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Feb. 17--REPORTING FROM WASHINGTON -- The federal government's Medicare Fraud Task Force brought criminal charges Thursday against doctors, nurses and healthcare company executives -- in all, 111 people in nine cities -- in what was billed as the nation's "largest-ever federal healthcare fraud takedown."

The defendants, including five in Los Angeles and 11 in Chicago, allegedly cheated the government out of a total of more than \$225 million in false billing schemes that included fraudulent claims, kickback operations, money laundering and identity theft.

The sweep of arrests was so massive that it took more than 700 federal agents from the FBI and the Department of Health and Human Services to round up the suspects, plus serve another 16 search warrants around the country in connection with ongoing strike force investigations.

"Our message is clear," said Assistant Atty. Gen. Lanny A. Breuer of the Department of Justice's Criminal Division. "We are determined to put Medicare fraudsters out of business."

Added Daniel R. Levinson, the HHS inspector general: "We will not tolerate criminals lining their pockets at the expense of Medicare patients and taxpayers."

The task force was launched in March 2007, and since then 990 people have been charged in false billing schemes totaling more than \$2.3 billion, with nearly 750 of them already convicted in court. In addition, in 2010 alone the joint federal, state and local task force recovered another \$4 billion in fines and other restitution payments on behalf of taxpayers that had been lost to corruption.

Those charges run the gamut of offenses. Some submitted claims to Medicare for treatments that were medically unnecessary or never provided. Some recruited patients for hospitals and doctor's offices, and then pocketed lucrative cash kickbacks.

Others set up phony schemes involving home healthcare, physical and occupational therapy, nerve conduction tests and prescription medicine. In one case, a podiatrist in Detroit allegedly billed the government for removing toenails that were never removed.

In Los Angeles, the five defendants allegedly schemed to defraud Medicare of more than \$28 million in false claims for medical equipment and home healthcare. In Chicago, the 11 defendants were connected to businesses that allegedly billed Medicare more than \$6 million for home healthcare, diagnostic testing and prescription drugs.

Other arrests went down in Brooklyn, N.Y.; Houston; Dallas; Miami; Tampa, Fla.; and Baton Rouge, La.

Breuer said that as the task force has become increasingly more sophisticated, many of the new cases developed quickly, some in as little as two months. "We're taking real data in real time and bringing the cases," he said.

Atty. Gen. Eric H. Holder Jr. said the average prison sentence has been 43 months -- a term he called "a pretty substantial hit."

Holder saw an extra benefit in keeping the task force running. "After these cases are announced," he said, "after these takedowns occur, we see pretty clearly substantial drops in the number of suspicious claims that are made. So I think the prosecution does have an important effect."

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