From: Schmaler, Tracy (OPA)
To: Attorney General ; Grindler, Gary (OAG)
Sent: 9/7/2011 8:24:45 PM
Subject: RE: Press Conf Clips - Round 3

Here they come –reuters and cnn

Attorney General Eric Holder seeks distance from gun sting
6:40pm EDT

By Jeremy Pelofsky

WASHINGTON (Reuters) - Attorney General Eric Holder on Wednesday sought to distance himself and other senior Justice Department officials from a botched operation to track guns smuggled to Mexican drug cartels, saying they were not involved.

The Obama administration has been under scrutiny after revelations that as many as 2,000 guns were sold to suspected gun traffickers, not properly tracked and ended up at crime scenes in the United States and Mexico.

The operation, dubbed "Fast and Furious", was run by the Bureau of Alcohol, Tobacco, Firearms and Explosives and the U.S. Attorney's office in Arizona. Congressional Republicans have questioned who approved it and whether senior Justice Department officials were involved.

"The notion that somehow or other that this thing reaches into the upper levels of the Justice Department is something that, at this point, I don't think is supported by the facts," Holder told reporters.

The botched operation already has claimed the jobs of Ken Melson, acting director of the ATF, who was transferred to another Justice Department job, and the U.S. Attorney for Arizona, Dennis Burke, who resigned abruptly last week.

ATF officials and federal prosecutors had hoped the operation would help them follow the guns to cartel leaders. But ATF agents did not witness many of the purchases or track many of the guns after the initial purchaser resold them.

Holder questioned whether the congressional probe, led by Republicans in the House of Representatives and Senate, was politically motivated.

He admitted it was a "flawed enforcement effort," but said, "my hope would be that Congress will conduct an investigation that is factually based and not marred with politics."

Republican Senator Chuck Grassley denied any partisanship to the investigation. "We need to know exactly what happened and why. Then people need to be held accountable to make sure something so stupid never happens again," he said.

Two guns from the operation were found at the scene where a U.S. Border Patrol agent was shot dead in a shootout with illegal immigrants last December.

Holder: 'Fast and Furious' operation didn't reach DOJ 'upper levels'

Washington (CNN) -- In his first public comments since a personnel shakeup over the controversial "Fast and Furious" operation by the Bureau of Alcohol, Tobacco, Firearms and Explosives, Attorney General Eric Holder said ongoing investigations will find involvement did not reach "the upper levels" of the Justice Department.

During a televised Justice Department news conference, Holder acknowledged the ATF's gun-running operation designed to track weapons to Mexican drug cartels "was clearly a flawed enforcement effort."

But Holder rejected the idea investigators will find that either he or his top aides had any knowledge of the operation.

"The notion that this reaches into the upper levels of the Justice Department is something that at this point I don't think is supported by the facts and I think once we examine it and once the facts are revealed we'll see that's not the case," Holder told reporters.

The Justice Department Inspector General and the Republican-run House Governmental Affairs Committee are separately investigating the case. Both are expected to continue for several more months.

Holder also defended his decision to transfer rather than fire his ATF director, Ken Melson. "Ken has served this department well over the course of some three decades," Holder said.

From: Schmaler, Tracy (OPA)
Sent: Wednesday, September 07, 2011 06:30 PM
To: Schmaler, Tracy (OPA); Attorney General; Grindler, Gary (OAG); Richardson, Margaret (OAG); Moran, Molly (OAG); Cheung, Denise (OAG)
Subject: RE: Press Conf Clips - Round 2

The Medicare fraud articles are still dominating the coverage – most recent articles on top.

9/11 Anniversary

Atlantic Wire: Eric Holder – No "Credible" 9/11 Anniversary Terrorist Threats (September 7, 2011)

As the 10th anniversary for 9/11 approaches, Americans fear another terrorist attack might be in the works--bin Laden had even planned a commemorative attack. But Attorney General Eric Holder has said that the U.S. intelligence does not expect any violent events on Sunday, reports Reuters. "We don't have any credible, specific allegations of activity or threats of any kind of activity on September 11," Holder told reporters.

Yet, that doesn't mean the country won't be prepared, continued Holder. "We are being vigilant with regard to what is out there. We are prepared to respond to anything that we see." The Pentagon has raised the threat level at U.S. bases, The Associated Press reports. And security will be especially high in New York City where thousands of extra officers will be deployed. "The NYPD plans to form a zone around the World Trade Center for a Sunday observance that President Barack Obama and former President George W. Bush plan to attend. Along with extra officers -- the department won't reveal an exact number -- the security also will include hundreds of surveillance cameras trained on the site," Police Commissioner Raymond Kelly told the Associated Press.

http://www.theatlanticwire.com/national/2011/09/eric-holder-there-are-no-credible-911-anniversary-terrorist-threats/42195/

Medicare Fraud

Chicago Tribune: 4 here charged in nationwide Medicare fraud crackdown (September 7, 2011)

A South Barrington surgeon, a Lincolnshire nursing home director, a Chicago psychologist and his partner are among more than 90 people across the country charged with Medicare schemes that involved more than $295 million in false billing.

