fraud against People with Disability

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### Abstract

*This study investigated medical fraud against people with disability, The sample consisted of 114 residents and citizens of the UAE, to whom the questionnaire was distributed in a non-probability purposive manner. Descriptive (percentages) and analytical statistics, The findings revealed that: The sample consisted of 114 individuals with disabilities. The highest age group was 18-25 years, the gender distribution, males accounted for 62.3% of the sample, The highest category was physical disability, accounting for 34.2%, As for the reasons for medical fraud against people with disabilities. It demonstrates that the highest impact is a lack of sufficient knowledge among individuals with disabilities about their medical rights and responsibilities, accounting for 69.3%, As for the types of medical fraud against people with disabilities, it showed increase in the exposure of disabled individuals to fraudsters who falsely claim to have treatments that can improve their health conditions. Those who always responded accounted for 36%, while those who responded occasionally accounted for 31.6%. As for the Tstatistical relationship between the demographic variables and medical fraud against people with disabilities. there is a weak significant relationship between independent variables (age, gender, disability category, residence, educational level) and medical fraud against people with disabilities, and There were no significant relationships between the remaining variables and medical fraud against people with disabilities, As for the the effects of medical fraud against individuals with disabilities. It shows that the highest impact is "Additional financial burdens on individuals with disabilities and their families", at a percentage of 57.9%, The study also recommended that: Enhance the supervision and monitoring of healthcare services to ensure they meet the necessary standards. Update the legislation related to medical fraud and strengthen the penalties for those involved in such activities. The penalties should be sufficient to deter perpetrators and ensure justice for the victims.*

**Keywords:** medical fraud, people with disability.

### Introduction

Fraud is defined as an "the deliberate deception or misrepresentation of a person or entity with the knowledge that the deceit could provide that person or entity with unintended benefits". Healthcare fraud losses are difficult to measure due to the complexity of defining fraudulent activity and the challenges associated with detecting fraudulent situations.

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(Rashidian et al., 2012) (Sparrow, 1996). These behaviors result in significant annual costs for the industry, reaching billions of dollars. What healthcare payers incur also affects the broader population. According to the National Health Care Antifraud Association (NHCAA), fraudulent activities, wasteful practices, and abuse drain nearly \$70 billion from the healthcare industry each year—a financial burden compensated through increased premiums. The NHCAA's assessment accounts for approximately 3 percent of the \$2.26 trillion spent on healthcare annually in the United States. Given the challenge of detecting insurance fraud, these figures only provide a glimpse of the issue, with some estimates suggesting losses as high as 10 percent of healthcare expenditures, totaling \$230 billion annually. The European Healthcare Fraud & Corruption Network (EHFCN) offers a similar estimate of nearly \$132 billion annually. (malida,2011). Medical fraud has garnered increased attention lately due to the surge in healthcare spending and overpayments, particularly in developed countries. For instance, the total healthcare expenditure in the United States reached \$3.2 trillion in 2015, amounting to \$9,990 per person. US federal agencies estimate that 3-12.7% of this spending is lost to fraud, waste, and abuse. The European Healthcare Fraud & Corruption Network conducted a review of fraud studies spanning from 1997 to 2013, revealing a range of percentage losses between 0.6% and 15.4%, with average losses at 6.19%. They observed a growing trend of average losses and projected the total annual global loss to be \$455 billion. In addition to the direct financial consequences, excessive payments also obstruct the efficiency of healthcare systems, hindering the provision of effective services to deserving patients. (Gee & Button, 2015) (Ekin et al., 2018) (Anderson & Hussey, 2001). Medical fraud is thus a serious phenomenon, especially as it tends to target individuals with the intention of obtaining financial gain. It is undeniable that individuals with disabilities are particularly vulnerable to this type of fraud, with fraudsters taking advantage of people's vulnerabilities and deceiving them by making false promises of treatments or surgical procedures to improve their health conditions. They hereby aim to manipulate individuals with disabilities into undergoing unnecessary medical interventions solely for the purpose of their own monetary gain. There is often no genuine need for these treatments, and individuals may also be prescribed unnecessary medications solely for the purpose of financial gain. Individuals with disabilities may encounter other forms of medical fraud, including overbilling through inflated medical invoices, the sale of counterfeit or unnecessary medication, and the exploitation of disability cases for illegal profits.

