

MEDICARE & MEDICAID FRAUD

Health care fraud, including Medicaid and Medicare fraud, is one of the most common forms of False Claims Act violations. First passed by Congress in 1863 and known as the Lincoln Law, the False Claims Act protects the government against individuals and businesses that attempt to make false claims for payments from its spending programs.

The False Claims Act also protects and incentivizes “whistleblowers” who alert the government when fraudulent activity is taking place. In a successful health care fraud lawsuit, a whistleblower is entitled to part of the damages recovered by prosecutors, as well as job protection. Damages are often tripled in FCA cases and can reach significant sums. In fact, the federal government has recovered over \$35 billion since the Lincoln Law was amended in 1986.

Common Forms of Healthcare Fraud

Health care fraud takes many forms, including Medicare fraud, Medicaid fraud, and TRICARE fraud. Often, Medicare and Medicaid false claims arise in the pharmaceutical context from:

- The payment of kickbacks to physicians, wholesalers, and pharmacies to induce drug or device purchases
- Other anti-kickback or Stark law violations
- The inflation of drug prices to support higher provider reimbursement coupled with marketing the spread between the government reimbursement and the provider’s lower cost to induce drug purchases
- The billing for defective test kits
- The knowing failure to report a company’s true best price for a drug in order to reduce rebates owed to a government program
- The sale of defective medical devices

Outside of the pharmaceutical context, Medicare and Medicaid fraud whistleblowers have commenced cases arising from various government frauds, including inflating charges, up-coding, providing unlicensed medical services, billing for add-on services and costlier services than those actually provided, and billing for services or equipment not provided at all.

Contact Our Medicare and Medicaid Fraud Attorneys for a Consultation Today

Hodgson Russ provides experienced representation to Medicare and Medicaid fraud clients. We believe the best attorney-client relationships begin with respecting your time, and we do so by responding to your requests in a timely and attentive fashion. Our Medicare and Medicaid fraud representation team will also respect your resources. We can provide you with the high-quality Medicare fraud representation you deserve.

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Hodgson Russ is available to answer your questions about Medicare and Medicaid fraud. For more information about the False Claims Act, contact Medicare fraud attorney Dan Oliverio.

We also offer representation for pharmaceutical fraud, procurement fraud, education & grant fraud and all other types of fraud covered under the False Claims Act.

Hodgson Russ has offices in New York City, Albany, Buffalo, and Saratoga Springs, New York. We also have offices in Hackensack, New Jersey, Toronto, Ontario, and Palm Beach, Florida.