

Medicare Fraud: Justice Department Intervenes in False Claims Act Whistleblower Case Regarding HCR ManorCare Nursing Facilities

Qui Tam (Whistle-Blower) Medicare false healthcare claims legal complaints and related documents were recently in a False Claims Act case against HCR ManorCare for alleged Medicare fraud committed by its skilled nursing facilities. HCR ManorCare, based in Ohio, is the second largest nursing home chain in the United States, with some 500 nursing homes, assisted living centers, rehab clinics and home health agencies.

The cases, filed by three separate healthcare fraud whistleblowers, allege that ManorCare defrauded the Medicare and Medicaid programs by providing, among other things, excessive and unnecessary skilled therapy in its nursing homes, including Physical, Occupational and Speech therapies. Christine Ribik, OTR/L, CHT, filed the first False Claims Act complaint in Alexandria Virginia Federal District Court on January 7, 2009. "It's been a long road for me," explains Ribik, "but we are very happy to see that the Justice Department is taking action on what has been a pervasive problem in the industry." As an Occupational Therapist, Ribik alleges that ManorCare up-coded the billing of nursing home skilled therapy to defraud Government programs out of millions of dollars in Medicare claims.

Per the Centers for Medicare & Medicaid Services (CMS) Publication *Laws Against Health Care Fraud Resource Guide* [external link to <http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/fwa-laws-resourceguide.pdf>], the False Claims Act establishes civil liability for offenses related to certain acts, including knowingly presenting a false or fraudulent claim to the government for payment, and making a false record or statement that is material to the false or fraudulent claim. It is estimated that the Government loses as much as 60 billion dollars a year to healthcare fraud.

Ribik worked at three different ManorCare nursing home facilities in Northern Virginia and alleges that she was pushed out after she started complaining about company Medicare billing practices. "The patients at ManorCare were not treated based on the patient's actual needs, but upon the corporate goal of pushing most patients into the highest billing category under Medicare, the Ultra High RUG," explains Ribik.

Christine Ribik is represented by Jeffrey J. Downey, a Washington, D.C., Healthcare Fraud/Qui Tam attorney. [link to: <http://www.whistleblowerlegalinfo.com>], who has previously sued Manor Care nursing facilities for nursing home neglect, abuse and medical malpractice. "Having previously seen examples of patient neglect at ManorCare nursing homes, I was not surprised to learn that they were also defrauding the Government out of Medicare dollars, through fraudulent healthcare claim submissions," explains Downey. "The Government's complaint provides some very compelling information and data on fraud, with ManorCare nursing homes pushing even dying patients into therapy. Some facilities had billed over 90% of their therapy population at the Ultra High level and one facility even hit 100%. Now that the Government has taken a stand against this type of fraud, we are hoping that other therapists or patients will come forward to tell their ManorCare stories," said Downey.

Left unchecked, this type of pervasive fraud threatens the fiscal integrity of the entire Medicare program. “The Justice Department and U.S Attorney’s office in Alexandria, Virginia have done an amazing job in investigating and prosecuting this matter,” explains Downey. Government attorneys involved in the case include Monika L. Moore, David Wiseman, Kevin Mikolashek, Michael D. Granston, Andy J. Mao, Jessica Weber, Allison Cendali and May L. Likoff.

Related video link:

<https://www.youtube.com/watch?v=pK-NIONdRWo>

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