

## Medical Professionals Accused of Fraud Causing Increased Scrutiny for All Medicare Providers

A typical day for a home infusion provider or specialty pharmacist involves ordering supplies and medications for patients, delivering medical treatments to those patients, and billing insurance and other payers for the services provided. However, this was far from the case for some, according to the Department of Justice (DOJ), which [recently charged 61 licensed medical professionals and many others with \\$900 million in false billings](#).

The charges occurred as a result of a nationwide sweep led by the Medicare Fraud Strike Force in 36 federal districts. In all, 301 suspects were charged, making this the largest healthcare fraud scandal in U.S. history due to the number of defendants and the dollar amount involved. According to statements from Attorney General Loretta E. Lynch and Department of Health and Human Services (HHS) Secretary Sylvia Mathews Burwell, the allegations involve various medical treatments and services, including home health care, durable medical equipment (DME), prescription drugs, physical and occupational therapy, and psychotherapy. Allegedly, the defendants billed Medicare and Medicaid for medically unnecessary services while pocketing the revenue for their personal gain.

In Tampa, Orlando, and the Middle District of Florida, some [15 individuals were charged](#) with participating in compounding pharmacy fraud and intravenous prescription drug fraud. According to the DOJ, the fraudulent billing totaled nearly \$17 million. In one case, the owner of several infusion clinics billed Medicare for \$11.1 million worth of intravenous prescription drugs that the clinic never even bought and obviously never administered to patients. The result of this case is that Medicare paid over \$8.6 million dollars in fraudulent claims and the business owner is now under arrest and will be tried in the Middle District of Florida Court.

These are just a fraction of the many cases set to be tried around the country. These types of cases are also part of the reason that all providers have to contend with denials, audits, and scrutiny from Medicare and secondary payers for proof of medical services provided. Although it is not fair to punish the entire healthcare system for the actions of a few, it is the reality we face today. Now more than ever, you must have safeguards in place for your intake and billing teams to ensure that all claims and supporting documentation are complete before you bill so that your reimbursements are not stalled in the process.

[CareTend](#) helps you ensure that all of your billing requirements are met, so you stay compliant and increase your profits the right way and within the law. Learn more today at [mediware.com/home-care/caretend/](http://mediware.com/home-care/caretend/).