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Florida Cardiologist and His Practice Pay Millions and Agree to Three Years of Exclusion to Resolve Alleged False Billings for Unnecessary Procedures and Illegal Kickbacks

An Ocala, Florida, cardiologist, Dr. Asad Qamar, and his practice, the Institute of Cardiovascular Excellence (ICE), will pay \$2 million, plus release any claim to \$5.3 million in suspended Medicare funds, to resolve a lawsuit alleging that they improperly billed Medicare, Medicaid and TRICARE for medically unnecessary procedures, and paid kickbacks to patients by waiving Medicare copayments irrespective of financial hardship, the Justice Department announced today. Dr. Qamar also agreed to a three-year period of exclusion from participating in any federal health care program followed by a three-year Integrity Agreement with the Department of Health and Human Services Office of the Inspector General (HHS-OIG). The settlement relates to two consolidated lawsuits in which the United States intervened on Dec. 22, 2014.

“Billing federal health programs for medically unnecessary procedures is unacceptable – not only does it waste taxpayer funds, but it also puts patients at risk,” said Principal Deputy Assistant Attorney General, Benjamin C. Mizer, head of the Justice Department’s Civil Division. “Today’s settlement evidences the Department of Justice’s firm commitment to protect public funds and to safeguard the well-being of federal health care program beneficiaries.”

The settlement resolves the government’s lawsuit claiming that Dr. Qamar and ICE billed Medicare, Medicaid and TRICARE for excessive, medically unnecessary and inadequately documented peripheral artery interventional services and related procedures. Many of the cardiovascular procedures for which Dr. Qamar and ICE billed Medicare and the other programs were not indicated by patients’ medical histories or records, or the severity of the patients’ symptoms.

The government also alleged that to help facilitate this false billing scheme, Dr. Qamar and ICE routinely and indiscriminately waived the 20 percent Medicare copayment, irrespective of the patient’s financial need. Medicare copayments assure that patients have an incentive to be smart healthcare consumers and avoid unnecessary procedures. By waiving the required copayments indiscriminately, Dr. Qamar and ICE induced patients to agree to unnecessary and invasive procedures and other services. Dr. Qamar’s and ICE’s illegal conduct made Dr. Qamar the highest paid Medicare cardiologist in the country in 2012 and 2013.

“Patient safety is of paramount importance,” said U.S. Attorney A. Lee Bentley III for the Middle District of Florida. “When a doctor performs medically unnecessary and invasive procedures on Medicare patients, federal healthcare programs are defrauded and, more importantly, patients’ lives and wellbeing are recklessly put at risk. This case shows our office’s steadfast commitment to holding medical providers personally responsible for their actions.”

“When medical professionals act on greed to perform unnecessary, invasive procedures on Medicare and Medicaid patients, both patient health and taxpayer funds are compromised,” said Special Agent in Charge Shimon R. Richmond of HHS-OIG. “Our agents and investigators will continue to work hard with our law enforcement partners to ensure that health care providers who engage in such illegal behavior are held accountable.”

The allegations resolved by today’s settlement were originally raised in two lawsuits filed pursuant to the *qui tam*, or whistleblower, provisions of the False Claims Act, which permit private parties to sue on behalf of the government when they discover evidence that defendants have submitted false claims for government funds and to receive a share of any recovery. The False Claims Act also permits the government to intervene in such lawsuits, as it has done in these cases. The cases are captioned *United States ex rel. Doe v. Institute of Cardiovascular Excellence, PLLC, ICE Holdings, PLLC, Dr. Asad Qamar, & Dr. Humera Qamar*, Case No. 5:11-CV-406-OC-KRS (M.D. Fla.); *United States ex rel. Taylor & the State of Florida v. Institute of Cardiovascular Excellence & Dr. Asad Qamar*, Case No. 8:14-CV-1454-T-35-EAS (M.D. Fla.). The relators Dr. Robert A. Green and Ms. Holly A. Taylor will receive \$1,327,721 as their share of the settlement.

This settlement illustrates the government’s emphasis on combating health care fraud and marks another achievement for the Health Care Fraud Prevention and Enforcement Action Team (HEAT) initiative, which was announced in May 2009 by the Attorney General and the Secretary of Health and Human Services. The partnership between the two departments has focused efforts to reduce and prevent Medicare and Medicaid financial fraud through enhanced cooperation. One of the most powerful tools in this effort is the False Claims Act. Since January 2009, the Justice Department has recovered a total of more than \$29.9 billion through False Claims Act cases, with more than \$18.3 billion of that amount recovered in cases involving fraud against federal health care programs.

This case was handled by the Commercial Litigation Branch of the Department of Justice’s Civil Division, the U.S. Attorney’s Office for the Middle District of Florida, HHS-OIG, and the Defense Health Agency on behalf of the TRICARE program. The claims asserted by the government are allegations only, and there has been no determination of liability.

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Topic:

Healthcare Fraud
StopFraud

Civil Division

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