

HCCA
2023 HEALTHCARE ENFORCEMENT COMPLIANCE CONFERENCE

POST-PANDEMIC ENFORCEMENT

November 6, 2023

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Agenda

- Types of COVID-19 health care fraud schemes under investigation
- Recent enforcement actions
- Use of data analytics

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Types of Schemes

- HRSA COVID-19 Uninsured Program Fraud
- Provider Relief Fund Fraud
- COVID-19 Testing / Office Visit Billing Fraud
- Unnecessary COVID-19 Laboratory Testing
- COVID-19 Test Kit Fraud
- Telehealth
- PPP/EIDL Fraud By Health Care Providers

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HRSA COVID-19 Uninsured Program Fraud

- Health Resources and Services Administration
- Part of HHS
- During the pandemic, responsible for administering various relief funds, including the COVID-19 Uninsured Program
- The Uninsured Program reimbursed eligible providers for claims for testing, treatment, or vaccine administration for uninsured individuals
- Stopped accepting testing/treatment claims in March 2022
- Approx. \$24.5 billion paid to providers as of December 2022

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HRSA COVID-19 Uninsured Program Fraud

- Terms & Conditions

- Certifies not currently terminated from participation in Medicare or precluded from receiving payment through Medicare Advantage or Part D
- Not currently excluded from participation in Medicare, Medicaid, or other FHCP; does not have Medicare billing privileges revoked
- Certifies that they provided the items and services on the claim form to the uninsured individuals identified on the claim form, after specific dates of service
- Certifies claims were medically necessary
- Certifies patients were uninsured at time of treatment

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HRSA COVID-19 Uninsured Program Fraud

- Attestations

Patient Roster Attestation

- I have read and agree to the applicable HRSA COVID-19 [Uninsured Program Terms and Conditions \(PDF\)](#). I attest that I am authorized to agree to these terms on behalf of the provider with the Tax Identification Number associated with this attestation.
- I attest that I have checked for health care coverage eligibility and confirmed that the patient is uninsured, and does not have employer-sponsored or individual coverage, Medicare or Medicaid and that no other payer will reimburse for COVID-19 testing or care for the patient.
- For vaccine administration claims, I attest that I have checked for health care coverage eligibility and confirmed that the patient is uninsured, and does not have employer-sponsored or individual coverage, Medicare or Medicaid and that no other payer will reimburse for COVID-19 vaccine administration for the patient, or their only health care coverage at the time the services were provided was foreign health coverage.
- I agree that I will accept the defined program reimbursement, as determined and/or adjustment by Health Resources & Services Administration (HRSA), as payment in full and will not balance bill the patient. I further understand that reimbursement is subject to available funding for the program.
- I acknowledge that I may be asked to submit to the review process established by HRSA, including its contractor to determine whether payments were made correctly. Additionally, upon request by HRSA or its contractor, I will provide any and all information related to the disposition or use of the funds received under the HRSA COVID-19 Uninsured Program for auditing and/or reporting purposes.

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HRSA COVID-19 Uninsured Program Fraud

- Types of providers
 - Physicians
 - Specimen collectors/site administrators
 - Laboratories
 - Billing companies

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HRSA COVID-19 Uninsured Program Fraud

- Types of schemes
 - Billing for patients with insurance
 - Double billing
 - Upcoding/services not rendered
 - E/M claims

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HRSA COVID-19 Uninsured Program Fraud

- Case Study – *United States v. Anthony Dinh* (C.D. Ca.)

PRESS RELEASE

Orange County Doctor of Osteopathy Indicted in Quarter Billion Dollar Fraud Targeting Pandemic Program for Uninsured Patients

Thursday, September 28, 2023

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For Immediate Release
U.S. Attorney's Office, Central District of California

LOS ANGELES – A federal grand jury has charged a doctor who operated clinics in Westminster and Garden Grove with defrauding a COVID-19 program for uninsured patients by submitting more than a quarter billion dollars in claims – ultimately receiving about \$150 million in payments – for services not covered under the program or simply not provided, the Justice Department announced today.

