



Deeper than the Headlines: A Deep Dive into Recent DOJ and OIG Settlements



Presented by



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Disclaimer: Nothing in this presentation should be construed as legal advice nor relied upon as legal expertise.



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FOR IMMEDIATE RELEASE

Tuesday, February 28, 2017

Former Central Iowa Psychiatrist Sentenced to Two Months in Prison for Health Care Fraud

DES MOINES, IA – On February 28, 2017, Richard Lee Hauser, M.D., 67, formerly of the Grinnell, Iowa, area was sentenced by Senior United States District Court Judge Robert W. Pratt to two months in federal prison for two counts of health care fraud, announced United States Attorney Kevin E. VanderSchel. The two-month sentences were ordered to be served at the same time. Hauser was also ordered to serve three years of supervised release following his prison term, pay \$200 to the Crime Victims' Fund, and pay a total of \$30,879 in restitution to the State of Iowa Medicaid program (Iowa Medicaid) and Wellmark Blue Cross and Blue Shield of Iowa (Wellmark).

Hauser pleaded guilty to these charges on October 19, 2016. According to the plea agreement, from about October 2008 until about August 2013, Dr. Hauser, a psychiatrist licensed to practice in Iowa, oversaw and personally provided services at a clinic in Grinnell, Iowa. The clinic operated under the name Prevention Systems, Inc., and did business as The Hauser Clinic. Beginning by at least November 8, 2011, and continuing to at least on or about December 31, 2012, Dr. Hauser devised a scheme and artifice to obtain, by means of materially false and fraudulent representations, money from the Iowa Medicaid program and Wellmark, in connection with the delivery of and payment for health care benefits and

Check the time



- 90807 individual outpatient psychotherapy with medication evaluation/management requiring 45-50 minutes face-to-face
- Practice informed the payor during an on-site review that at their clinic they scheduled the typical 90807-coded service every 15 minutes.
- Patients would receive psychotherapy from different provider.
- Would see siblings at the same time and request reimbursement individually



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Tuesday, February 7, 2017

**Dr. Gary Marder and the United States Consent to a Final
Judgement of Over \$18 Million to Settle False Claims Act
Allegations**

Gary L. Marder, D.O., a physician residing in Palm Beach County and the owner and operator of the Allergy, Dermatology & Skin Cancer Centers in Port St. Lucie and Okeechobee, and the United States of America have stipulated to a consent final judgment of over \$18 million to settle False Claims Act allegations against Dr. Marder. Co-defendant, Robert I. Kendall, M.D., a physician practicing in Coral Gables, has also agreed to pay the United States \$250,000 to settle allegations that he violated the False Claims Act.

Wifredo A. Ferrer, United States Attorney for the Southern District of Florida, Shimon R. Richmond,

Allergy, Dermatology & Skin Cancer Centers



- \$18 Million Settlement between U.S. and Dr. Gary Marder
- Dr. Robert Kendall performed Dr. Marder's pathology work when alleged kickbacks existed
- Dr. Theodore Schiff was qui tam relator (whistleblower)

Allegations



- Dr. Marder requires his two physician assistants to perform a daily quota of at least 50 biopsies
- Dr. Marder instructed PAs to biopsy acne, dry skin or skin that had been scratched
- Biopsies would then be sent to Dr. Kendall who performed unnecessary pathology work
- False cancer diagnoses of the unnecessary biopsies leading to radiation treatment by Dr. Marder



Review of Select Court Documents



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Wednesday, June 22, 2016

**100 Charged in Southern District of Florida as Part of Largest
National Health Care Fraud Takedown in History**

16. **United States v. Jose Avila, M.D. and Michael Bahrami, M.D.**, Case No. 16-20471-CR-Altonaga

Jose Avila, 58, of Hallandale, and **Michael Bahrami**, 60, of Golden Beach, two medical doctors, were charged with conspiracy to defraud the United States and receive health care kickbacks. Avila was also charged with one count of receiving health care kickbacks. The charges stem from their involvement in a \$57 million home health fraud scheme involving paying kickbacks to doctors and patient recruiters, and billing for services that were not necessary and/or not provided. Avila was previously charged by Complaint with receiving kickbacks in connection with a federal health care program.

Mr. Ferrer commended the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Vasanth Sridharan of the Criminal Division's Fraud Section.

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JANUARY 19, 2017 12:26 PM

Miami cardiologist acquitted in \$57 million Medicare fraud case



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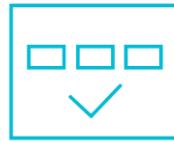


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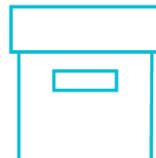
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Complete Guidance



Affordable for Everyone



Bonus Resources

Compliance Services



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Revenue



Improve
Accuracy



Save
Time





Questions?

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