

JUSTICE NEWS

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Ambulance Company to Pay \$9 Million to Settle False Claims Act Allegations

Medical Transport LLC, a Virginia Beach-based provider of ambulance services, agreed to pay \$9 million to resolve allegations that it violated the False Claims Act by submitting false claims for ambulance transports, the Justice Department announced today.

“Those who benefit from federal health care programs must play by the rules,” said Acting Assistant Attorney General Chad A. Readler of the Justice Department’s Civil Division. “The Department of Justice is committed to ensuring that those whose conduct results in improper payments by the federal government will be held accountable.”

The government alleged that Medical Transport submitted false or fraudulent claims to Medicare, Medicaid, and TRICARE for ambulance transports that were not medically necessary, that did not qualify as Specialty Care Transports, and that were billed improperly to the federal health care programs when they should have been billed to other payers.

As part of the settlement, Medical Transport entered into a five-year Corporate Integrity Agreement (CIA) with the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG). This CIA is designed to promote compliance with the statutes, regulations, program requirements, and written directives of Medicare and all other federal health care programs.

“Allegations of illegally billing federal health care programs to increase revenue is a serious matter,” said U.S. Attorney Tracy Doherty-McCormick for the Eastern District of Virginia. “This agreement underscores our continued commitment to civil health care fraud enforcement.”

“Besides agreeing to being monitored for five years, Medical Transport is paying \$9 million to settle these government charges,” said Maureen R. Dixon, Special Agent in Charge for the Office of Inspector General of the U.S. Department of Health and Human Services. “The message to all providers invoicing government health programs should be clear: Fraudulently billing for services is bad business.”

Today's settlement was the result of a coordinated effort by the Civil Division's Commercial Litigation Branch, The U.S. Attorneys' Office for the Eastern District of Virginia, HHS-OIG, DCIS, the FBI, and the Commonwealth of Virginia's Office of the Attorney General.

The claims resolved by the settlements are allegations only, and there has been no determination of liability.

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Health Care Fraud

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