

**FACT SHEET: PHASE TWO
MEDICARE FRAUD STRIKE FORCE
LOS ANGELES METRO AREA**

The Medicare Fraud Strike Force's second phase began in Los Angeles in March 2008. Four teams of criminal prosecutors from the Criminal Division's Fraud Section and the U.S. Attorney's Office for the Central District of California worked with federal and state investigative agents from the Department of Health and Human Services - Office of Inspector General, the FBI, the California Department of Justice and Bureau of Medical Fraud and Elder Abuse, as well as the Los Angeles County Health Authority Law Enforcement Task Force to investigate and prosecute cases.

- In May 2008, DOJ and HHS announced the arrests of 11 defendants and unsealing of nine indictments involving \$13 million in fraudulent claims to Medicare.
- Charges brought against the defendants in these schemes included conspiracy to commit health care fraud, advertising or participating in a scheme to defraud a health care benefit program and aggravated identity theft. All indictments also sought forfeiture of the criminal proceeds.
- Targeted providers were associated with tens of millions of dollars in allegedly fraudulent claims submitted to Medicare for durable medical equipment (DME) supplies.

Key Phase Two Accomplishments: (to date)

- More than \$55 million in court-ordered restitution to the Medicare program in 21 cases filed involving 37 defendants charged with criminal health care fraud offenses.
- Twelve guilty pleas and one jury trial resulting in a guilty verdict on all counts.
- Cases involving 19 defendants are awaiting trial.
- Two sentences to prison, one for 54 months and the other for 21 months.
- Eleven other defendants have been convicted and are awaiting sentencing.