"The defendants charged in this takedown are accused of . . . jeopardizing the integrity of our health care system and

our nation's most critical health care program for personal gain," Attorney General Eric Holder said at a news conference in Washington, D.C.

The charges stemmed from an investigation by the Medicare Fraud Strike Force, which said this is the highest amount of false Medicare billings in a single crackdown.

The Chicago cases include:

-- Dr. John Natale, 62, a vascular surgeon who had privileges at Northwest Community Hospital in Arlington Heights. He was charged with submitting false claims and preparing fictitious medical reports that detailed medical procedures that did not occur or were more complex than those he actually performed, according to federal prosecutors..

Between August 2002 and October 2004, Natale sought Medicare reimbursement for aneurysm repairs he never performed, and falsely claimed to have performed more complicated repair of certain aneurysms, or weakened blood vessels, than he actually performed, according to the charges.

-- Keenan R. Ferrell, a licensed psychologist in Chicago, and Bryce Woods, who is not a medical professional but owned a company that claimed to provide psychotherapy services to Medicare beneficiaries in nursing homes in the Chicago area, according to prosecutors.

Between September 2003 and July 2011, Ferrell and Woods submitted false claims totaling more than $4.4 million to Medicare for psychotherapy services, and fraudulently obtained approximately $1,863,415 million, according to the charges.

Ferrell, 51, and Woods, 34, both of Chicago, allegedly billed Medicare for more psychotherapy sessions than had actually been performed. An indictment also alleges that they billed for services provided to deceased individuals.

-- Jay Canastra, director of admissions at The Wealshire, a nursing home in northwest suburban Lincolnshire. He was charged with accepting a $1,600 kickback in exchange for referring nursing home Medicare patients to a home health care agency in West Dundee.

Canastra, 38, of Vernon Hills, allegedly received the kickback from an agency that was authorized by Medicare to provide home heath services. Canastra allegedly accepted the payment in exchange for referring Medicare beneficiaries at his nursing home to the agency.

The U.S. attorney's office said there is no allegation that the nursing home or any other official there were aware of the kickback.

http://www.chicagotribune.com/news/local/breaking/chi-4-here-charged-in-nationwide-medicare-fraud-crackdown-20110907,0,5399323.story

Reuters: U.S. says 91 charged over $295 million in Medicare fraud (September 7, 2011)

U.S. authorities said on Wednesday they had charged 91 people, including doctors and nurses, for their alleged participation in Medicare fraud involving approximately $295 million in false billing.

Attorney General Eric Holder, Health and Human Services Secretary Kathleen Sebelius and FBI Executive Assistant Director Shawn Henry announced the charges in Washington, saying they resulted from coordinated operations in eight U.S. cities carried out by the Medicare Fraud Strike Force.

"From Brooklyn to Miami to Los Angeles, the defendants allegedly treated the Medicare program like a personal piggy bank," the head of the Justice Department's criminal division, Lanny Breuer, told reporters in Washington.

The anti-fraud sweep over the last two weeks involved some 400 law enforcement agents from the FBI, HHS-Office

of the Inspector General, multiple Medicaid Fraud Control Units, and other state and local law enforcement agencies.

Officials said the operations took place in Miami, Houston, Baton Rouge, Los Angeles, Detroit, Dallas, New York and Chicago.

Around half of the defendants were charged in Miami, the southeastern city widely viewed by law enforcement experts as the healthcare fraud capital of the United States.

The Miami defendants alone were accused of participation in fraud schemes involving a total of nearly $160 million in false billings for home and mental health services, occupational and physical therapy, HIV infusion, and other services.

"South Florida remains ground zero for healthcare fraud," John V. Gillies, FBI Special Agent in Charge, told reporters in Miami.

According to court documents, the defendants allegedly participated in schemes to submit claims to Medicare for treatments that were medically unnecessary and often never provided.

http://www.reuters.com/article/2011/09/07/us-usa-health-fraud-idUSTRE78669920110907?feedType=RSS&feedName=domesticNews

BBC: Medicare – 91 charged over $295m US health fraud (September 7, 2011)

Ninety-one people, including doctors and nurses, have been charged with making fraudulent US Medicare claims totalling $295m (£185m).

Some of the 91 are said to have billed the US government for health services to people who had already died.

Arrests were made in eight US cities, Attorney General Eric Holder said.

Medicare is a US government programme designed to help residents older than 65, or those who are permanently disabled, cover medical costs.

