What Can Go Wrong: Healthcare

1. A surgeon submitted numerous false invoices, including two amputations of the left arm performed on the same patient, and a hysterectomy for a male patient.
2. A family practice doctor based in a low-income neighborhood prescribed medication that made the patients ill, so they would return for a follow-up visit when he would prescribe medication to counteract the first. He billed Medicaid for the visits.
3. An executive director of a hospital used $1 million of grants and donations for personal expenditures.
4. A manufacturer of bone implants paid surgeons $8,000 per month under fictitious consulting agreements, and paid some surgeons phony research grants up to $18,000, if the surgeon selected the manufacturer's products.
5. In order to falsely bill Medicare, a hospice provider billed continuous home care for patients categorized by the Hospice provider as "terminally ill," even though home care was unnecessary for the patients. This action resulted in a civil penalty of $25 million.
6. A nurse at a prestigious university teaching stole over 14,000 oxycodone pills from an automated drug-dispensing machine over the course of one year.
7. A durable medical equipment (DME) provider hired teenagers to make unsolicited telephone calls to elderly Medicare beneficiaries asking them if they wanted a free arthritis kit. After obtaining the beneficiary's Medicare information, the provider billed Medicare $3000 for each kit. In total, the provider falsely billed $1.1 million.
8. A physician received discounts on a certain prescription drug due to their status as a healthcare provider. The doctor sold over $1 million of the drug to an intermediary, who then sold the drug to legitimate wholesalers. The intermediary falsified the documents listing the source of the drug.
9. A mental healthcare provider paid kickbacks to the owners of halfway houses in exchange for the referral of patients recovering from drug and alcohol abuse. In some cases, the patients received a portion of the kickbacks. The patients were placed in partial hospitalization programs for which they were not eligible, and the provider billed Medicare more than $200 million in unnecessary services.
10. A hospital administrator paid bribes and kickbacks to patient recruiters, owners of group homes and assisted living facilities, and other beneficiaries for patient referrals. The administrator billed Medicare $116 million for unnecessary services to these patients, or services never provided.
11. A pediatric surgery nurse had a substance abuse issue off and on for twelve years. He was found sleeping at work, unsteady on his feet, and with slurred speech. He admitted diverting Dilaudid and injecting himself at work.

12. An ambulance company billed for $800,000 in false transports.
13. A DME provider hired patient recruiters to obtain prescriptions for DME such as leg braces, arm braces, power wheel chairs and wheel chair accessories. Specifically, the patient recruiters obtained information from Medicare beneficiaries and used the information to acquire prescriptions for DME from the beneficiaries' primary care physicians that were not medically necessary. The company falsely billed Medicare $21 million.
14. Two major pharmaceutical companies marketed a prescription drug "off-label"—for uses not approved by the FDA or supported by clinical trials, and trained their salespeople to market the drug for unapproved uses. This activity resulted in a $1.5 billion fine to one company, $1.4 billion to the other.
15. A hospital limited the opportunity to work in their outpatient cardiac unit to only cardiologists contributing at least 2% annually to the hospital's revenues. The hospital was assessed a $108 million fine by the Department of Justice for violating an anti-kickback statute.
16. A hospital president and CEO paid a "consulting salary" to a government official in exchange for legislative favors. The president was convicted of fraud and conspiracy and sentenced to three years in prison.
17. A pharmaceutical company paid doctors commissions to prescribe their drug to patients, and also trained their salespeople to play "dodge ball" when doctors inquired about the drug's linkage to certain patient deaths. Subsequent fines, penalties, and lawsuit settlements cost the company over $6 billion.
18. A program supervisor at a not-for-profit community healthcare center transacted paychecks for developmentally and intellectually disabled residents of the facility under her supervision and used the cash to purchase gasoline, cigarettes, and other items for her own personal use and benefit.
19. Executives of a federally-qualified healthcare clinic under-reported income received from a managed care organization in order to artificially inflate reimbursements it received from the state Medicaid program.
20. Although not a trained or licensed medical practitioner, the owner of a pain clinic treated patients and prescribed narcotics by either forging the signatures of medical practitioners or encouraging medical practitioners to endorse prescriptions that he wrote for drugs such as oxycodone.
21. The owner of several adult daycare centers created a fictitious psychotherapy company, and used patient information to falsely bill Medicare for services never provided.
22. A pharmaceutical distributor sent the pharmacy counterfeit pills made of starch, salt, cleaning solvents, and other chemicals, but none of the genuine drug's active ingredient.