

Four Whistleblowers Put Home Healthcare and Hospice Facilities' Medicare Fraud Scheme to Rest

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27 August 2024. Four whistleblowers in two separate qui tam actions brought a home healthcare company and its subsidiaries to justice. Intrepid U.S.A. and its subsidiaries resolved allegations that it violated the False Claims Act by agreeing to pay a [\\$3,850,000](#) settlement, based on its ability to pay. The whistleblowers, three of whom were former employees and one a former travel nurse for Intrepid, will receive almost 18% of the government's recovery as a reward for reporting the alleged Medicare fraud scheme.

Home Healthcare Fraud Allegations

The United States alleged that these violations occurred between 2016 and 2021, involving 19 home healthcare facilities and three hospice facilities operated by Intrepid. At the home healthcare facilities, Intrepid allegedly submitted claims to Medicare for patients who were not supposed to receive Medicare home healthcare benefits, and/or for services that were medically unnecessary, provided by unqualified staff, or not provided at all. At the hospice facilities, Intrepid allegedly billed Medicare for patients who were not eligible for hospice care or had become ineligible for hospice care.

Medicare's Home Healthcare and Hospice Coverage

As the Principal Deputy Assistant Attorney General said about the case, "Medicare's hospice and home healthcare benefits provide critical services to vulnerable patient populations across the country." Additionally, from the Special Agent in Charge of the Department of Health and Human Services Office of Inspector General: "Home health is designed to increase health care access for our most vulnerable populations with mobility limitations, while hospice care aims to provide comfort and relief for the terminally ill. Exploiting these systems for financial gain is intolerable." Medicare pays for home healthcare services if a healthcare provider certifies that a Medicare beneficiary is homebound, among other [criteria](#). Similarly, eligibility for hospice paid by Medicare also requires that a Medicare beneficiary meets certain criteria, including certification by a beneficiary's physician and a hospice physician that the beneficiary is "[terminally ill and have 6 months or less to live](#)." To submit claims to Medicare for home healthcare or hospice services for beneficiaries who were not eligible or for whom these services were medically unnecessary constitutes violations of the False Claims Act.

The Importance of Medicare Fraud Whistleblowers

Two separate [qui tam whistleblower lawsuits](#) were filed by former employees of Intrepid, who played an instrumental role in uncovering the fraudulent activities: one duo consisted of a former travel nurse and a former Director of Quality Assessment Performance Improvement and New Business Development. The second pair of whistleblowers were a former Director of Clinical Excellence and Integrity and a former Regional Manager of Clinical Excellence. Collectively, [the whistleblowers will receive](#) almost 18% of the settlement: the travel nurse and Director of Quality Assessment whistleblowers will receive \$333,985 and the former Clinical Excellence team members will receive \$359,014.

This recent False Claims Act settlement involving Intrepid highlights the critical role whistleblowers play in uncovering and addressing Medicare fraud. By standing up against unethical practices, whistleblowers protect both taxpayer funds and patient safety.

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