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Provider Relief Fund Fraud

- CARES Act appropriated \$100 billion to help health care providers that were financially impacted by COVID-19 and to provide care for patients suffering from COVID-19
- HRSA administered the Provider Relief Fund
- Several phases of the program
- During Phase 1, funds were direct deposited into providers' bank accounts

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Provider Relief Fund Fraud

- Terms & Conditions

Please attest to and accept the [Terms & Conditions](#) below for each TIN you have entered. The current TIN is shown in the box to the right. Once you complete the first TIN you will be asked to attest to each TIN in the list.

- I acknowledge receipt of **\$43.97** from the Public Health and Social Services Emergency Fund ("Relief Fund"), and accept the [Terms & Conditions](#). If you received a payment from funds appropriated in the Relief Fund under Division B of Public Law 116-127 and retain that payment for at least 90 days without contacting HHS regarding nonreceipt of those funds, you are deemed to have accepted the following [Terms & Conditions](#). This is not an exhaustive list and you must comply with any other relevant statutes and regulations, as applicable. Your commitment to full compliance with all Terms and Conditions is material to the Secretary's decision to disburse these funds to you. Non-compliance with any Term or Condition is grounds for the Secretary to recoup some or all of the payment made from the Relief Fund. These Terms and Conditions apply directly to the recipient of payment from the Relief Fund. In general, the requirements that apply to the recipient, also apply to sub-recipients and contractors under grants, unless an exception is specified.
- By receiving and accepting Relief Fund payment, you attest that in accordance with the "Coronavirus Aid, Relief, and Economic Security Act" or the "CARES Act", you are eligible for this payment. You acknowledge that you may be asked to submit to the review process established by the U.S. Department of Health and Human Services, including its contractor (collectively, "HHS"), to determine your eligibility for this payment. Additionally, upon request by HHS, you will provide any and all information related to the disposition or use of the funds received under the Relief Fund for auditing and/or reporting purposes. I attest that I have the legal authority to act on behalf of the provider group that has received payment under the Relief Fund. For Electronic Funds Transfer / ACH Payments, HHS or its contractor may make adjustments to the payment whenever a correction or change is required. For example, if there is an error, you agree that HHS may correct the error immediately and without notice. Such errors may include, but are not limited to, reversing an improper credit, and correcting calculation and input errors. The right to make adjustments are not subject to any limitations or time constraints, except as required by law.

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Provider Relief Fund Fraud

- Case Study – *United States v. Raymond Vallier* (W.D. Tenn.)

PRESS RELEASE

Man Convicted of Submitting False Statements to COVID-19 Relief Program

Friday, August 18, 2023

For Immediate Release
Office of Public Affairs

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A federal jury in Memphis convicted a Tennessee man yesterday for making false statements on an attestation to receive \$107,568.03 from the Provider Relief Fund, a federal program that provided financial assistance to medical providers offering care to Americans suffering from COVID-19.

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COVID-19 Testing/Office Visit Billing Fraud

- Billing high-level E/M codes
- Conducting COVID-19 testing, e.g. drive-thru clinics

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COVID-19 Testing/Office Visit Billing Fraud

- Case Study – *United States v. Ronald Elfenbein* (D. Md.)

PRESS RELEASE

Doctor Convicted for COVID-19 Health Care Fraud Scheme

Friday, August 4, 2023

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For Immediate Release
Office of Public Affairs

A federal jury in Baltimore convicted a Maryland doctor today for submitting over \$15 million in false and fraudulent claims to Medicare and a commercial insurer for patients who received COVID-19 tests at his testing sites.

