

Nevada recovers \$8.3 mil. in civil and criminal fraud cases

By Nevada News Bureau Staff

CARSON CITY – The U.S. Department of Justice recovered \$5.6 billion in civil and criminal fraud efforts in 2011, a 167 percent increase over 2008.

In Nevada, recoveries totaled \$8.3 million in 2011, a 137 percent increase over 2008 when \$3.5 million was recovered.

Of the \$5.6 billion recovered by DOJ in 2011, more than \$2.9 billion was in health care fraud, the agency reported.

Nevada was one of 21 states where recoveries more than doubled.

“All across the country, the Department of Justice continues to move aggressively to protect the American people from fraud,” Deputy Attorney General James Cole said. “In this past fiscal year, we recovered more money from fraudsters than ever before, over \$5.6 billion. These efforts not only send the message that those who commit fraud will be held to account, they also result in more dollars in the national treasury and demonstrate a high rate of return on the American taxpayers’ investment in the Justice Department.”

As a next step in an aggressive campaign to crack down on Medicare fraud, the Department of Health and Human Services will direct all Medicare prescription drug plans to use every tool at their disposal to prevent fraud. Patients sometimes “doctor shop,” visiting numerous doctors to get multiple prescriptions for OxyContin, Percocet, and other painkillers and narcotics. In some cases, these medicines are abused by

the patients. In others, patients sell the extra drugs.

OxyContin and Percocet abuse, prescription drug fraud, and so-called "doctor shopping" are major problems. The Government Accountability Office recently reported that "170,000 Medicare beneficiaries received prescriptions from five or more" doctors for drugs that are frequently abused, like OxyContin and Percocet.

While not all of these cases are fraudulent, some are. In 2008, for example, one Medicare beneficiary "received prescriptions for a total of 3,655 oxycodone pills [such as OxyContin]...from 58 different prescribers."

This week, HHS announced it has urged insurance companies to take every step possible to prevent such fraud. Specifically, HHS' guidance tells prescription drug plans to withhold payment on suspicious claims, including when enrollees use multiple doctors to obtain painkillers and narcotics.

Companies that offer prescription drug plans already process each of a patient's prescriptions. While HHS generally requires prompt payment, today's guidance clarifies that if a plan sees signs of suspicious activity, it should withhold payment to pharmacies until it verifies the claim is valid.