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OIG Launch of Health Care Fraud “Most Wanted” List Another Sign of Provider Enforcement Risks

The Office of Inspector General (OIG) of the Department of Health & Human Services on February 3, 2011 expanded outreach to the public for help hunting down individuals wanted for health care fraud by launching its Most Wanted Fugitives List, OIG’s first-ever list of individuals sought by authorities on charges of health care fraud and abuse—to focus public attention on its most-wanted fugitives on February 3, 2011.

The Most Wanted Fugitives List [here](#) on the OIG Web site includes photos and profiles of each featured fugitive, an online fugitive tip form and the OIG hotline number to report fugitive-related information in either English or Spanish and details about changes to a fugitive’s status. According to OIG, the 10 individuals on this initial Most Wanted Health Care Fugitives List have allegedly cost taxpayers more than \$124 million in fraud. In all, OIG says it is seeking more than 170 fugitives on charges related to health care fraud and abuse.

Yet another signal of the heightened health care fraud enforcement emphasis and arsenal of OIG and the Department of Justice (DOJ), the Most Wanted Fugitives List is another reminder to health care providers of the advisability of tightening compliance practices and taking other steps to guard against ever expanding health care fraud exposures. Already a lead federal enforcement priority for more than a decade, HHS recently established the Center for Program Integrity within the Centers for Medicare & Medicaid Services (CMS) to focus on identifying and stopping fraud and acting swiftly to protect beneficiaries. CMS and OIG also have been working to interpret, implement and use expanded investigation, enforcement and penalties powers created under the Patient Protection & Affordable Care Act (Affordable Care Act) which among other things empower CMS to:

- Suspend payments to providers and suppliers based on credible allegations of fraud in Medicare and Medicaid;
- Impose a temporary moratorium on Medicare, Medicaid, and CHIP enrollment on providers and suppliers when necessary to help prevent or fight fraud, waste, and abuse without impeding beneficiaries’ access to care.
- Strengthen and build on current provider enrollment and screening procedures to more accurately assure that fraudulent providers are not gaming the system and that only qualified health care providers and suppliers are allowed to enroll in and bill Medicare, Medicaid and CHIP;
- Terminate providers from Medicaid and CHIP when they have been terminated by Medicare or by another state Medicaid program or CHIP;
- Require provider compliance programs, now required under the Affordable Care Act, that will ensure providers are aware of and comply with CMS program requirements.

Health care providers covered by federal false claims, referral, kickback and other health care fraud laws should consider auditing the adequacy of existing practices, tightening training, oversight and controls on billing and other regulated conduct, reaffirming their commitment to compliance to workforce members and constituents and taking other appropriate steps to help prevent, detect and timely redress health care fraud exposures within their organization and to position their organization to respond and defend against potential investigations or charges.

For More Information Or Assistance

If you need assistance reviewing or responding to these or other health care related risk management, compliance, enforcement or management concerns, the author of this update, attorney Cynthia Marcotte Stamer, may be able to help. Vice President of the North Texas Health Care Compliance Professionals Association, Past Chair of the ABA Health Law Section Managed Care & Insurance Section and the former Board Compliance Chair of the National Kidney Foundation of North Texas, Ms. Stamer has more than 23 years experience advising health industry clients about these and other matters. Ms. Stamer has extensive experience advising and assisting health care providers and other health industry clients to establish and administer compliance and risk management policies and to respond to DEA and other health care industry investigation, enforcement and other compliance, public policy, regulatory, staffing, and other operations and risk management concerns. A popular lecturer and widely published author on health industry concerns, Ms. Stamer continuously advises health industry clients about compliance and internal

controls, workforce and medical staff performance, quality, governance, reimbursement, and other risk management and operational matters. Ms. Stamer also publishes and speaks extensively on health and managed care industry regulatory, staffing and human resources, compensation and benefits, technology, public policy, reimbursement and other operations and risk management concerns including a number of programs and publications on OCR Civil Rights rules and enforcement actions. Her insights on these and other related matters appear in the Health Care Compliance Association, Atlantic Information Service, Bureau of National Affairs, World At Work, The Wall Street Journal, Business Insurance, the Dallas Morning News, Modern Health Care, Managed Healthcare, Health Leaders, and a many other national and local publications. You can get more information about her health industry experience [here](#). If you need assistance with these or other compliance concerns, wish to inquire about arranging for compliance audit or training, or need legal representation on other matters please contact Ms. Stamer at (469) 767-8872 or via e-mail [here](#).

Other Recent Developments

If you found this information of interest, you also may be interested in reviewing some of the following recent Updates available online by clicking on the article title:

- [OCR Requires Rhode Island DHS To Provide Translation, Other Services For Limited English, Other Language Impaired Accommodations](#)
- [Wage & Hour Law Settlements Highlight Rising Wage & Hour Risks of U.S. Employers](#)
- [Texas Suspension of Doctor, Pharmacy Highlights Pain Management Prescribing Risks](#)
- [Supreme Court Ruling Medical Resident Stipend Are Wages Highlights Advisability of Compliance Review](#)
- [CMS Physician Compare Tool Gives Patients New Info On Physicians & Other Providers](#)
- [President Signs Long-Sought Red Flag Rule Exemption Into Law](#)
- [Texas Suspension of Doctor, Pharmacy Highlights Pain Management Prescribing Risks](#)
- [Managed Care Executive Quotes Stamer On Implications Of Affordable Care Act Claims & Appeals Rules](#)
- [OIG Shares Key Insights On When Owners, Officers & Managers Face OIG](#)
- [DEA Cautions Practitioners Must Restrict Delegation of Controlled Substance Prescribing Functions, Urges Adoption of Written Policies & Agreements](#)
- [HHS announces new tools and resources from the Affordable Care Act to prevent fraud in Medicare, Medicaid and CHIP](#)
- [Rite Aid Agrees to Pay \\$1 Million to Settle HIPAA Privacy Case As Office of Civil Rights Proposes Tighter HIPAA Privacy & Security Regulations](#)
- [CMS Adopts ESRD Facility Prospective Payment System & Proposes New Quality Incentive Program](#)
- [Revised Joint Commission Medical Staff Bylaw Standard Requires New Collaboration, Other Updates](#)
- [OIG Special Fraud Alert Targets DME Telemarketing](#)
- [Health Care Providers Required to Improve Services for Limited English Speakers, Hearing Impaired as HHS Steps Up Enforcement of Federal Discrimination Laws](#)

If you or someone else you know would like to receive future updates about developments on these and other concerns, please be sure that we have your current contact information – including your preferred e-mail – by creating or updating your profile at [here](#) or e-mailing this information [here](#). To unsubscribe, e-mail [here](#).