



Click to Print

[SAVE THIS](#) | [EMAIL THIS](#) | [Close](#)

Little progress seen against health insurance

fraud

By Brad Heath, USA TODAY

WASHINGTON — Two years after the federal government started its latest push to crack down on Medicare fraud, the number of people charged with ripping off health care insurers has barely changed, Justice Department records show.

That effort comes at a critical time, because the White House and lawmakers are hoping to use savings from anti-fraud measures in the government-run health plan to help pay for health care legislation. Fraud costs Medicare an estimated \$60 billion a year, Attorney General Eric Holder said Thursday.

Federal prosecutors charged 803 people with defrauding medical insurers in the fiscal year that ended in September, Justice Department records show. That's up about 2% since the government began deploying "strike forces" to target fraud in 2007. Nearly all of the charges involved attempts to cheat Medicare.

The Obama administration gathered experts at a Medicare fraud summit Thursday to find new ways to stanch the losses. Most anti-fraud measures focus on prevention and civil tools that can recover improper payments; typically only the most blatant schemes lead to charges.

"While we can't prosecute our way out of the health care fraud problem, we are making sure that we're using innovative ideas like the strike force model to detect and prosecute health care fraud," acting Deputy Assistant Attorney General Greg Andres said.

Fraud in the health care system is now "totally out of control," said Louis Saccoccio, head of the National Health Care Anti-Fraud Association. He said the government has generally done a good job targeting fraud, "but there's a lot out there, and a lot of these cases are what you'd call the low-hanging fruit."

The latest federal crackdown began in 2007, when the Justice Department set up a team of investigators and attorneys to fight fraud in Miami. Since then, it has created similar "strike forces" in six other cities, including three that began work in December in Baton Rouge, New York and Tampa. The department was unable to say how much it had spent on that effort.

When the Miami strike force started, the number of people charged with health care fraud leaped nearly 35%, to 786, the department's records show. Since then, however, the number has barely changed, though prosecutors and investigators say they hope to bring more cases as the new strike forces continue their work.

The strike forces have scored some high-profile successes against schemes that range from simple to complex. In Detroit, investigators last month charged nine people in a \$13 million Medicare billing scheme. The same day, prosecutors in Miami announced charges against 15 people in a \$41 million scheme involving home health services.



[Do you qualify for a credit car](#)



[The Asian secret to strong, lus](#)



[Muscle building miracle discov](#)



[Cruise specials for those 55 or](#)



[The secret to getting highly di](#)




[Mysterious fruits reverse agr](#)

Find this article at:

http://www.usatoday.com/news/washington/2010-01-28-health-care-insurance-fraud_N.htm

1/29/2010

Little progress seen against health ins...

 [Click to Print](#)

[SAVE THIS](#) | [EMAIL THIS](#) | [Close](#)

Check the box to include the list of links referenced in the article.

Copyright 2009 USA TODAY, a division of Gannett Co. Inc.