National Health Care Fraud Enforcement Action Results in Criminal Charges for New Jersey Defendants



8/29/2024

On June 27, 2024, the U.S. Attorney's Office, District of New Jersey announced the filing of criminal charges against 13 New Jersey defendants arising from an alleged plan to defraud Medicare, Medicaid, TRICARE, and private health insurers as part of the Department of Justice's 2024 National Health Care Fraud Enforcement Action. All the nationwide cases resulted in over $2.75 billion in alleged false billings, and the seizure of over $231 million in cash, luxury vehicles, gold and other assets and actions against 193 defendants in total. The criminal charges stem from the Department of Justice's 2024 National Health Care Fraud Enforcement Action.

One of the New Jersey defendants, a medical biller, was charged with submitting false and fraudulent claims to the Amtrak health care plan for services that were not provided, resulting in plan losses of at least approximately $960,000. Other defendants, including several from New Jersey and New York, were charged with allegedly allowing medically unnecessary billing in exchange for cash kickbacks and bribes paid by co-conspirator healthcare providers, resulting in losses of approximately $11,000,000.

Click Here to read the entire August 2024 Healthcare Law Update now!

For more information, contact:
Keith J. Roberts | 973.364.5201 | kroberts@bracheichler.com
Shannon Carroll | 973.403.3126 | scarroll@bracheichler.com

Cynthia J. Liba | 973.403.3106 | cliba@bracheichler.com

Authors

The following attorneys contributed to this insight.



Keith J. Roberts

Member
Litigation, Healthcare Law

973.364.5201 · 973.618.5585 Fax

kroberts@bracheichler.com



Shannon Carroll

Member
Healthcare Law, Litigation

973.403.3126 · 973.618.5988 Fax

scarroll@bracheichler.com



Cynthia J. Liba

Counsel
Healthcare Law

973.403.3106 · 973.618.5969 Fax

cliba@bracheichler.com