Recent Department of Justice Crackdown on Fraud and Abuse

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As reported by the New York Times in an article dated July 13, 2017, in an effort to crack down on fraud and abuse, and with a particular focus on opioids, the Department of Justice ("DOJ") is charging 412 individuals for collectively defrauding the government of around $1.3 billion. Of the individuals implicated, approximately one-third are being accused of opioid-related crimes. These crimes include billing Medicare and Medicaid for drugs that were never purchased, collecting money for fake treatments and tests, and exchanging prescription drugs for money. The fraud and abuse prosecutions are spread across more than 20 states, which include California, New York, Florida, and Texas.

According to the Department of Justice, this is “the largest ever health care fraud enforcement action by the Medicare Fraud Strike Force," a joint DOJ and Department of Health and Human Services initiative that seeks to prevent fraud and enforce current anti-fraud laws around the country. Since its inception in 2007, The Medicare Fraud Strike Force has charged more than 3,500 defendants who collectively defrauded Medicare for more than $12.5 billion.

In a press conference about the healthcare fraud takedown, Attorney General Jeff Sessions emphasized that the DOJ’s work to combat fraud was just beginning and that the Department will continue to work hard to develop even more techniques to identify and prosecute wrongdoers. As the DOJ cracks down on fraud and abuse violations, now would be a good time for physicians, nurses, and other licensed professionals would be well advised to be particularly cautious about their billing and prescribing practices.

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