
2017 NATIONAL HEALTH CARE FRAUD TAKEDOWN

The Department of Health and Human Services Office of Inspector General, along with our state and federal law enforcement partners, participated in an unprecedented nationwide health care fraud takedown in July 2017.

SCOPE

This year's takedown features a large-scale federal and state partnership to combat health care fraud and the opioid epidemic. Enforcement activities took place nationwide, from Washington to Puerto Rico. This **multi-agency enforcement operation is the largest in history**, both in terms of the number of defendants charged and loss amount.

More than **400 defendants** in **41 federal districts** were charged for their alleged participation in schemes involving more than **\$1.3 billion in false billings** to vital health care programs. Of those subjects charged, **115 are medical professionals**—particularly doctors and nurses. **Thirty** Medicaid Fraud Control Units participated in the takedown.

Approximately **1,000 law enforcement personnel** took part in this operation, including more than **350 OIG special agents**.

As part of this year's takedown, **295 individuals** were served with exclusion notices by HHS-OIG for conduct related to opioid diversion and abuse. These notices bar participation in, or submitting claims to, all Federal health care programs, including Medicare and Medicaid. Among those issued exclusion notices were **57 doctors**, **162 nurses**, and **36 pharmacists**.

These takedowns send a strong signal that theft from these federal health care programs will not be tolerated. The money taxpayers spend fighting fraud is an excellent investment: For **every \$1 spent on health care related fraud and abuse investigations in the last 3 years, more than \$5 was recovered**.

SCHEMES

Medicare **fraud schemes are regional and viral**. Criminals often copy fraud techniques they learn from other criminals in their communities. HHS OIG and our law enforcement partners investigate and shut down fraud quickly and responsibly.

In one noteworthy fraud scheme, a medical professional in Texas was charged with **overprescribing medically unnecessary narcotics to patients**, some of whom died from drug overdoses. The doctor allegedly fraudulently billed Medicare and received more than \$1.2 million in reimbursement.

Another fraud scheme resulted in the arrest of seven defendants in Michigan, including five physicians, who allegedly engaged in **illegal kickbacks and billing for medically unnecessary joint injections, drug screenings, and home health services**. One of the defendants owned multiple medical and health-related businesses, and these businesses allegedly fraudulently billed Medicare \$126 million as part of the scheme.

2017 TAKEDOWN By The Numbers

412 Defendants Charged, Including
115 Medical Professionals
\$1.3 Billion in Losses
41 Federal Districts
30 Medicaid Fraud Control Units
295 Exclusion Notices
350 OIG Agents

Source: DOJ and HHS OIG

