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Office of Inspector General
Department of Health and Human Services

Remarks: 2020 Health Care Fraud Takedown
Date: Wednesday, September 30, 2020

Thank you, Calvin.

Today's announcement is the result of the outstanding investigative effort of nearly 175 HHS-OIG agents and analysts working tirelessly across the nation with our partners to identify and disrupt this surge of fraud schemes. These fraud schemes preyed on Federal health care program beneficiaries and illegally diverted funds from these vital programs.

Thank you to the men and women of my agency, the Medicare Fraud Strike Force teams, our law enforcement partners, and the countless other professionals in both public and private health plans who continue to fight health care fraud, especially during this ongoing pandemic. I applaud your unwavering support of our shared mission.

Digital and health technology, including telemedicine, can be beneficial in fostering efficient, high-quality care when practiced appropriately and lawfully. Unfortunately, bad actors attempt to abuse telemedicine services to mislead beneficiaries about their health care needs and bill the government for illegitimate and wasteful services.

Since 2016, HHS-OIG has seen a significant increase in what we call "telefraud"—scams that leverage aggressive marketing and so-called telehealth services to commit fraud.

In response, we initiated a multi-pronged approach to identify and dismantle these fraud schemes and prevent future losses to Federal health care programs.

We worked closely with our partners at the Centers for Medicare and Medicaid Services', Center for Program Integrity — identifying emerging trends and suspicious providers so that HHS OIG and CMS could monitor how criminals were attempting to take advantage of Medicare.

This ongoing communication and collaboration allowed CMS to take the largest administrative action in history to avoid suspicious claims and revoke the billing privileges of providers involved in the schemes.

Additionally, we used data analytics and tips from our HHS OIG Hotline and boots-on-the-ground investigative intelligence to root out fraud committed by errant medical providers in a timely and innovative fashion.

These Medicare and Medicaid patients were preyed on by way of unsolicited phone calls, television commercials, internet pop-up advertisements, and other means ... all so that these providers and prescribers could profit.

In many cases, beneficiaries were led to believe that diagnostic or genetic testing, prescription medications, or medical equipment were required to improve their health conditions or statuses. However, those services were either never rendered or, when provided, potentially delayed beneficiaries' pursuit of appropriate treatment for medical concerns.

Instead of receiving quality care, these beneficiaries were victimized. Their health outcomes, as well as the Federal health care programs they depend on, were directly threatened.

Unfortunately, audacious schemes such as these are prevalent and often destructive. Therefore, collaboration is critical in our fight against health care fraud. In close coordination with our law enforcement partners, OIG will continue to protect the integrity of essential Federal health care programs and the millions of people who rely on them.

Thank you.

And now I'm going to turn it over to Tim McDermott, Assistant Administrator with the DEA.