

Healthcare Fraud to Remain a Priority for DOJ

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At a recent Health Care Compliance Association conference in Washington, D.C., a leader of the Medicare Fraud Strike Force indicated that the healthcare fraud unit at the Department of Justice's (DOJ) Criminal Fraud Section is planning for “substantial” growth. After a recent realignment, the strike force now operates nine separate strike forces, focused on prosecution of healthcare fraud and prescription opioid abuse. Those strike forces operate in as many as 15 states, and now have national reach with the rapid response strike force, which focuses on large-scale and corporate investigations that span the nation.

The healthcare fraud unit already employs more criminal healthcare prosecutors than many U.S. Attorneys' offices have attorneys. The Fraud Section coordinates with the Office of Program Integrity at the Centers for Medicare & Medicaid Services, the Office of Inspector General at the Department of Health and Human Services, the Federal Bureau of Investigation, the DOJ's Civil

Division and U.S. Attorneys' offices around the country. When the Fraud Section's resources grow, often there is a corresponding growth in assistant U.S. attorney and agent numbers in the districts where strike forces are located.

If nothing else, healthcare providers can take from this announcement that the federal government's investment in healthcare fraud enforcement will continue to grow, and its focus on these issues will remain sharp. Healthcare and life sciences companies should ensure that their own investment in compliance infrastructure and personnel aligns with the investment being made by the government to rout out fraud and abuse. Especially with the DOJ's emphasis on rewarding companies with effective compliance programs that self-report potential wrongdoing, understaffing and underfunding of compliance programs is riskier than ever.

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