

Creation of Health Care Fraud Unit in Chicago and Recent “Takedown” Shows Continued Emphasis on Health Care Fraud Enforcement

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On July 18, 2017, the United States Attorney’s Office for the Northern District of Illinois announced that it was creating a new unit located in Chicago within the office’s Criminal Division dedicated to prosecuting criminal health care fraud (the Health Care Fraud Unit). The office explained that it expected the unit, which will include five prosecutors, to build on its successful prosecution of numerous health care fraud cases in recent years and “bring even greater focus, efficiency and impact to [its] efforts in this important area.” The Health Care Fraud Unit will also build on the office’s previous prosecution of significant diversion of controlled substances cases, in line with the office’s emphasis on battling the opioid crisis. Other United States Attorney’s Offices may follow suit in creating such units. Chicago is also one of nine areas where a Medicare Fraud Strike Force team is located, which are inter-agency teams that focus on the worst offenders in health care fraud “hot spots.”

The week prior to the announcement of the new Health Care Fraud Unit in Chicago, there was a national health care fraud “takedown” involving more than 400 defendants allegedly responsible for \$1.3 billion in false billings to Medicare and Medicaid, which was the largest health care fraud enforcement action in the history of the Department of Justice and involved coordination among multiple federal and state agencies. While such “takedowns” occur on approximately a bi-annual basis, this one is notable for its size.

These events and others like them show the continued emphasis on combating health care fraud under the new administration. In Chicago and across the country, prosecution of criminal healthcare fraud cases will likely continue to increase, and civil health care fraud investigations and *qui tam* actions will also likely increase.

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