Numerous studies have examined medical fraud. For example, Hill et al. (2014) demonstrated a significant rise in the number of individuals facing criminal fraud charges, increasing from 797 cases in the fiscal year 2008 to 1430 cases in the fiscal year 2011 – marking a surge of over 75%. As per the data from 2010, out of the 7848 entities scrutinized for criminal fraud, 25% were identified as medical facilities, and 16% were medical equipment suppliers. During the years 2009 and 2010, the Health Care Fraud and Abuse Control Program successfully recovered around \$25.2 million of taxpayers' money. Miller (2013) demonstrated that healthcare fraud identified by the CHCAA encompasses various practices, such as providing medically unnecessary services, presenting services as medically necessary when they are not, unbundling services for separate billing, theft or misrepresentation of identity, exaggerating identity, exaggerating illness or injury, obtaining medications from multiple physicians, and misrepresenting eligible dependents. Meanwhile, Shinn (2016) discovered that professionals in medical specialties, including doctors, nurses, and billing specialists, perceive fraud as a significant problem in their field. They identified greed as the primary factor contributing to medical specialty billing fraud

and suggested that the guidelines of the Anti-Fraud Association are ineffective. Moreover, they advocated for increased enforcement and longer prison terms for billing fraud, Etimani (2013) highlighted the substantial cost of health insurance fraud, estimating it at \$30 billion annually, while Medicare insurance fraud increased to \$179 billion annually, adding an extra \$875 per person per year for medical care in the system. Fraud has also led to the establishment of storefronts and fake clinics mimicking real medical offices. Healthcare clinics have various reasons for charging Medicare and Medicaid for uploading and unbundling medical care, aiming to boost revenue through fraudulent insurance claims, including durable medical equipment and charging for brand-name drugs while dispensing generic drugs, among other practices. Public perceptions of medical fraud showed no differences based on gender, ethnicity, or socioeconomic status, according to the study's results. However, perceptions varied among individuals aged 60 years and over. The study also suggested that patients' awareness of these systems has the potential to reduce the number of fraudulent claims against healthcare systems. Aral (2009) proposed a model addressing prescription fraud, achieving a 77.4% true positive rate. The authors concluded that implementing such a system in social security agencies would significantly decrease human-expert auditing costs and enhance efficiency. Additionally, Wagley (2010) emphasized the growing concern of identity theft related to the improper use of medical information. The costs for victims can be high, and the crime may take a long time to recognize. The total cost to consumers is approximately \$29 billion, or around \$20,000 per person. Medical dangers, including misdiagnoses due to irrelevant items in the medical history, can adversely affect patients' insurability. The study recommended ID protection services for better self-protection, emphasizing the importance of ensuring the services meet consumers' expectations.

The study will address the reasons, types, and effects of medical fraud against people with disability, in addition to examining the statistically significant relationship between demographic variables and medical fraud against people with disability.

## **Statement of the Problem**

Medical fraud against individuals with disabilities is a problem that refers to patterns of deceit and deception targeting individuals with disabilities in healthcare. This may include their exploitation by unscrupulous healthcare providers, the provision of unnecessary treatments or inappropriate medical services, and the misappropriation of funds through inflated invoices or falsified medical documents. Medical fraud aims to profit financially from the health and well-being of individuals with disabilities, leading to a deterioration in their health, increased psychological pressure on them and their families, and the exacerbation of the problem. Medical fraud against individuals with disabilities is considered an important area of study as it negatively impacts the health of these individuals.

This study contributes to guiding efforts and the development of necessary measures to minimize medical fraud against individuals with disabilities and to promote awareness and protection. It can also contribute to the development of better health policies and practices that meet the needs and rights of individuals with disabilities. The problem of the study is framed through the following main question:

What is medical fraud against individuals with disabilities?

From this main question, the following sub-questions arise:

- What are the reasons for medical fraud against people with disabilities?
- What are the types of medical fraud against people with disabilities?
- What are the effects of medical fraud against people with disabilities?
- Is there a statistically significant relationship between demographic variables and medical fraud against people with disabilities?

## **Methodology**

The study adopts a social survey methodology with a sample of individuals with disabilities.

### **The Sample**

The sample consisted of 114 residents and citizens of the United Arab Emirates, to whom the questionnaire was distributed in a non-probability purposive manner. The questionnaire was distributed at disability clubs, the University of Sharjah, and the Sharjah City for Humanitarian Services.

