

Wondering what happened to the Medicare Strike Force and the HEAT Program?

As a Valentine's Day present, the Departments of Justice and Health and Human Services provided Congress with their joint "Health Care Fraud and Abuse Control Program Annual Report" outlining the healthcare fraud prevention and enforcement activities of both departments over the last fiscal year. The Report indicated that those departments recovered nearly \$4.1 billion in federal healthcare program funds, which is the highest amount ever recovered in a single year.

Over the same period, the Justice Department's Criminal Division and U.S. Attorneys' Offices opened more than 1,100 new criminal healthcare fraud investigations and has more than 1,800 pending healthcare fraud criminal investigations and charted more than 1,400 defendants in fraud cases, with more than 700 convictions.

In addition, the Justice Department's Civil Division and U.S. Attorneys' Offices recovered approximately \$2.4 billion under the False Claims Act, opened nearly 1,000 new civil healthcare fraud investigations and had more than 1,000 pending cases.

Since the HEAT Program began, the Justice Department and DHHS have expanded Medicare Fraud Strike Forces to nine locations – from Miami and Los Angeles, to Detroit, Houston, Brooklyn, Baton Rouge, Tampa, Chicago, and Dallas – where Medicare data show hot spots of unexplained billing levels. Strike Force prosecution teams charged 115 individuals in nine cities for their alleged involvement in false billing schemes totaling more than \$240 million; and 91 defendants were charged in eight cities for more than \$290 million in alleged false billings. On the criminal side, Strike Force prosecutors from U.S. Attorneys' Offices and the Justice Department's Criminal Division charged a record total of 323 defendants with seeking to defraud Medicare of more than \$1 billion in taxpayer dollars.

Both Attorney General Eric Holder and Secretary Sibelius have advised that they plan to expand the anti-fraud strategies and techniques under the tough new rules and authorities provided under the Care Act which provides for \$350 million for Health Care Fraud and Abuse Control activities.