Medicare Fraud – Charges total $712 Million in False Billings

ARTICLE 06.19.15 DEAN DORTON

The Medicare Fraud Strike Force announced yesterday the “biggest ever” fraud takedown in the history of the Justice Department. In excess of $700 million was associated with fraudulent billings after the Medicare Fraud Strike Force targeted 17 districts in Florida, Texas, California, Louisiana, New York, and Michigan.

Of the 243 professionals charged in this allegation, 46 were physicians, nurses, and other licensed medical professionals. Charges ranged from conspiracy to commit health care fraud, violations of the anti-kickback statutes, money laundering and aggravated identify theft.

In one of the cases, a Michigan physician prescribed unnecessary narcotics in exchange for patients’ identification information, which was used to generate false billings. Patients then became deeply addicted to the prescription narcotics and were bound to the scheme as long as they wanted to keep their access to the drugs. In another instance, a mental health facility billed over $60 million for psychotherapy sessions that turned out to simply involve moving patients from one location to another.

Dean Dorton offers a comprehensive listing of advisory services aimed at mitigating risk and ensuring compliance in the healthcare industry. From guidance in establishing strong internal controls to reviewing medical chart documentation, Dean Dorton may be able to provide significant value to your organization.

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