### **Research Instrument**

The study utilized a questionnaire as the research instrument. The questionnaire consisted of four sections, as follows:

**Demographic Information:** This section collected primary data about the respondents, including their personal information. The items in this section were labeled from 1 to 9.

**Causes of Medical Fraud against People with Disabilities:** This section explored the reasons behind medical fraud targeting individuals with disabilities. The items in this section were labeled from 10 to 17.

**Forms of Medical Fraud against People with Disabilities:** This section examined the different types of medical fraud experienced by individuals with disabilities. The items in this section were labeled from 18 to 28.

**Effects of Medical Fraud against People with Disabilities:** This section investigated the impact of medical fraud on individuals with disabilities. The items in this section were labeled from 28 to 36.

### **Validity and Reliability of the Instrument**

The questionnaire was peer-reviewed by a group of experts and specialists, and necessary revisions were made to some items. To assess the reliability of the instrument, the partial reliability was measured using Cronbach's alpha coefficient. The reliability coefficients were calculated for different sections of the questionnaire, namely "The reasons for medical fraud against people with disabilities" (reliability coefficient of 0.835), "The types of medical fraud against people with disabilities" (reliability coefficient of 0.947), and "The effects of medical fraud against people with disabilities" (reliability coefficient of 0.937).

## Analysis of Study Results

**Table 1:** Presents the Distribution of the Sample According to the Demographic, Social, and Economic Characteristics.

Frequency Percentage		Age	Frequency Percentage		Residence
y	e		y	e	
26	22.8	Less than 18	12	10.5	Abu Dhabi
33	28.9	18 - 25	25	21.9	Dubai
21	18.4	26 - 33	37	32.5	Sharjah
17	14.9	34 - 41	29	25.4	Ajman
17	14.9	More than 41	2	1.8	Umm Al-Quwain
114	100.0	Total	5	4.4	Fujairah
Frequency Percentage		gender	4	3.5	Ras Al Khaimah
43	37.7	female	114	100.0	Total
71	62.3	male	Frequency Percentage		Type of accommodation
114	100.0	Total	55	48.2	Villa
Frequency Percentage		Marital status	19	16.7	Traditional house
24	21.1	Married	39	34.2	Apartment
83	72.8	Single	1	.9	Dormitory
4	3.5	Divorced	114	100.0	Total
3	2.6	Widowed	Frequency Percentage		Educational level
114	100.0	Total	36	31.6	Less than high school
Frequency Percentage		Nationality	26	22.8	High school
62	54.4	Emirati	5	4.4	Diploma
9	7.9	Gulf Cooperation Council	37	32.5	Bachelor's degree
39	34.2	Arab nationality	7	6.1	Master's degree
4	3.5	Non-Arab nationality	3	2.6	Doctorate
114	100.0	Total	114	100.0	Total
Frequency Percentage		Functional status			
44	38.6	employee			
70	61.4	Non-employee			
114	100.0	Total			

Table 1 shows that: The sample consisted of 114 individuals with disabilities. The highest age group was 18-25 years, accounting for 28.9% of the sample, while the lowest age group was the 34-41 age group, which was equal to the age group above 41 years, both accounting for 14.9%. Regarding the gender distribution, males accounted for 62.3% of the sample, while females accounted for 37.4%. The table also indicated that most of the respondents were single, comprising 72.8%, while widows accounted for the lowest percentage, at 2.6%. In terms of nationality, Emiratis represented the highest percentage at 54.4%, while non-Arab nationalities represented the lowest percentage at 3.5%. The table showed that the majority of the sample was employed, accounting for 61.4%, and the locality with the most respondents was the Emirate of Sharjah, representing 32.5%. The lowest percentage was from Umm Al Quwain, at 1.8%. The table also indicated that 48.2% of the sample lived in villas. In terms of educational level, the highest percentage of the sample had a bachelor's degree (32.5%), while the lowest percentage had a doctoral degree (2.6%).