The arrests occurred over three weeks, with 70 people charged on Tuesday and Wednesday.

About 400 law enforcement officials were involved in the arrests, the justice department said.

"Some of the most vulnerable among us - including seniors suffering from dementia and Alzheimer's disease - were exploited by those willing to steal precious taxpayer resources," Mr Holder said at a news conference on Wednesday announcing the charges.

Florida fraud

The $295m total was the largest amount of false billing targeted by authorities since a joint team was set up by the Department of Justice and the Department of Health and Human Services in 2009, Mr Holder said.

Just under half of those charges came in Miami, considered a major centre for healthcare fraud.

The Miami charges included 24 defendants who allegedly paid recruiters to refer ineligible patients to a mental health centre.

Some were residents of halfway houses who were allegedly threatened with eviction if they did not attend the centre, court documents said.

Another fraudulent billing included an alleged $3.4m (£2.1m) of medically unneccessary physical therapy by two doctors in Brooklyn.

Joint teams have focused on stopping cases of Medicare fraud in nine cities across the country - arrests were eventually made in eight of those locations.

"The indictments announced today serve as a powerful reminder that Medicare fraud is a nationwide problem, " Assistant Attorney General Lanny Breuer added.

http://www.bbc.co.uk/news/world-us-canada-14831292

Journal Online: Local health care providers charged in fraud takedown (September 7, 2011)

An area vascular surgeon, three chiropractors, a psychologist and a nursing home admissions director are among seven defendants charged this week with participating in four separate, unrelated health care fraud schemes to defraud the Medicare program or private health insurers of millions of dollars, federal law enforcement officials announced today.

Three of the Chicago cases charging four defendants are part of a nationwide takedown by Medicare Fraud Strike Force operations, announced today by the Departments of Justice and Health and Human Services, that led to charges against 91 defendants for their alleged participation in schemes to collectively submit more than $295 million in fraudulent claims to the Medicare program. This coordinated takedown involved the highest amount of false Medicare billings in a single takedown in Strike Force history.

In Chicago, four defendants were charged in a criminal information and two indictments filed today and three defendants were indicted last week in U.S. District Court. The defendants were charged with various crimes, including health care fraud for allegedly defrauding the Medicare program, and violating the anti-kickback statute, which makes it illegal to offer or solicit kickbacks in exchange for referrals of Medicare patients. The charges involve various medical treatments and services such as surgery, nursing home care, chiropractic and psychotherapy services.

"The defendants charged in this takedown are accused of stealing precious taxpayer resources and defrauding Medicare - jeopardizing the integrity of our health care system and our nation's most critical health care program for personal gain," said Attorney General Eric Holder. "Our highly coordinated, nationwide Strike Force operations are working aggressively to combat Medicare fraud and our anti-health care fraud efforts have never been more innovative, collaborative, aggressive - or effective. We will continue to work with our law enforcement partners and partners across government to fight against health care fraud," he said.

"Today's action further demonstrates the commitment we announced earlier this year to ensure that dishonest medical providers do not profit from cheating Medicare and private insurers," said Patrick J. Fitzgerald, United States Attorney for the Northern District of Illinois.

Here are details of the cases:

United States v. John Natale

Dr. John Natale, a vascular surgeon who had privileges at Northwest Community Hospital in Arlington Heights, was charged in a five-count indictment returned today with defrauding Medicare by submitting false claims and by intentionally preparing fictitious medical reports that detailed medical procedures that he knew did not occur or were more complex than those he actually performed.

Natale, 62, of South Barrington, was charged with two counts of health care fraud, two counts of making false statements involving a health care benefit program and one count of mail fraud. He will be arraigned at a later date in U.S. District Court.

Between August 2002 and October 2004, Natale allegedly falsely sought Medicare reimbursement for aneurysm repairs that he never performed, and falsely claimed to have performed more complicated repair of certain aneurysms, or weakened blood vessels, knowing that the surgeries he had performed involved less complicated procedures. Natale allegedly used the proceeds of the fraudulently obtained Medicare payments for his own personal

benefit.

According to the indictment, surgical insertion of a graft above or in the immediate vicinity of the kidneys to repair a supra-renal or juxta-renal aneurysm is generally more complex than the surgical insertion of a graft below the kidneys to repair an infra-renal aneurysm. For at least five patients, Natale also allegedly prepared false medical reports that, among other things, contained extensive details about aneurysm repairs that he never performed, and falsely described the surgeries he did perform as being more complex and elaborate than they actually were.

United States v. Keenan Ferrell and Bryce Woods

Keenan R. Ferrell, a licensed psychologist in Illinois and at least a half-dozen other states, and Bryce Woods, who was not a medical professional in any field, owned and operated Take Action, Inc., and Inner Arts, Inc., which claimed to provide psychotherapy services to Medicare beneficiaries residing in skilled nursing homes in the Chicago area and elsewhere. Between September 2003 and July 2011, Ferrell and Woods allegedly submitted false claims totaling more than $4.4 million to Medicare for psychotherapy services, and fraudulently obtained approximately $1,863,415 million.

