

Relator Fees and Settlements in Managed Care Fraud Cases

In August Of 2019, the **whistleblower received \$850,000** when a Medicare Advantage Provider and Physician agreed to pay more than **\$5 million** to resolve allegations that they reported invalid diagnoses to Medicare Advantage plans and in doing so caused the plans to receive inflated payments from Medicare and increased their own share of payments received from the Medicare Advantage Organizations. *See* Press Release, Office of Pub. Affairs, U.S. Dep't of Justice, Medicare Advantage Provider and Physician to Pay \$5 Million to Settle False Claims Act Allegations (Aug. 8, 2019), <https://www.justice.gov/opa/pr/medicare-advantage-provider-and-physician-pay-5-million-settle-false-claims-act-allegations>.

In January of 2016, Centerlight Healthcare, a managed care company, agreed to pay **\$46.7 million** to settle civil claims that it billed Medicaid for services to individuals who attended or were referred by social adult day care centers and who were medically ineligible to participate in its managed long-term care plan. *See* Press Release, U.S. Atty's Office for the Southern Dist. of N.Y., U.S. Dep't of Justice, Manhattan U.S. Attorney Announces \$46.7 Million Settlement of Civil Fraud Claims Against Centerlight Healthcare For Enrollment of Ineligible Individuals in Medicaid Managed Long-Term Care Plan (Jan. 21, 2016), <https://www.justice.gov/usao-sdny/pr/manhattan-us-attorney-announces-467-million-settlement-civil-fraud-claims-against>.