

Medicare Targeting Infusion Fraud in South Florida

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New York Bureau

Medicare officials have launched a 2-year demonstration project aimed at preventing infusion fraud schemes in South Florida, where medical fraud has been on the rise.

Under the project, the Centers for Medicare and Medicaid Services is requiring infusion providers operating in several South Florida counties to reapply to be qualified Medicare infusion therapy providers.

Those who fail to reapply within 30 days will have their Medicare billing privileges revoked.

There have been 47 indictments against individuals and entities alleged to have collectively billed Medicare over \$345 million in fraudulent charges.

Infusion therapy providers also will have their billing privileges revoked if they fail to report a change in ownership or have employees or owners who have committed a felony. Even those providers who reapply successfully may face increased scrutiny from CMS, including site visits.

“Prevention is the most important course here as we move to deal with those who are committing fraud against the program,” Herb Kuhn, CMS acting deputy administrator, said during a press briefing to announce the demonstration project.

The infusion fraud project is similar to other fraud prevention efforts recently launched by CMS. The agency is currently conducting demonstrations to root out fraudulent billing by durable medical equipment suppliers in South Florida and Southern California and among home health agencies in greater Los Angeles and Houston.

Although these projects focus on specific geographic areas, they provide a chance for CMS to test ideas that could be applicable across the country, Mr. Kuhn said, adding that he expects these projects to help the agency develop new tools to catch individuals if they try to relocate fraudulent schemes from one part of the country to another.

South Florida has already been the site of a string of prosecutions this year for fraud involving durable medical equipment and infusion therapy. Since March, the Department of Justice and the assistant U.S. attorneys from the Southern District of Florida have filed 47 indictments against individuals and entities that are alleged to have collectively billed Medicare more than \$345 million in fraudulent charges.

“Health care fraud here in South Florida is a substantial problem,” said R. Alexander Acosta, U.S. Attorney for the Southern District of Florida.

The fraudulent billing submitted to Medicare can come in a number of forms.

For example, in some cases the billing is done on behalf of fictional clinics or fictional patients.

In other cases, patients may be infused with saline or another substance instead of the drug that is being billed to Medicare. ■

UPCOMING MEETINGS

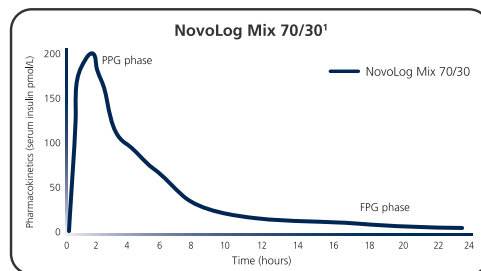
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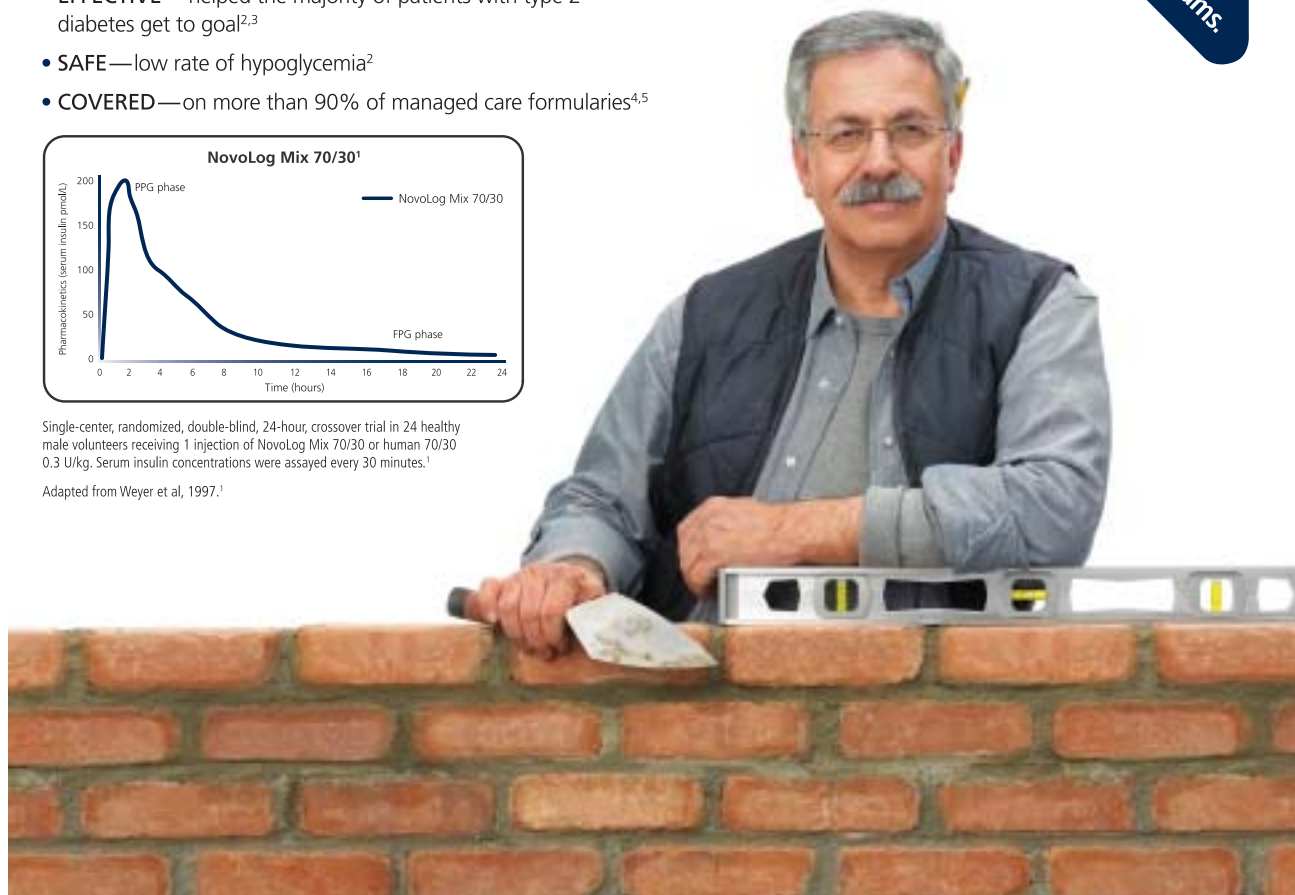
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