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District of Connecticut

FOR IMMEDIATE RELEASE

Monday, May 14, 2018

Ellington Psychiatrist and Mental Health Clinic Pay Over \$800,000 to Settle False Claims Act Allegations

United States Attorney John H. Durham and Connecticut Attorney General George Jepsen today announced that DR. ERUM SHAHAB and WAIRE, LLC, doing business as ELLINGTON BEHAVIORAL HEALTH ("EBH"), have entered into a civil settlement agreement with the federal and state governments in which they will pay \$805,071 to resolve allegations that they violated the federal and state False Claims Acts.

SHAHAB, a psychiatrist, is the owner of EBH, a psychiatric medical practice located in Ellington, Connecticut. As part of SHAHAB and EBH's treatment of patients with substance use disorders, SHAHAB and EBH regularly conducted urine drug screening tests on urine samples collected from patients treated at the practice. Urine drug screening tests use a single sample of a patient's urine to test for multiple classes of drugs. Although the test screens a patient's urine for multiple classes of drugs, Medicare considers it a single test that should be billed only once per patient encounter.

The government alleges that SHAHAB and EBH submitted claims to Medicare for multiple units of urine drug screening tests when they knew or should have known that only one unit of service could be billed per patient encounter. By coding their claims using multiple units instead of a single unit, SHAHAB and EBH received hundreds of thousands of dollars from the Medicare program that they were not entitled to receive.

In addition, the government alleges that SHAHAB and EBH submitted claims to the Medicaid program for urine drug screening tests when the urine samples were either never actually tested at all or were tested weeks or months after the samples were collected from the Medicaid beneficiaries.

To resolve the governments' allegations under the federal and state False Claims Acts, SHAHAB and EBH have agreed to pay \$805,071, which covers claims submitted to the Medicare program

from January 1, 2011 to September 30, 2013, and claims submitted to the Medicaid program from January 1, 2014 to June 30, 2014.

A complaint against SHAHAB and EBH was filed in the U.S. District Court in Connecticut under the qui tam, or whistleblower, provisions of the both the federal and state False Claims Acts. The relator (whistleblower), Dr. David Simon, a former employee at EBH, will receive a share of the proceeds of the settlement in the amount of \$99,113.

The whistleblower provisions of both the federal and state False Claims Acts provide that the whistleblower is entitled to receive a percentage of the proceeds of any judgment or settlement recovered by the government.

“Physicians and their medical practices must carefully code their claims, honestly bill for services, and ensure that taxpayers’ health care dollars are properly spent,” said U.S. Attorney Durham. “The U.S. Attorney’s Office and our federal and state investigative partners will hold to account all health care providers who submit false claims to federal health care programs.”

This matter was investigated by the U.S. Department of Health and Human Services, Office of Inspector General; the Federal Bureau of Investigation; the U.S. Postal Service, Office of Inspector General, and the Defense Criminal Investigative Service. The case is being prosecuted by Assistant U.S. Attorney Richard M. Molot, and by Assistant Attorney General Gregory O’Connell of the Connecticut Office of the Attorney General.

People who suspect health care fraud are encouraged to report it by calling 1-800-HHS-TIPS or the Health Care Fraud Task Force at (203) 777-6311.

Topic(s):

Health Care Fraud

Component(s):

USAO - Connecticut

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