

## Recent Indictments Mean Department of Justice is Serious About Medicare Fraud

As it has been threatening for months, the Department of Justice, in concert with state agencies, delivered indictments to 94 defendants on Friday, July 16, 2010 for various Medicare fraud amounting to more than \$250 million.

Those indicted include doctors, nurses, practice groups, medical facilities and medical suppliers and their agents. Most of the indictments center around the billing of equipment, which was either never received or utilized by the patient or was not properly coded for billing when submitted to the government for payment. Other schemes involve payment to elderly patients for the use of their social security and/or Medicare number to bill the government for services not rendered.

More alarming are other schemes whereby innocent medical facilities and personnel had billings and/or services submitted in their names for alleged services they never authorized. Currently, the attorneys of Roetzel are involved in numerous investigations into health care fraud by federal, state and local agencies, which encompass Medicare and Medicaid fraud, worker's compensation fraud and medical health care insurance fraud.

The process by which most medical providers become aware of an investigation is through the issuance of a subpoena by either the State Attorney General Office, the local prosecutor or the opening of a grand jury proceeding by the U.S. District Attorney. The government is also obtaining wire taps to record telephone discussions and having agents pose as patients.

It is imperative for medical providers to take the initiative to ensure that they do not become a target of a state or federal health care fraud investigation. Implementing a compliance program would demonstrate to an investigator proactive action towards insuring compliance with the law and avoid potential Medicare or Medicaid fraud claims. However, if a subpoena is served upon a medical provider or personnel, timing is critical. Counsel should be contacted immediately and insurances set in place to avoid any destruction of records or evidence.

As the United States Attorney General Eric Holder stated in releasing the indictments, *"With today's arrests we're putting would-be criminals on notice: health care fraud is no longer a safe bet."*

**Michael F. Ruggio** and **Brian E. Dickerson** of Roetzel & Andress have more than 45 years of combined experience necessary to advise companies on health care fraud and Medicare claims. Mr. Ruggio served as lead trial counsel in the largest Medicare and Medicaid health care carrier case in the U.S. and recovered damages of \$144 million for the Federal Insurance Fund. He has subsequently used this experience to defend numerous hospitals on Medicare and Medicaid issues. Mr. Dickerson's experience includes defense of the largest health care receivable fraud cases totaling \$2.8 billion.

Contact Mr. Ruggio or Mr. Dickerson for advice to protect and defend your company from such allegations.

<b>Michael F. Ruggio</b>	Washington, D.C.	(202) 216-8709	mruggio@ralaw.com
<b>Brian E. Dickerson</b>	Naples	(239) 649-2702	bdickerson@ralaw.com