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Unnecessary COVID-19 Laboratory Testing

- Collecting nasal swab specimens from nursing homes, assisted living facilities, rehabilitation facilities, schools, etc.
- Conducting and billing for unnecessary Respiratory Pathogen Panel (“RPP”) testing

The screenshot shows a laboratory test order form with the following sections:

- Physician Signature:** [Blank]
- 5. PANEL LIST: Please check appropriate panels that address your**
 - Respiratory Panel Plus** (Selected):
 - Influenza A (FAN, H1-2009, H3)
 - Influenza B
 - RSV A
 - RSV B
 - HMPV A
 - HMPV B
 - Rhinovirus (types A & B)
 - Bocavirus
 - Adenovirus
 - Parainfluenza virus (type 1-4)
 - Coronavirus (229E, HKU1, NL63, CC43)
 - Enterovirus
 - Streptococcus pneumoniae
 - Mycoplasma pneumoniae
 - Moraxella catarrhalis
 - Haemophilus influenzae
 - Legionella pneumophila
 - Bordetella pertussis
 - Bordetella (FAN)
 - Streptococcus pyogenes (Group A)
 - Chlamydia pneumoniae
 - Staphylococcus epidermidis
 - Staphylococcus aureus
 - Acinetobacter baumannii
 - Enterobacter aerogenes
 - Enterobacter cloacae
 - Moraxella pneumoniae
 - Proteus mirabilis
 - Pseudomonas aeruginosa
 - mecA (MRSA)
 - Epstein-Barr Virus (EBV)
 - Cytomegalovirus
 - Human herpesvirus 6 (HHV-6)
 - Varicella zoster virus (VZV)
 - COVID-19** (Selected)
 - Respiratory Panel** (Selected):
 - Influenza A
 - Influenza B
 - RSV A
 - RSV B
 - HMPV A
 - HMPV B
 - Rhinovirus (types A & B)
 - Bocavirus
 - Adenovirus
 - Parainfluenza virus (type 1-4)
 - Coronavirus (229E, HKU1, NL63, CC43)
 - Enterovirus
 - Streptococcus pneumoniae
 - Mycoplasma pneumoniae
 - Moraxella catarrhalis
 - Haemophilus influenzae
 - Legionella pneumophila
 - Bordetella pertussis
 - Chlamydia pneumoniae
 - Staphylococcus aureus
- 6. SPECIMEN SOURCE**
 - Nasopharyngeal Swab
 - Nasal Swab
 - Cropharyngeal Swab
 - Tonsil/Uvula Swab

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Unnecessary COVID-19 Laboratory Testing

- Case Study – *United States v. Lourdes Navarro* (C.D. Ca.)

PRESS RELEASE

Woman Pleads Guilty to \$359M Fraud Involving Claims for Unnecessary Respiratory Tests Submitted with COVID-19 Tests

Thursday, October 5, 2023

For Immediate Release
Office of Public Affairs

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COVID-19 Test Kit Fraud

- Medicare beneficiaries must “request” the test kits
- Significant spikes in back billing
- Thousands of hotline complaints



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COVID-19 Test Kit Fraud

- Case Study – *United States v. Latresia Wilson and Corey Alston* (M.D. Fla.)

DOJ Probing Covid Test Fraud Including Kits Sent to Dead People

EXCLUSIVE



Courtney Rozen
Reporter



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Telehealth

Press release

New HHS Study Shows 63-Fold Increase in Medicare Telehealth Utilization During the Pandemic

Dec 03, 2021 | Telehealth

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A new report from the U.S. Department of Health and Human Services (HHS) found that massive increases in the use of telehealth helped maintain some health care access during the COVID-19 pandemic, with specialists like behavioral health providers seeing the highest telehealth utilization relative to other providers. The report, which was produced by researchers in HHS's Office of the Assistant Secretary for Planning and Evaluation (ASPE) and analyzes Medicare fee for service (FFS) data in 2019 and 2020, also highlights that telehealth services were accessed more in urban areas than rural communities, and Black Medicare beneficiaries were less likely than White beneficiaries to utilize telehealth.

