Attorney Generals Sue Vascular Care Provider for Allegedly Performing Unnecessary Surgeries



UPDATED 12/28/2023

On October 2, 2023, Attorney Generals in New Jersey, New York, and Georgia filed a complaint against Fresenius Vascular Care, Inc., one of its New York based executives, and several of its affiliates for allegedly performing medically unnecessary and potentially dangerous vascular interventions on Medicare and Medicaid recipients with end stage renal disease (ESRD).

The defendants own, operate, and control a network of outpatient vascular care and ambulatory surgery centers in New Jersey, New York, and Georgia. For their own financial gain, they allegedly scheduled patients for appointments every three to four months to preserve their dialysis sites despite the defendants knowing that such procedures were not medically necessary. The patients were sedated and invasive procedures were performed on their veins and arteries. ESRD patients are often elderly people, people of color, and low-income individuals.

The defendants allegedly executed this scheme by ignoring medical records and falsifying patient records and referrals to justify the medically unnecessary procedures. In addition, they created contests to incentivize staff to increase the amount of procedures performed. They then submitted and/or caused to be submitted false claims for payment to Medicare and the States' respective Medicaid programs. The States are seeking to recover treble damages and civil penalties under the States' respective false claims acts and other monetary relief pursuant to the States' statutes.

Click Here to read the entire December 2023 Healthcare Law Update now!

11/30/2023

On October 2, 2023, Attorney Generals in New Jersey, New York, and Georgia filed a complaint against Fresenius Vascular Care, Inc., one of its New York based executives, and several of its affiliates for allegedly performing medically unnecessary and potentially dangerous vascular interventions on Medicare and Medicaid recipients with end stage renal disease (ESRD). The defendants own, operate, and control a network of outpatient vascular care and ambulatory surgery centers in New Jersey, New York, and Georgia. For their own financial gain, they allegedly scheduled patients for appointments every three to four months to preserve their dialysis sites despite the defendants allegedly knowing that such procedures were not medically necessary. The patients were sedated and invasive procedures were performed on their veins and arteries. ESRD patients are often elderly people, people of color, and low-income individuals.

The defendants allegedly executed this scheme by ignoring medical records and falsifying patient records and referrals to justify the medically unnecessary procedures. In addition, they allegedly created contests to incentivize staff to increase the amount of procedures performed. They then submitted and/or caused to be submitted false claims for payment to Medicare and the States' respective Medicaid programs. The States are seeking to recover treble damages and civil penalties under the States' respective false claims acts and other monetary relief pursuant to the States' statutes.

Click Here to read the entire November 2023 Healthcare Law Update now!

For more information, contact:
Riza I. Dagli | 973.403.3103 | rdagli@bracheichler.com
Shannon Carroll | 973.403.3126 | scarroll@bracheichler.com
Cynthia J. Liba | 973.403.3106 | cliba@bracheichler.com

Attorney Advertising: This publication is designed to provide Brach Eichler LLC clients and contacts with information they can use to more effectively manage their businesses. The contents of this publication are for informational purposes only. Neither this publication nor the lawyers who authored it are rendering legal or other professional advice or opinions on specific facts or matters. Brach Eichler LLC assumes no liability in connection with the use of this publication.