

Criminal Charges Related to COVID-19 Pandemic Brought Against Defendants Across the Country

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Telemedicine Executive, Physician, Marketers, and Medical Business Owners Charged in Fraud Schemes Involving \$143 Million in Losses.

The Department of Justice (DOJ) [brought criminal charges](#) against 14 defendants in seven federal districts for their alleged participation in fraud schemes that exploited the COVID-19 pandemic and resulted in more than \$143 million in false billings. In addition, the Center for Program Integrity of the Centers for Medicare and Medicaid Services (CMS) took adverse administrative actions against more than 50 medical providers for their involvement in health care fraud and abuse schemes related to COVID-19 or abuse of CMS programs.

Multiple defendants are accused of offering COVID-19 tests to Medicare beneficiaries at senior living facilities, drive-through testing sites, and medical offices to induce the beneficiaries to provide their personal identifying information and saliva or blood samples. The defendants used the information and samples to submit claims to Medicare for unrelated, medically unnecessary, and much more expensive laboratory tests, including genetic, allergy, and respiratory pathogen tests. In some cases, COVID-19 test results were not provided in a timely manner or were not reliable. Proceeds of the fraud schemes were allegedly laundered through shell corporations.

Other schemes involved defendants who allegedly exploited CMS policies that enabled increased access to care during the pandemic. Defendants allegedly submitted false and fraudulent claims to Medicare for sham telemedicine encounters that did not occur. Medical professionals are also alleged to have offered and paid bribes in exchange for their referrals for medically unnecessary testing. The DOJ brought additional criminal charges related to the misuse of Provider Relief Fund monies under the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

The National Rapid Response Strike Force of the DOJ's Health Care Fraud Unit led and coordinated the enforcement actions.

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