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PPP/EIDL Fraud By Health Care Providers

PRESS RELEASE

Bakersfield Medical Practice Agrees to Resolve False Claims Act Allegations Involving Cares Act Paycheck Protection Program

Wednesday, April 21, 2021

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PRESS RELEASE

Physician Partners of America to Pay \$24.5 Million to Settle Allegations of Unnecessary Testing, Improper Remuneration to Physicians and a False Statement in Connection with COVID-19 Relief Funds

Tuesday, April 12, 2022

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PRESS RELEASE

University City Man Sentenced to 5 Years in Prison for Missouri Medicaid, Pandemic Loan Fraud

Wednesday, June 21, 2023

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For Immediate Release

U.S. Attorney's Office, Eastern District of Missouri

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Enforcement Actions

- 2023 Nationwide COVID-19 Health Care Fraud Enforcement Action

PRESS RELEASE
Justice Department Announces
Nationwide Coordinated Law
Enforcement Action to Combat COVID-
19 Health Care Fraud

Thursday, April 20, 2023

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For Immediate Release

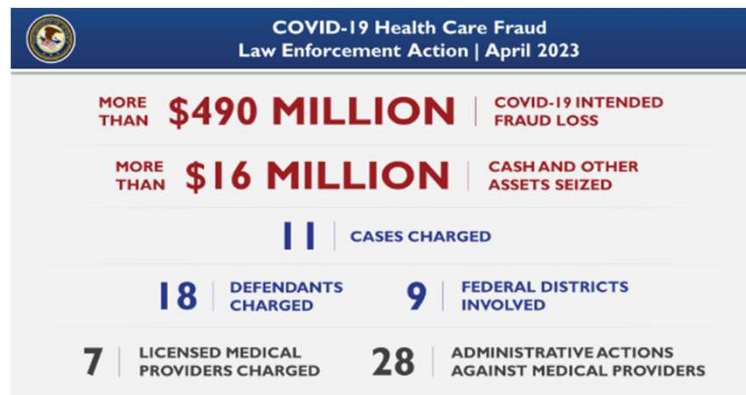
Office of Public Affairs

Criminal Charges Brought Against Medical Professionals, Owners of
Medical Businesses, and Others for a Variety of COVID-19 Fraud Schemes
with False Billings Exceeding \$490 Million

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Enforcement Actions

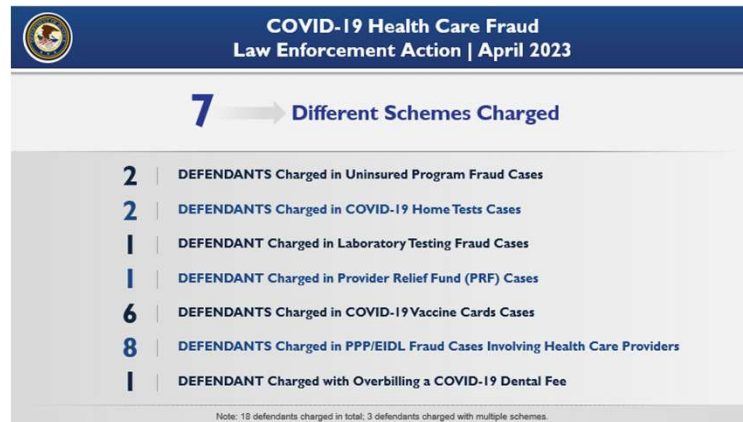
- 2023 Nationwide COVID-19 Health Care Fraud Enforcement Action



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Enforcement Actions

- 2023 Nationwide COVID-19 Health Care Fraud Enforcement Action



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Enforcement Actions

- 2023 Nationwide COVID-19 Health Care Fraud Enforcement Action

“Today’s announcement marks the largest-ever coordinated law enforcement action in the United States targeting health care fraud schemes that exploit the COVID-19 pandemic,” said Assistant Attorney General Kenneth A. Polite, Jr. of the Justice Department’s Criminal Division. “The Criminal Division’s Health Care Fraud Unit and our partners are committed to rooting out pandemic-related fraud and holding accountable anyone seeking to profit from a public health emergency.”

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