

MEDICARE FRAUD ARRESTS ARE ON THE RISE

Medicare fraud arrests are on the rise across the country. In 2011, federal authorities raided health care facilities in nine states in what was then believed to be one of the largest Medicare fraud take-down, valued at \$200 million. The raids occurred in Miami, Brooklyn, Tampa, Chicago, Baton Rouge, Houston, Dallas, and Los Angeles and targeted more than 100 doctors, nurses, therapists, and health care company executives accused of stealing tax dollars by billing for medical services never performed and medicine not provided.

On May 2, 2012, federal authorities topped their previous milestone by making 107 arrests in fraud schemes totaling \$450 million. In the latest arrests, private ambulance operators were accused of making phony trips to a mental health clinic. In violation of Medicare rules, the ambulance operators allegedly transported able-bodied patients to a mental health clinic although the Medicare billing reflected the transportation of bed-ridden patients to a hospital, dialysis center, or nursing home. Home health care operators were also arrested. At least one of the EMS operators claims that the billing was not improper because the conditions of mental health patients may necessitate isolated transportation via ambulance. An 85-year-old physician who heads a home health care facility was indicted for allegedly prescribing home health care to patients who did not need it.

Most of the arrests were made in Houston. However, Federal health care fraud charges were filed in Detroit, Baton Rouge, Tampa, and Chicago as well.

Medicare billing requirements are very complicated, and it is imperative that health care facilities educate themselves on proper billing procedures.