



HHS Charges 107 Individuals in \$452M Billing Scheme

Jim Dietz

jdietz@dbllaw.com

A nationwide Department of Health and Human Services (HHS) operation has netted indictments against 107 individuals in a seven-city, \$452 million Medicare false billing scheme.

It was the highest amount of false Medicare billings in a single takedown in the Medicare Fraud Strike Force's five-year history, and it has led to the indictment of licensed medical professionals including doctors and nurses. The charges against the defendants include conspiracy to commit health care fraud and anti-kickback violations.

According to the Justice Department, some defendants submitted claims to Medicare for treatments that weren't medically necessary and sometimes never provided. Others were paid cash kickbacks for supplying information to providers that allowed them to submit fraudulent bills to Medicare. The services involved in the fraud schemes ranged from home health care to ambulance services.

Seven individuals alone in Baton Rouge, La., are allegedly responsible for \$225 million in false claims relating to community mental health center services.

The HHS Medicare Fraud Strike Force is a multi-agency group of federal, state, and local investigators who use Medicare data analysis to investigate fraud.