Ferrell, 51, and Woods, 34, both of Chicago, were each charged with nine counts of health care fraud in an indictment returned today. The indictment also seeks forfeiture of more than $1.8 million in alleged illegal proceeds. They will be arraigned at a later date in U.S. District Court.

According to the indictment, Ferrell and Woods submitted false claims to Medicare on behalf of patients living in skilled nursing homes under a Medicare provider number belonging to Ferrell claiming that he had provided 45-50 minutes of one-on-one psychotherapy to patients, when in fact, the treatment sessions were done by Woods, psychology graduate students recruited by Ferrell, or others with limited or no physician supervision.

Knowing that psychotherapy services were reimbursable by Medicare only when performed by an enrolled provider or when "incident to" the services of an enrolled provider, Ferrell and Woods allegedly arranged for Ferrell, who was an enrolled Medicare provider and licensed medical doctor, to authorize Inner Arts and Take Action to accept assignment of his claims to Medicare. Ferrell and Woods allegedly arranged with psychology graduate students and others to see patients at various skilled nursing facilities.

Ferrell, knowing that he needed to be present at nursing homes whenever a therapist conducted a session for Ferrell to be entitled to bill Medicare for services "incident to" his care, did not attend or otherwise participate in therapy sessions in the nursing homes, according to the indictment. As a result, Ferrell was not physically present and immediately available when Take Action and Inner Arts therapists purportedly were in nursing homes to render psychotherapy services, it adds.

As part of the scheme, Ferrell and Woods allegedly billed Medicare for more psychotherapy sessions than had actually been performed, regardless of the reimbursement code that was used. The indictment also alleges that they billed for services provided to deceased individuals.

United States v. Bradley Mattson, Steven Paul and Neelesh Patel

Three chiropractors, Bradley Mattson, Steven Paul and Neelesh Patel, who owned suburban clinics that provided chiropractic, medical and physical therapy services, were charged in a 23-count indictment with defrauding three private health insurance companies for more than a decade beginning in 1999. Mattson, Paul and Patel owned and operated Hawthorn Physical medicine in Vernon Hills, Woodfield Physical Medicine in Schaumburg, Stratford Physical Medicine in Bloomingdale, and Algonquin Physical Medicine in Lake-in-The-Hills, while Mattson and Paul also owned and operated Northshore Physical Medicine in Niles and Cumberland Physical Medicine in Norridge.

Mattson, 49, of Lake Forest, was charged with 19 counts of health care fraud; Paul, 40, of Northbrook, was charged with four counts of health care fraud; and Patel, 36, of Glenview, was charged with 15 counts of health care fraud. Mattson is scheduled to be arraigned next Tuesday and Paul and Patel are scheduled to be arraigned next Wednesday in U.S. District Court in Chicago.

According to the indictment, the defendants submitted false insurance claims to Blue Cross and Blue Shield of Illinois, Aetna and Humana for services that either were not medically necessary or that they did not provide to patients, including x-rays, MRIs, neurological diagnostic testing, and physical therapy services. Between 1999 and 2008, the defendants billed Blue Cross alone more than $18 million. The indictment does not specify the amount of the allegedly fraudulent claims or the amount that was fraudulently obtained from any of the three insurance carriers.

The defendants allegedly marketed the clinics through their company, ARC Health, at malls and employee health fairs that targeted individuals insured by certain health care benefit programs. They instructed ARC Health marketing employees to offer potential patients coupons that falsely advertised a free x-ray exam and a discounted office visit, which they actually later billed to the patients' insurance companies, the indictment alleges. As part of the fraud scheme, the defendants allegedly instructed their clinics' chiropractors to order neurological diagnostic testing and MRIs for patients, regardless of medical necessity, and then to falsify the patients' diagnoses so their health plans would cover additional visits for treatment.

Mattson alone allegedly received kickbacks from unnamed Individual A, who owned an unnamed MRI facility, in exchange for Mattson sending patients from the six clinics to Individual A's facility for MRI exams.

United States v. Jay Canastra

Jay Canastra, the director of admissions at The Wealshire, a nursing home in Northwest suburban Lincolnshire, was charged with accepting a $1,600 kickback in exchange for referring nursing home Medicare patients to a home health care agency in West Dundee.

Canastra, 38, of Vernon Hills, was charged with one count of violating the anti-kickback statute in a criminal information filed today in U.S. District Court. He will be arraigned at a later date.

