

[U.S. Attorneys](#) » [District of South Carolina](#) » [News](#)**Department of Justice**

U.S. Attorney's Office

District of South Carolina

FOR IMMEDIATE RELEASE

Wednesday, September 27, 2017

AnMed Health Agrees to Pay \$7 Million to Settle False Claims Act Allegations

Columbia, South Carolina-----AnMed Health, a South Carolina hospital based in Anderson, South Carolina, has agreed to pay over \$7 million to resolve allegations that it violated the False Claims Act by submitting false Medicare claims. The settlement announced today resolves allegations that AnMed Health knowingly disregarded the statutory conditions for submitting claims to the Medicare program for a variety of services, including radiation oncology services, emergency department services, and clinic services.

Specifically, the United States alleged that AnMed Health billed for radiation oncology services for Medicare patients when a qualified practitioner was not immediately available to provide assistance and direction throughout the radiation procedure, as required by Medicare regulations. The settlement also resolves allegations that AnMed Health systematically billed a minor care clinic as if it was an Emergency Department, and billed Emergency Department services as if they were provided by a physician when, in fact, the services were rendered by mid-level providers. Each of these billing practices resulted in higher reimbursements to AnMed Health.

“Our goal in pursuing Medicare fraud is not only to protect taxpayers, but also to ensure that Medicare beneficiaries receive the quality care they deserve,” said Barbara Bowens, Civil Chief for the U.S. Attorney’s Office for the District of South Carolina.

“This is another example of how the False Claims Act whistleblower provisions help protect the public’s interest,” said U. S. Attorney John Horn. “It also reflects our ongoing commitment to safeguard our federal health care programs and the vital care that they provide.”

“Protecting people with Medicare and guarding health resources are top priorities,” said Derrick L. Jackson, Special Agent in Charge for the Office of Inspector General of the U.S. Department of Health and Human Services. “Provider organizations seeking to increase profits at the expense of patients and taxpayers should expect such plans to be costly.”

The allegations settled today arose from a lawsuit filed in the Northern District of Georgia by a whistleblower formerly employed by AnMed Health, Linda Jainnney, under the whistleblower provisions of the False Claims Act. Under the Act, private citizens can bring suit on behalf of the government for false claims and share in any recovery. The lawsuit is captioned United States ex rel. Jainnney v. Anmed Health, et al., 1:12-cv-2941 (N.D. Ga.). Ms. Jainnney will receive \$1,202,500 of the United States' False Claims Act recovery. Ms. Jainnney will also receive \$850,136.50 from AnMed Health to resolve her wrongful termination claims under the False Claims Act.

This case was investigated by the U.S. Attorney's Office for the Northern District of Georgia, the U.S. Attorney's Office for the District of South Carolina, and the Department of Health and Human Services Office of the Inspector General.

The government's resolution of this matter illustrates the government's emphasis on combating health care fraud. One of the most powerful tools in this effort is the False Claims Act.

If you suspect Medicare or Medicaid fraud please report it by phone at 1-800-447-8477 (1-800-HHS-TIPS), or E-Mail at HHSTips@oig.hhs.gov.

#####

Topic(s):

False Claims Act

Contact:

Beth Warren (803) 929-3000

Component(s):

USAO - South Carolina

Updated September 27, 2017