



OIG Reports \$2.4 Billion in Healthcare Fraud Judgments and Settlements

By Richard Kusserow | April 17 2018

The Department of Health and Human Services (HHS), acting through the Office of Inspector General (OIG), and the Department of Justice (DOJ) have released the Health Care Fraud and Abuse Control (HCFAC) Program [Annual Report for Fiscal Year](#) (FY) 2017. Congress established the national HCFAC Program under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to coordinate federal, state and local law enforcement activities with respect to health care fraud and abuse. The OIG reported that the Federal government won or negotiated over \$2.4 billion in healthcare fraud judgments and settlements, and it had additional administrative impositions in health care fraud cases and proceedings. In FY 2017, \$2.6 billion was returned to the Federal Government or paid to relators. Of that amount, the Medicare Trust Funds received transfers of approximately \$1.4 billion, and \$406.7 million in federal Medicaid money was separately transferred to the U.S. Department of the Treasury.

Enforcement Actions for FY 2017

The OIG Office of Investigations examines fraud and abuse within HHS programs. The OIG, assisted by the DOJ and the Federal Bureau of Investigation (FBI), initiates enforcement actions to punish misuse of HHS programs. For FY 2017:

- The OIG reported 788 criminal actions, against individuals or entities that engaged in crimes related to Medicare and Medicaid, and 818 civil actions;
- The OIG also excluded 3,244 individuals and entities from participation in Medicare, Medicaid, and other federal health care programs;
- The DOJ opened 967 new criminal health care fraud investigations and filed criminal charges in 439 cases involving 720 defendants;
- The DOJ also convicted 639 defendants for health care fraud-related crimes and had 948 new civil health care fraud investigations pending at the fiscal year's end;
- FBI investigations resulted in over 674 operational disruptions of criminal fraud organizations and dismantled more than 148 health care fraud criminal enterprises; and,
- The return on investment for the HCFAC Program for FYs 2015-2017 was \$4.20 returned for every \$1.00 expended.