According to the charge, on Dec. 4, 2009, Canastra received the $1,600 cash kickback from unnamed Individual A, who was a representative of unnamed Agency A, which was authorized by Medicare to provide home heath services. Canastra allegedly accepted the payment in exchange for referring Medicare beneficiaries at his nursing home to Agency A, in violation of the federal law that makes it illegal to exchange kickbacks in return for Medicare referrals. There is no allegation that the nursing home or any other official there were aware of the alleged kickback.

The charges in these cases carry the following maximum penalties on each count: health care fraud - 10 years in prison, and mail fraud - 20 years in prison, and both carry a $250,000 maximum fine, or an alternate fine totaling twice the loss or twice the gain, whichever is greater; and making false statements regarding a health care matter, and violating the anti-kickback statute - 5 years in prison and a $250,000 fine. If convicted, the Court must impose a reasonable sentence under the advisory United States Sentencing Guidelines.

The Medicare Fraud Strike Force operations, which expanded to Chicago in February 2011, are part of the Health Care Fraud Prevention & Enforcement Action Team (HEAT), a joint initiative announced in May 2009 between the Department of Justice and HHS to focus their efforts to prevent and deter fraud and enforce current anti-fraud laws around the country. Since their inception in March 2007, Strike Force operations in nine locations have charged more than 1,140 defendants who collectively have falsely billed the Medicare program for more than $2.9 billion. In addition, the HHS Centers for Medicare and Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

The results of the nationwide takedown were announced today by Attorney General Holder, HHS Secretary Kathleen Sebelius, FBI Director Robert S. Mueller, Assistant Attorney General Lanny A. Breuer of the Criminal Division and Inspector General Daniel R. Levinson of the HHS-OIG. Mr. Fitzgerald announced the Chicago charges together with Robert D. Grant, Special Agent-in-Charge of the Chicago Office of the Federal Bureau of Investigation; Lamont Pugh III, Special Agent-in-Charge of the Chicago Regional Office of the HHS-OIG, James Vanderberg, Special Agent-in-Charge of the Labor Department Office of Inspector General in Chicago; and Thomas P. Brady, Inspector-in-Charge of the Chicago Office of the U.S. Postal Inspection Service.

The public is reminded that indictments and informations contain only charges and are not evidence of guilt.

http://www.journal-topics.com/news/article_e5e3b4b4-d98e-11e0-802a-001a4bcf6878.html

National Journal: Feds Arrest 91 for Medicare Fraud (September 7, 2011)

The federal government indicted 91 people on Wednesday for Medicare fraud worth an estimated $295 million. Most were doctors and nurses in Miami, where Medicare fraud has been a special problem.

The Medicare Fraud Strike Force, a joint effort of the Health and Human Services and Justice departments, has been working hard to make high-profile arrests, as preventing Medicare fraud is an area the Obama administration has tried to highlight as a benefit of the 2010 health-reform law.

"Today's arrests are a powerful warning to those who would try to defraud taxpayers," Health and Human Services Secretary Kathleen Sebelius said in a statement. "And our efforts to stop criminals don't end here, because the Affordable Care Act gives us new tools to prevent Medicare fraud before it is committed."

The majority of charges were in Miami, totaling a potential $159 million in false billings for home health care, mental-health services, occupational and physical therapy, and large pieces of medical equipment. Additional charges were filed in Houston; Baton Rouge, La.; Los Angeles; Detroit; and other cities.

http://www.nationaljournal.com/healthcare/feds-arrest-91-for-medicare-fraud-20110907

Gov Info Security: 91 charged with Medicare fraud (September 7, 2011)

Federal authorities announced Sept. 7 that 91 individuals in eight cities have been charged with participation in **Medicare fraud** schemes involving about $295 million in false billing.

The charges are based on a variety of alleged fraud schemes involving various medical treatments and services, including home healthcare, physical and occupational therapy, mental health services, psychotherapy and durable medical equipment. The defendants are accused of such crimes as conspiracy to defraud the Medicare program, healthcare fraud, violations of the anti-kickback statutes and money laundering.

The arrests are a result of investigations by the Medicare Fraud Strike Force, formed by the Department of Justice and the Department of Health and Human Services, according to Attorney General Eric Holder. The strike force is part of the **Health Care Fraud Prevention & Enforcement Action Team**.

Fraud Schemes

The defendants allegedly participated in schemes to submit claims to Medicare for treatments that were medically unnecessary and, often, never provided, according to court documents. In many cases, indictments and complaints allege that patient recruiters, Medicare beneficiaries and other co-conspirators were paid cash kickbacks in return for supplying beneficiary information to providers so that the providers could submit fraudulent billing to Medicare for services that were medically unnecessary or never provided. Those charged include physicians, nurses, medical professionals, healthcare company owners and others.