**Table 2:** Presents the Distribution of the Sample According to the Disability Category.

Disability category	Frequency	Percent
Physical disability	39	34.2
Visual disability	23	20.2
Hearing disability	21	18.4
Specific learning difficulties	5	4.4
Autism spectrum	5	4.4
Communication disorder	1	.9
Attention deficit disorder and hyperactivity	3	2.6
Intellectual disability	7	6.1
Multiple disabilities	10	8.8
Total	114	100.0

The table shows the distribution of the sample according to the disability category. The highest category was physical disability, accounting for 34.2%, while the lowest category was communication disorder, accounting for 0.9%.

**Table 3:** Presents the Reasons for Medical Fraud Against People with Disabilities.

Disagree		Neutral		Agree		The reasons for medical fraud against people with disabilities
Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
8	7.0	27	23.7	79	69.3	The lack of sufficient knowledge among individuals with disabilities about their medical rights and responsibilities.
21	18.4	30	26.3	63	55.3	Providing unnecessary medical services to gain money.
13	11.4	27	23.7	74	64.9	Difficulty expressing the needs of individuals with disabilities.
12	10.5	29	25.4	73	64.0	Lack of supervision and monitoring of medical services provided to individuals with disabilities.
16	14.0	35	30.7	63	55.3	The societal belief among doctors that individuals with disabilities can be exploited to obtain more money due to their lack of awareness of available treatments, leading to false hopes being given to them.
16	14.0	31	27.2	67	58.8	Greed and avarice.
13	11.4	31	27.2	70	61.4	Some individuals exploit people with disabilities, e.g., individuals who suffer from critical or chronic health conditions, by providing them with unnecessary or exaggerated medical services.
20	17.5	26	22.8	68	59.6	The social marginalization of individuals with disabilities in society, leading to their exploitation or medical neglect.

The table shows the reasons for medical fraud against people with disabilities. It demonstrates that the highest impact is a lack of sufficient knowledge among individuals with disabilities about their medical rights and responsibilities, accounting for 69.3%. The

next reason is the difficulty in expressing the needs of individuals with disabilities, at 64.9%, and then a lack of supervision and control over the medical services provided to individuals with disabilities (64.0%). Some individuals exploit people with disabilities or individuals who suffer from critical or chronic health conditions by providing them with unnecessary or exaggerated medical services (61.4%). The social marginalization of individuals with disabilities in society, leading to their exploitation or medical neglect, accounts for 59.6%. Greed and avarice were reported by 58.8% of the respondents. The reason for providing unnecessary medical services to gain money is equal to the reason for the societal belief among doctors that individuals with disabilities can be exploited to obtain more money due to their lack of awareness of available treatments, leading to false hopes being given to them (both 55.3%).

**Table 4:** Presents the Types of Medical Fraud Against People with Disabilities.

<b>Never</b>		<b>Occasionally</b>		<b>Always</b>		<b>The types of medical fraud against people with disability</b>
Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
37	32.5	36	31.6	41	36.0	Fraudsters falsely claimed to have treatments to improve my health condition.
66	57.9	21	18.4	27	23.7	I was deceived into undergoing unnecessary surgical procedures under the guise of improving my condition.
50	43.9	37	32.5	27	23.7	Unnecessary medications were prescribed to me.
52	45.6	30	26.3	32	28.1	I was misled to believe that there was a cure for my disability.
71	62.3	19	16.7	24	21.1	Some individuals exploited my disability by providing forged documents to obtain financial support.
83	72.8	15	13.2	16	14.0	My identity was stolen to illegally obtain prescribed medications.
58	50.9	22	19.3	34	29.8	Fraudsters made false promises to treat or improve my disabilities.
66	57.9	24	21.1	24	21.1	Devices and treatments were sold to me that were not suitable for my disability and caused harm, all for the purpose of financial gain.
53	46.5	24	21.1	37	32.5	The costs of medical services were inflated in my invoices.
69	60.5	24	21.1	21	18.4	Manipulation of data from clinical trials or medical studies to promote ineffective medical products (I was given fake medical reports and research claiming to have a cure for my disability).
56	49.1	29	25.4	29	25.4	Issuance of misleading advertisements to market scientifically unproven or ineffective medical products.



