

Health Headlines

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Medicare Strike Force Team Charges 107 Individuals for Approximately \$452 Million in False Billing

On May 2, DOJ and HHS announced charges against 107 individuals, including doctors, nurses and other licensed medical professionals, across the country for allegedly participating in Medicare fraud schemes totaling \$452 million in false billing. In addition to making arrests, agents executed 20 search warrants in connection with ongoing strike force investigations. HHS also suspended or took other administrative action against 52 providers following a data-driven analysis and credible allegations of fraud.

According to the DOJ press release, the charges are based on a variety of alleged fraud schemes involving various medical treatments and services, such as home health care, mental health services, psychotherapy, physical and occupational therapy, durable medical equipment (DME) and ambulance services. The defendants charged are accused of various healthcare fraud-related crimes, including conspiracy to commit healthcare fraud, violations of the anti-kickback statutes, and money laundering. “Today’s arrests send a strong message to criminals that the consequences of committing Medicare fraud are serious,” said HHS Secretary Sebelius. “In addition to these arrests, we used new authority from the health care law to stop all future payments to 52 health care providers suspected of fraud before they are ever made. Today’s actions are another example of how the Affordable Care Act is helping the Obama Administration fight fraud and strengthen the Medicare program.” According to the press release, the Medicare Fraud Strike Force coordinated across seven cities to bring about these charges: Miami, Baton Rouge, Houston, Los Angeles, Detroit, Tampa and Chicago. The total fraud associated with the raids represented a record for a single fraud takedown in the five-year history of the strike force program.

The joint DOJ and HHS Medicare Fraud Strike Force is a multi-agency team of federal, state and local investigators designed to combat Medicare fraud using Medicare data analysis techniques. More than 500 law enforcement agents from the FBI, HHS-OIG, multiple Medicaid Fraud Control Units, and other state and local law enforcement agencies participated in the operation. To view a copy of the press release, please click [here](#).

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