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In the past week, about 400 law enforcement agents from the FBI, HHS Office of the Inspector General, Medicaid fraud control units and state and local agencies participated in what Holder portrayed as a "nationwide takedown."

In Miami alone, 45 defendants were charged with various fraud schemes involving a total of $159 million in false billings for a variety of services. For example, 24 defendants were charged with participating in a $50 million community mental health center fraud scheme. Those charged allegedly paid patient recruiters to refer ineligible beneficiaries to the mental health center. Some beneficiaries were residents of halfway houses who were allegedly threatened with eviction if they did not agree to cooperate, according to court documents.

http://www.govinfosecurity.com/articles.php?art_id=4029

The daily Beast: $295 Million Medicare Fraud Busted (September 7, 2011)

Medicare crime doesn't pay. On Wednesday the Justice Department charged 91 doctors, nurses, and other medical professionals in a crackdown on a Medicare fraud that spanned eight cities nationwide. The scheme racked up $295 million in fake bills. The crimes committed range from laundering funds to defrauding the program by violating anti-kickback statutes. "From Brooklyn to Miami to Los Angeles, the defendants allegedly treated the Medicare program like a personal piggy bank," the head of the Justice Department's criminal division said in a press conference.

http://www.thedailybeast.com/cheats/2011/09/07/295-million-medicare-fraud-busted.html

Houston Chronicle: Pair arrested in $62 million fraud scheme (September 7, 2011)

Two suspects in a $61.5 million Medicare billing scheme were indicted today as part of a national anti-fraud sweep.

The first, Jodi Leonore Latson, 45, was arrested and charged this morning with several counts of health care-related fraud for selling the names of Medicare beneficiaries to 100 home health care agencies here, resulting in $61.5 million in fraudulent payments, according to a news release issued by the U.S. Attorney's office in Houston.

The agency's release stated Latson is accused of compiling a list of Medicare beneficiaries and selling the names to home health care companies through Health Pro Resources LLC, her Medicare referral business between Jan. 2007 through November 2009.

According to the indictment, Health Pro Resource employees would recruit Medicare beneficiaries over the phone and then sell the list of the enrollees' names to home health care companies.

Latson, arrested today, was charged with one count of conspiracy to commit health care fraud, two counts of health care fraud, one count of conspiracy to pay or receive kickbacks and four counts relating to the payment and receipt of kickbacks. information to 100 different home health care agencies in exchange for illegal payments.

The second suspect named in an indictment unsealed today was 43-year-old Akinsunbo Akinbile, 43, of Richmond, Texas.

Akinbile was charged with eight counts of health care fraud in connection with a $737,770 scheme to defraud the Medicare program through the submission of fraudulent claims for health aids and heating pads between June 2007 and May 2009.

Akinbile, owner of Hallco Medical Supply in Houston, had faced two charges last February on February of identity theft. He has been on bond since that time, according to the U.S. Attorney's office.

The Houston arrests were part of an eight-city national arrest sweep today involving $290 million in fraudulent billings to Medicare, the nation's largest insurer for the elderly.

http://www.chron.com/news/houston-texas/article/Pair-arrested-in-62-million-fraud-scheme-2158952.php

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From: Schmaler, Tracy (OPA)
Sent: Wednesday, September 07, 2011 4:46 PM
To: Attorney General ; Grindler, Gary (OAG); Richardson, Margaret (OAG); Moran, Molly (OAG); Cheung, Denise (OAG)
Subject: Press Conf Clips - Round 1

The first round are focused on the news at hand – the HEAT takedown. Reuters did pick up on your 9/11 comments. Expect the ATF and F&F coverage to be in subsequent rounds.

9/11 Anniversary

Reuters: No credible threats for 9/11 anniversary – U.S. official (September 7, 2011)

There have been no credible threats against the United States for the anniversary of the September 11, 2001, attacks next week, U.S. Attorney General Eric Holder said on Wednesday.

"We don't have any credible, specific allegations of activity or threats of any kind of activity on September 11," Holder told reporters. "We are being vigilant with regard to what is out there. We are prepared to respond to anything that we see."

The Justice Department, FBI and other investigative agencies were prepared to respond to any threats that do emerge ahead of the anniversary, Holder said, adding that Americans should report any suspicious activity to local authorities.

He said there will be a visible increase in the presence of law enforcement authorities leading up to Sunday's anniversary.

"But as I said we have no specific credible allegations that are of concern to us now, but the threat is constantly there," Holder said.

http://www.reuters.com/article/2011/09/07/us-sept11-security-holder-idUSTRE78666W20110907

Medicare Fraud

BBC: Medicare – 91 charged over $295m US health fraud (September 7, 2011)

Ninety-one people, including doctors and nurses, have been charged with making fraudulent US Medicare claims totalling $295m (£185m).

Some of the 91 are said to have billed the US government for health services to people who had already died.

