

Three Defendants Charged in Multi-Million Dollar Medicare Fraud Scheme

“Three individuals were charged today in connection with a multi-million dollar Medicare fraud scheme, bringing the total number of defendants to six,” reports the Department of Justice in *The United States Attorney’s Office District of Massachusetts*.

The three “were each charged by Information with one count of receiving kickbacks in connection with a federal health care program.” Two “were also charged by Information with violating the HIPAA statute.”

The papers claim defendants “sold Medicare patients’ personal and medical data ... worked with foreign call centers to contact Medicare patients to ask if they were interested in durable medical equipment (DME) such as arm, back, knee and shoulder braces ‘at little to no cost.’ The call centers collected demographic and insurance information from Medicare patients.” The defendants “received more than \$1.6 million... for the patient data.”

Read the article.