Table (4) shows the vulnerability of disabled individuals to medical fraud targeting them. The table indicates an increase in the exposure of disabled individuals to fraudsters who falsely claim to have treatments that can improve their health conditions. Those who always responded accounted for 36%, while those who responded occasionally accounted for 31.6%. Disabled individuals were also exposed to inflated costs of medical services on their invoices. Those who always responded accounted for 32.5%, while those who responded occasionally accounted for 21.1%. Disabled individuals were also subjected to being misled into believing that there was a cure for their disability. Those who always responded accounted for 28.1%, while those who responded occasionally accounted for 26.3%. Disabled individuals were also targeted by fraudsters who made false promises to treat or improve their disabilities. Those who always responded accounted for 29.8%, while those who responded occasionally accounted for 19.3%. Disabled individuals were further subjected to unnecessary medications being prescribed to them. Those who always responded accounted for 23.7%, while those who responded occasionally accounted for 32.5%. Disabled individuals were also exposed to the issuance of misleading advertisements promoting scientifically unproven or ineffective medical products. Those who always responded accounted for 25.4%, while those who responded occasionally accounted for 25.4%. In addition, disabled individuals were subjected to being deceived into undergoing unnecessary surgical procedures under the guise of improving their condition. Those who always responded accounted for 23.7%, while those who responded occasionally accounted for 18.4%. Disabled individuals were moreover exposed to the sale of devices and treatments that were not suitable for their disability and caused harm, all for the purpose of financial gain. Those who always responded accounted for 21.1%, while those who responded occasionally accounted for 21.1%. Disabled individuals were also exploited by some individuals who provided forged documents to obtain financial support. Those who always responded accounted for 21.1%, while those who responded occasionally accounted for 16.7%. Furthermore, disabled individuals were subjected to the manipulation of data from clinical trials or medical studies to promote ineffective medical products. They were shown fake medical reports and research claiming to have a cure for their disability. Those who always responded accounted for 18.4%, while those who responded occasionally accounted for 21.1%. Lastly, disabled individuals were exposed to identity theft for the purpose of illegally obtaining prescribed medications. Those who always responded accounted for 14%, while those who responded occasionally accounted for 13.2%.

**Table 5:** The Statistical Relationship Between the Demographic Variables and Medical Fraud Against People with Disabilities.

The statistical relationship between the demographic variables and medical fraud against people with disabilities					
	Sig.	Beta	B	T	Std. Error
Age	.008	-.216	-1.153	-2.699	.427
Gender	.009	.199	2.986	2.646	1.129
Disability category	.002	.209	.500	3.200	.156
Marital status	.107	.104	1.303	1.617	.806
Nationality	.216	-.093	-.674	-1.240	.544
Residence	<.001	.242	1.278	3.675	.348
Educational level	.033	.171	.842	2.140	.393
Functional status	.881	-.012	-.185	-.150	1.239
Type of accommodations	.108	-.117	-.927	-1.612	.575
R2			0.175		



Table 5 shows the statistical relationship between the demographic variables and medical fraud against people with disabilities. The table indicates the following: there is a weak negative significant relationship between age and medical fraud against people with disabilities (Beta = -.216, P=.008), a weak significant relationship between gender and medical fraud against people with disabilities (Beta = .199, P=.009), a weak significant relationship between disability category and medical fraud against people with disabilities (Beta = .209, P=.002), a weak significant relationship between residence and medical fraud against people with disabilities (Beta = .242, P=<.001), and a weak significant relationship between educational level and medical fraud against people with disabilities (Beta = .171, P=.033). There were no significant relationships between the remaining variables and medical fraud against people with disabilities. Moreover, residence was observed to be the strongest factor affecting medical fraud against people with disabilities (Beta = .242). This also reveals that knowing the independent variables explains approximately 17.5% of the variance in medical fraud against people with disabilities (R=.175).

**Table 6:** Presents the Effects of Medical Fraud Against People with Disability.

<b>Disagree</b>		<b>Neutral</b>		<b>Agree</b>		<b>The effects of medical fraud against people with disabilities</b>
Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
22	19.3	37	32.5	55	48.2	The deteriorating health of individuals with disabilities due to receiving unnecessary treatments or surgeries
20	17.5	36	31.6	58	50.9	People with disabilities feel deceived, betrayed and exploited
19	16.7	35	30.7	60	52.6	Increased anxiety and depression
24	21.1	41	36.0	49	43.0	A lack of trust in the healthcare system and a refusal to seek treatment due to experiencing medical fraud
22	19.3	26	22.8	66	57.9	Additional financial burdens on individuals with disabilities and their families
19	16.7	40	35.1	55	48.2	Doubt and mistrust in others
26	22.8	28	24.6	60	52.6	Reduced access to genuine necessary healthcare for individuals with disabilities
21	18.4	30	26.3	63	55.3	Medical fraud reinforces discrimination and injustice against individuals with disabilities, as they are subjected to exploitation and lack the same level of proper treatment as other individuals