Arrests were made in eight US cities, Attorney General Eric Holder said.

Medicare is a US government programme designed to help residents older than 65, or those who are permanently disabled, cover medical costs.

The arrests occurred over three weeks, with 70 charged on Tuesday and Wednesday.

"Some of the most vulnerable among us - including seniors suffering from dementia and Alzheimer's disease - were exploited by those willing to steal precious taxpayer resources," said Mr Holder in a press conference on Wednesday.

The fraud was the largest amount of false billing targeted by authorities since a joint team was set up by the Department of Justice and the Department of Health and Human Services in 2009, Mr Holder said.

Joint teams have focused on stopping cases of Medicare fraud in nine cities across the country - arrests were eventually made in eight of those locations.

"The indictments announced today serve as a powerful reminder that Medicare fraud is a nationwide problem, " Assistant Attorney General Lanny Breuer added.

http://www.bbc.co.uk/news/world-us-canada-14831292

Bloomberg: U.S. Charges 91 in $295 Million Healthcare Fraud Crackdown (September 7, 2011)

Federal law enforcement officials charged 91 people with defrauding Medicare of about $295 million, said U.S.

Attorney General Eric Holder at a news conference in Washington.

The dollar value of the alleged frauds against Medicare, the health-insurance program for the elderly and disabled, is the largest prosecuted by the Justice Department, according to the agency.

Those charged include doctors and nurses and health-care clinic employees in seven states, the Justice Department said in a statement today.

Strike forces, used by the Justice Department and Health and Human Services Department to crack down on Medicare fraud since 2007, have charged more than 1,140 people with falsely billing Medicare for more than $2.9 billion, the statement said.

http://www.bloomberg.com/news/2011-09-07/u-s-charges-91-in-295-million-health-care-fraud-crackdown-1-.html

AP: 91 charged in Medicare fraud crackdown (September 7, 2011)

A nationwide law enforcement crackdown has resulted in charges against 91 people - including doctors and other medical professionals - for allegedly participating in Medicare fraud schemes involving $295 million in false billing.

Attorney General Eric Holder and Health and Human Services Secretary Kathleen Sebelius say charges were filed in Miami; Houston; Los Angeles; Chicago; Detroit; Baton Rouge, La.; and several other cities.

The attorney general said that those arrested are jeopardizing the integrity of the nation's health care system. Sebelius called the law enforcement initiative a powerful warning to those who would try to defraud taxpayers and Medicare beneficiaries.

http://www.forbes.com/feeds/ap/2011/09/07/general-us-medicare-fraud_8663362.html

The Hill: 91 people charged in Medicare fraud crackdown (September 7, 2011)

Federal officials announced Wednesday that they've charged 91 people with defrauding Medicare by nearly $300 million.

Officials from the Justice Department and the Health and Human Services Department announced the charges, which stem from investigations by a joint "strike force" that targets Medicare fraud.

The charges represent the single largest "takedown" since the Medicare Fraud Strike Force was formed in 2007, according to HHS.

Prosecutors unsealed indictments against 70 medical professionals Tuesday and Wednesday. Those 70 people are accused of participating in Medicare fraud schemes totaling roughly $264 million. A handful of other indictments over the past few weeks bring the total to $295 million.

Prosecutors say the defendants billed Medicare for services that weren't needed — and many that were never actually provided.

Most of the alleged schemes took place in Miami — already known as a hotbed of Medicare fraud.

http://thehill.com/blogs/healthwatch/medicare/179985-91-people-charged-in-medicare-fraud-crackdown

UPI: 91 people nabbed for Medicare fraud (September 7, 2011)

Arrests in U.S. cities netted charges against 91 people for in alleged Medicare fraud schemes involving $295 million in false billing, officials said.

The nearly eight dozen people arrested included doctors, nurses and other medical personnel, Attorney General Eric

Holder Jr. said Wednesday in describing what he said was the largest takedown for Medicare fraud in U.S. history.

"The defendants charged in this takedown are accused of stealing precious taxpayer resources and defrauding Medicare -- jeopardizing the integrity of our healthcare system and our nation's most critical healthcare program for personal gain," Holder said.

The Joint Medicare Fraud Strike Force, a multiagency team of federal, state and local investigators, spent the past week working with FBI, local law enforcement officials and other agencies in the takedown, the Justice Department said in a release. Besides the arrests, agents also executed 18 search warrants in ongoing strike force investigations.

Court documents indicate the defendants allegedly participated in schemes to submit claims to Medicare for treatments that were medically unnecessary and frequently never provided. The indictments and complaints also allege that patient recruiters, Medicare beneficiaries and other co-conspirators were paid kickbacks in return for supplying beneficiary information to providers so the providers could fraudulently bill Medicare.

