
2018 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 June 2018.

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 across the nation, representing the largest **multi-agency enforcement operation in history**, both in terms of the number of defendants charged and loss amount.

More than **600 defendants** in **58 federal districts** were charged for their alleged participation in schemes involving approximately **\$2 billion in losses** to vital health care programs. Of those subjects charged, **165 are medical professionals**— including 32 doctors who were charged for their roles in prescribing and distributing opioids and other dangerous narcotics. **Thirty** Medicaid Fraud Control Units participated in the takedown.

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

Since the previous health care fraud takedown, held in June 2017, OIG has issued **587 exclusion notices to individuals and entities** whose conduct has contributed 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 **67 doctors**, **402 nurses**, and **40 pharmacy services**.

These takedowns send a strong message that theft from 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, more than \$4 is recovered**.

SCHEMES

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

In one noteworthy fraud scheme, a pain management specialist operating in New York and New Jersey was charged with accepting cash from his patients in exchange for writing prescriptions for controlled substances, including oxycodone and Subsys. The doctor is also being charged with second-degree manslaughter after one of his patients, for whom he wrote multiple prescriptions every month for a year, died from an overdose.

In another fraud scheme, a treatment center in Pennsylvania allegedly conspired with physicians to supply pre-signed, blank prescription slips to the center's non-physician staff. The staff members then wrote illegal prescriptions for opioids to patients who were not first examined by a licensed physician.