The table highlights the effects of medical fraud against individuals with disabilities. It shows that the highest impact is "Additional financial burdens on individuals with disabilities and their families", at a percentage of 57.9%. Following that, the next impact is "Medical fraud reinforces discrimination and injustice against individuals with disabilities, as they are subjected to exploitation and lack the same level of proper treatment as other individuals", at a percentage of 55.3%. Next, we have two impacts with equal significance, namely "Reduced access to genuine necessary healthcare for individuals with disabilities" and "Increased anxiety and

depression", both at 52.6%. The next impact is "People with disabilities feel deceived, betrayed, and exploited", with a percentage of 50.9%. The next two impacts also have equal significance: "The deteriorating health of individuals with disabilities due to receiving unnecessary treatments or surgeries" and "Doubt and mistrust in others" both have a percentage of 48.2%. Finally, the last impact is "Lack of trust in the healthcare system and a refusal to seek treatment due to experiencing medical fraud", with 43.0%.

## Discussion

The study aimed to identify medical fraud against individuals with disabilities. It draws the following conclusions.

### **First: The Demographic, Social, and Economic Characteristics of the Sampled Individuals**

The characteristics of the sampled individuals were as follows: The age group 18-25 years represented the highest percentage, at 28.9%. As for the gender of the respondents, males accounted for 62.3%, while females accounted for 37.7%. Regarding marital status, unmarried individuals represented the highest percentage at 72.8%, while widows accounted for the lowest percentage at 2.6%. In terms of nationality, Emirati nationals accounted for the highest percentage at 54.4%, while non-Arab nationalities represented the lowest percentage at 3.5%. In terms of employment status, non-workers accounted for 61.4%. The distribution of the sampled individuals' place of residence showed that Sharjah had the highest percentage at 32.5%. In terms of educational level, individuals with a bachelor's degree represented the highest percentage at 32.5%. Regarding housing, the highest percentage of the sampled individuals lived in villas, at 48.2%, while the lowest percentage lived in university dormitories, at 0.9%. Regarding the disability category, the highest category was Physical Disability, accounting for 34.2%, while the lowest category was Communication Disorder, accounting for 0.9%.

### **Second: The Reasons for Medical Fraud against People with Disabilities**

The reasons for medical fraud against people with disabilities highlighted a lack of sufficient knowledge among these individuals about their medical rights and responsibilities. This can lead to their inability to distinguish between medical services that are necessary for their health condition and unnecessary procedures. This can increase their vulnerability to medical fraud, as they may undergo unnecessary medical interventions solely for the financial gain of the other party. Concerning the provision of unnecessary medical services to gain money, some medical providers may take advantage of people with disabilities and exploit their weaknesses in order to achieve personal gain. For instance, they may take advantage of these people's difficulty in understanding or standing up for their health rights by coercing them to accept unnecessary or expensive medical services. The difficulties experienced by individuals with disabilities when expressing their needs are particularly prominent among individuals with hearing impairments, intellectual disabilities, and autism spectrum disorders, who often struggle to effectively communicate their needs and emotions. The lack of supervision and control over the medical services provided to individuals with disabilities can cause medical fraud against them due to inadequate oversight and monitoring by the authorities responsible. Without strict surveillance and accountability measures in place, fraudsters may take advantage of the situation. The societal belief among doctors that individuals with disabilities can be exploited to obtain more money due to their lack of awareness of available treatments also leads to false hopes being

given to these individuals. Furthermore, individuals with disabilities may face discrimination and bias in the field of healthcare, leading to the provision of inadequate or inappropriate medical services for their condition. They may be perceived as incapable of understanding the treatments offered to them or benefiting from them to the same extent as individuals without disabilities. Regarding greed and avarice, some doctors may exploit individuals with disabilities by providing them with unnecessary and indeed harmful medical services in order to gain financial benefit. As shown by Shinn (2016) in his study. Some individuals exploit people with disabilities or individuals who suffer from critical or chronic health conditions by providing them with unnecessary or embellished medical services. The social marginalization of individuals with disabilities also leads to their exploitation or medical neglect, which in turn affects their vulnerability to fraud. Thus, they receive inadequate care or have their healthcare needs ignored based on bias or financial constraints.