The defendants are accused of numerous healthcare fraud-related crimes, including conspiracy to defraud Medicare, healthcare fraud, violations of the anti-kickback statutes and money-laundering.

"Today's arrests are a powerful warning to those who would try to defraud taxpayers and Medicare beneficiaries," Health and Human Services Secretary Kathleen Sebelius said. "[Our] efforts to stop criminals don't end here because the Affordable Care Act gives us new tools to prevent Medicare fraud before it is committed."

http://www.upi.com/Top_News/US/2011/09/07/91-people-nabbed-for-Medicare-fraud/UPI-33911315426383/

CBS: Feds tout largest Medicare fraud bust ever (September 7, 2011)

A nationwide law enforcement crackdown has resulted in charges against 91 people — including doctors and other medical professionals — for what authorities described as the largest bust for Medicare fraud in U.S. history, allegedly participating in schemes involving $295 million in false billing.

"At various positions, nurses and physicians violated their professions as well as the public trust," Attorney General Eric Holder told reporters, saying that charges included kickback schemes and money laundering.

"The charges are based on a variety of alleged fraud schemes involving various treatments and services that were not medically necessary - and, oftentimes, were never even provided," said the attorney general.

Holder and Health and Human Services Secretary Kathleen Sebelius say charges were filed in Baton Rouge, La.; Brooklyn, N.Y.; Chicago; Dallas; Detroit; Houston; Los Angeles and Miami.

In Miami, federal authorities charged 45 defendants, including a doctor and a nurse, with participating in various fraud schemes involving $159 million.

In one of the schemes in Miami involving more than $50 million in false billings, defendants allegedly paid patient recruiters to refer ineligible beneficiaries to a mental health center and in some instances beneficiaries who were residents of halfway houses were allegedly threatened with eviction if they did not agree to visit the mental health center.

In Baton Rouge, La., a doctor, nurse and five other co-conspirators were charged with billing Medicare more than $19 million for skilled nursing and other home health services that were not necessary or never provided.

The attorney general said that those arrested are jeopardizing the integrity of the nation's health care system. Sebelius called the law enforcement initiative a powerful warning to those who would try to defraud taxpayers and Medicare beneficiaries.

http://www.cbsnews.com/stories/2011/09/07/national/main20102766.shtml

Reuters: U.S. says 91 charged over $295 million in Medicare fraud (September 7, 2011)

U.S. authorities said on Wednesday they had charged 91 people, including doctors and nurses, for their alleged participation in Medicare fraud involving approximately $295 million in false billing.

Attorney General Eric Holder, Health and Human Services (HHS) Secretary Kathleen Sebelius and FBI Executive Assistant Director Shawn Henry announced the charges in Washington, saying they resulted from coordinated operations in eight U.S. cities carried out by the Medicare Fraud Strike Force.

The cases are being prosecuted by attorneys from the Fraud Section of the Justice Department and U.S. Attorney's Offices in Florida, Michigan, New York, Texas, California, Louisiana and Illinois.

http://newsandinsight.thomsonreuters.com/California/News/2011/09_-_September /U_S__says_91_charged_over_$295_million_in_Medicare_fraud/

CNN: Justice Department charges 91 in $295 million Medicare fraud scheme (September 7, 2011)

The Justice Department on Wednesday announced charges against 91 people including doctors, nurses and other medical professionals allegedly involved in a nationwide Medicare fraud scheme in eight cities totaling $295 million in false billing.

"The defendants charged in this takedown are accused of stealing precious taxpayer resources and defrauding Medicare – jeopardizing the integrity of our health care system and our nation's most critical health care program for personal gain," Attorney General Eric Holder said in a press release. "Our highly coordinated, nationwide Strike Force operations are working aggressively to combat Medicare fraud and our anti-health care fraud efforts have never been more innovative, collaborative, aggressive – or effective. We will continue to work with our law enforcement partners and partners across government to fight against health care fraud."

According to the Justice Department those charged are accused of a variety of fraud-related crimes including conspiracy to defraud the Medicare program, health care fraud, violations of the anti-kickback statutes and money laundering. The scheme involved home health care, physical and occupational therapy, mental health services, psychotherapy and durable medical equipment services, the Justice Department said.

"Today's arrests are a powerful warning to those who would try to defraud taxpayers and Medicare beneficiaries," Health and Human Service Secretary Kathleen Sebelius said in a press release. "These arrests illustrate close cooperation between the Medicare program that identified these fraudsters and the law enforcement officials who acted swiftly to cut them off. And our efforts to stop criminals don't end here because the Affordable Care Act gives us new tools to prevent Medicare fraud before it is committed – better protecting seniors and the integrity of the Medicare program for generations to come."

http://news.blogs.cnn.com/2011/09/07/justice-department-charges-91-in-295-million-medicare-fraud-scheme/