## Department of Justice

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## FORMER WESTERN NEW YORK DOCTOR CHARGED WITH LYING TO PUBLIC AND PRIVATE HEALTH INSURANCE COMPANIES AND <u>CRIMINAL CONTEMPT</u>

BUFFALO, N.Y.– U.S. Attorney William J. Hochul, Jr. announced today that a federal grand jury in Buffalo returned a seven-count indictment charging Fitzgerald Anthony Hudson, 52, currently of Dearborn Heights, MI, with making and using a false document in a health care matter, and criminal contempt. The false information charges each carry a maximum sentence of five years in prison and \$250,000 fine, while the criminal contempt charge also carries up to five years in prison at the discretion of the Court.

Assistant U.S. Attorney Aaron J. Mango, who is handling the case, stated that the indictment accuses the defendant of lying about his educational and employment history while he practiced emergency and family medicine in Allegany County, New York. The false statements were made in an effort to become an approved provider for various public and private health insurance entities and companies, including Medicare, Univera, and BlueCross and BlueShield of Western New York. As a matter of practice and regulation, only approved providers may bill health insurers for the treatment provided to patients covered by the specific insurance policy.

The indictment accuses the defendant of falsifying his educational and employment history in three respects. Specifically, the defendant did not report (i) that he had been dismissed from the Warren Hospital Family Practice Residency Program, located in Phillipsburg, New Jersey, in July of 2003 for academic incompetence; (ii) that he had his employment as an emergency room physician terminated at the Claxton-Hepburn Medical Center, located in Ogdensburg, New York, in June of 2008 for poor performance; and (iii) that he failed to earn an undergraduate degree from York University, in Ontario, Canada.

By virtue of supplying this false information, the defendant became an approved healthcare provider for the Medicare program, BlueCross and BlueShield, and Univera. From August 2008 through and including August 2010, the defendant rendered medical service to patients using insurance from each of these companies and Medicare. The first six counts of the indictment identify specific dates when various identified false statements were made to the companies and the Medicare program.

Regarding count seven, the Indictment alleges that on April 4, 2012 and August 23, 2012, the defendant was ordered by U.S. Magistrate Judge H. Kenneth Schroeder, Jr., not to bill the Medicare program for services rendered. However, from at least August 29, 2012, until at least October 11, 2012, Hudson billed and caused to be billed claims to Medicare for healthcare services.

The defendant was arrested today in Detroit, Michigan and had an initial appearance in the Eastern District of Michigan. Hudson is being held pending a detention hearing tomorrow. The government is continuing this investigation.

U.S. Attorney Hochul stated that "the Government's investigation into the actions of Fitzgerald Hudson continues. Any member of the public who has information regarding Hudson's practice of medicine in Allegany County is urged to contact either our Office, the local Office of Health and Human Services, or the FBI."

The indictment is the culmination of an investigation on the part of Special Agents of the Federal Bureau of Investigation, under the direction of Christopher M. Piehota, Special Agent in Charge and Special Agents of the U.S. Department of Health and Human Services, Office of Inspector General, Office of Investigations under the direction of Thomas O'Donnell, Special Agent in Charge.

The fact that a defendant has been charged with a crime is merely an accusation and the defendant is presumed innocent until and unless proven guilty.

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