### **Third: Types of Medical Fraud against People with Disabilities**

The findings showed an increase in the exposure of disabled individuals to fraudsters who falsely claim to have treatments that can improve their health conditions. These fraudsters take advantage of the vulnerability of people with disabilities and their desire for improvement, and they promote fake or miracle treatments to attract victims and obtain their money. Fraud in these cases usually involves providing false or scientifically unproven information about treatments, such as unapproved drugs or alternative therapies lacking a strong scientific basis. The hopes and desires for healing among individuals with disabilities are exploited to obtain their money. Disabled individuals are also often exposed to inflated costs of medical services. Some individuals with disabilities may lack sufficient awareness and knowledge of the healthcare system as well as their medical rights. For example, they may be unaware of special insurance programs, grants, or financial assistance that they could benefit from, meaning they incur higher costs as they do not access the appropriate support. In a study examining the perceptions of medical specialty doctors, nurses and billing specialists, as shown Shinn (2016) in his study.

Disabled individuals were also vulnerable to being misled into believing that there was a cure for their disability. These individuals were targeted by fraudsters who made false promises to treat or improve their disabilities. For example, Individual (C), who has a visual impairment, fell victim to a fraudulent scheme perpetrated by an ophthalmologist, who diagnosed a condition and recommended a surgical procedure at the hospital. However, when consulting other doctors, the individual was advised against operating on her eye as no surgical intervention was required. It appears that the primary motive of the first doctor was to exploit the insurance coverage without considering the best interest of the patient.

Disabled individuals were also subjected to unnecessary medications being prescribed to them. In addition, they were issued misleading advertisements promoting scientifically unproven or ineffective medical products. Those who always responded accounted for 25.4%, as did those who responded occasionally. Disabled individuals were also subjected to being deceived into undergoing unnecessary surgical procedures under the guise of improving their condition. For instance, before confirming the presence of an auditory nerve, Individual (B) underwent a cochlear implant surgery that cost over 150,000 dirhams. The skull was opened, and the cochlear implant was applied. However, it was later discovered that there was no auditory nerve, necessitating a re-opening of the skull and the removal of the cochlear implant. The patient was put at risk due to the leakage of cerebrospinal fluid caused by the inappropriate implantation, which was unnecessary and provided no benefit. Additionally, the patient was deceived at the hospital, being falsely informed that a magnetic resonance imaging (MRI) scan

had been performed, but when asked for the results, they were informed that the machine was not functioning properly. These actions demonstrate serious medical malpractice and potential fraud. Disabled individuals were also exposed to the sale of devices and treatments that were not suitable for their disability and that caused harm, all for the purpose of financial gain. Furthermore, fraudsters seek to exploit disabled individuals by providing forged documents to obtain financial support. In one such, Individual (A) was subjected to fraud by a rehabilitation center, where their personal documents were taken and donations were collected from various sources. However, the promised prosthetic limb was not provided. Complaints were filed with the police, and the center subsequently issued a document acknowledging the manufacture of the prosthetic limb, but stating that it had not yet been delivered, despite reporting the matter. As a result, the victim developed a pressure sore due to the absence of a prosthetic limb to help with walking. The pressure sore was treated over the course of a year, but the treatment was ineffective, and a surgical procedure was required to close the wound. Furthermore, disabled individuals have been subjected to the manipulation of data from clinical trials or medical studies to promote ineffective medical products. For example, they were given fake medical reports and informed about research claiming to have a cure for their disability. Individual (D), who has a physical disability, was deceived by a hospital in such a way. They were informed that the hospital had performed numerous similar operations, with a claimed success rate of 100%. Fake reports were presented, falsely attributed to other individuals, and photos were shown that had been manipulated using Photoshop to resemble their own condition. Based on this misleading information, they agreed to the surgery. However, after the operation, they were informed that the procedure had failed from the beginning and had caused damage to the organ on which the surgery was being performed. Lastly, disabled individuals were exposed to identity theft for the purpose of illegally obtaining prescribed medications. This resonates with the study by Miller (2013).

