

Part B Insider (Multispecialty) Coding Alert

Compliance: 107 Providers Charged in Biggest Medicare Fraud Takedown in History

Improper billings of \$452 million were identified prior to arrests.

More than 150 medical professionals are not seeing patients this week after the Medicare Strike Force shut down doctors, nurses, therapists, and home health agencies during a takedown involving the highest amount of false Medicare billings in a single strike force operation.

On May 2, the Department of Health and Human Services (HHS) announced the charges against 107 individuals, with another 52 providers suspended or involved in administrative action. In total, the government alleges that about \$452 million in false billing was discovered among the accused providers across the country.

The charges range from anti-kickback and false claims violations to money laundering, and involved services such as mental health treatment, physical and occupational therapy, home health, durable medical equipment, and other facets of medical care.

"Today over 200 OIG Special Agents, Forensic Examiners and Analysts have deployed throughout the country to ensure that those responsible for committing Medicare fraud are held accountable," said HHS-OIG Deputy Inspector General **Gary Cantrell** in a May 2 statement.

To read the news release about the Strike Force's May 2 actions, visit www.justice.gov/opa/pr/2012/May/12-ag-568.html.