#### **Fourth: The Statistical Relationship between the Demographic Variables and Medical Fraud against People with Disabilities**

The statistical results indicate a weak negative relationship between age and medical fraud against individuals with disabilities. The younger the victim, the higher the likelihood of being subjected to medical fraud. This is often because parents or caregivers may seek treatment for the disability from an early age, making them vulnerable to becoming victims from the onset. Additionally, there is a weak statistically significant relationship between gender and medical fraud against individuals with disabilities. Women with disabilities seem to be more susceptible to medical fraud compared to men with disabilities. This may be attributed to factors such as economic vulnerability, a lack of awareness of their rights, and difficulties accessing appropriate legal and medical services. The study observed that women with physical or intellectual disabilities may be particularly vulnerable to exploitation and manipulation through unnecessary or unjustifiably expensive medical treatments. There is also a weak statistically significant relationship between the type of disability and medical fraud against individuals with disabilities. It is natural for medical fraud to vary depending on the type of disability, with different forms and types of fraud occurring based on the individual's specific disability. For example, individuals with physical disabilities may be deceived into undergoing numerous unnecessary surgeries with false promises of improved health, as seen in Case (D). Individuals with hearing disabilities may be subjected to medical procedures they do not need, as in Case (B). Similarly, individuals with visual impairments may be targeted for fraudulent treatments, as found here in Case (C). Individuals with intellectual disabilities are particularly susceptible to deception due to their challenges in effective communication or a gap in their understanding of their rights. There is also a weak statistically

significant relationship between residence and medical fraud against individuals with disabilities, with the exposure to medical fraud varying depending on the place of residence. Additionally, there is a weak statistically significant relationship between educational level and the level of medical fraud. Individuals with lower educational levels are more likely to be victims of fraud compared to those with higher levels of education.

### **Fifth: The Effects of Medical Fraud against People with Disabilities**

The results revealed a significant impact of medical fraud on individuals with disabilities, with the primary effect being additional financial burdens on them and their families. They may face unnecessary medical expenses or high costs for treatments that do not meet their actual needs. Fraudsters also exploit their limited knowledge or their lack of awareness about the health rights of individuals with disabilities and their families. They offer unnecessary treatments or new techniques at exorbitant prices, placing individuals in a difficult financial position. Additionally, individuals with disabilities may require additional services such as home healthcare, assistive devices, or long-term therapy. If they fall victim to medical fraud, this can lead to a deterioration in their health condition and increased financial burdens. Medical fraud also reinforces discrimination and injustice against individuals with disabilities, as they are more vulnerable to exploitation due to their limited ability to defend their rights or effectively express their healthcare needs. They may struggle to understand complex medical procedures or communicate properly with healthcare providers, making them more susceptible to exploitation. This can result in increased anxiety, depression, a lack of trust in the healthcare system, and a refusal to seek treatment due to the experience of medical fraud and the exploitation they have endured. In terms of their health, the health of individuals with disabilities can deteriorate if they receive unnecessary treatments or surgeries. Also, fraudsters falsely deceive them by promising the possibility of improvement in their health condition, bringing false hope.

### **Recommendations**

- 1- Conduct continuous awareness-raising for individuals with disabilities and their families about their medical rights and the services available to them. This can be done through media channels, relevant government agencies, and non-profit organizations.
- 2- Provide training programs for healthcare professionals and medical service providers on medical fraud and how to properly and professionally interact with individuals with disabilities. This includes raising awareness about relevant legislation and regulations.
- 3- Enhance the supervision and monitoring of healthcare services to ensure they meet the necessary standards. This can be achieved by increasing the scrutiny and auditing of medical bills and related financial transactions.
- 4- Encourage individuals with disabilities and their families to report any suspected medical fraud. There should be easy and direct mechanisms in place for reporting and protecting whistleblowers from pressure or threats.
- 5- Update the legislation related to medical fraud and strengthen the penalties for those involved in such activities. The penalties should be sufficient to deter perpetrators and ensure justice for the victims.
- 6- Ensure that individuals with disabilities and their families receive clear and comprehensible health information. This includes details about the available services, guidance on accessing them, and information about their rights and benefits related to health.
- 7- Provide legal support for individuals with disabilities who experience medical fraud. Legal advice and assistance can be provided for reporting fraud and pursuing legal cases related to it.

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