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# **News Release**

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## **Brooklyn Park man charged with defrauding Medicaid**

MINNEAPOLIS – Yesterday in federal court, the owner of a home health care company was charged with fraudulently obtaining more than \$400,000 from Medicaid between 2008 and June of 2009. Joseph Vah Lavien, age 57, of Brooklyn Park, was charged via an Information with one count of health care fraud.

Lavien allegedly defrauded Medicaid, a health care benefit programs, by submitting reimbursement claims for personal care services that were not actually rendered. Since 2003, Lavien owned and operated Minneapolis-based Palm Healthcare Services, Inc. The business is required to submit Medicaid claims to the Minnesota Department of Human Services (“DHS”) for in-home personal care. The Medicaid program, which is a federal program administered in Minnesota by DHS, provides medical care and services to low-income people who meet certain income and eligibility requirements. The fraudulent reimbursements included billing for services not provided to patients, billing for more services than authorized, billing for more services than could be performed in a particular day or month, billing for supervision services rendered by an eligible provider, and submitting false records in support of reimbursement claims. The total estimated loss for Medicaid during the time period specified in the charges is \$412,227.17.

In addition, Lavien allegedly defrauded the MinnesotaCare insurance program, through which the State of Minnesota pays for insurance premiums of low-income residents. The total estimated loss for MinnesotaCare as a result of this fraud is \$83,939.

If convicted, Lavien faces a potential maximum penalty of ten years in prison. All sentences will be determined by a federal district court judge. This case is the result of an investigation by the Minnesota Attorney General's Office-Medicaid Fraud Control Unit, the Federal Bureau of Investigation, and the United States Department of Health and Human Services-Office of Inspector General (“HHS-OIG”). It is being prosecuted by Assistant U.S. Attorney Robert M. Lewis.

The U.S. Attorney's Office participates in a task force with the Medicaid Fraud Control Unit at the Minnesota Attorney General's Office that focuses on home health care fraud trends. The task force includes the HHS-OIG, the FBI, the Internal Revenue Service, and other federal, state, and local law enforcement partners.

As a result of federal convictions for health care fraud, defendants are excluded from participating in federal health benefit programs, including Medicare and Medicaid. Exclusion determinations are made by the U.S. Department of Health and Human Services. Nationwide, more than 3,000 individuals were excluded from program participation in Fiscal Year 2010 based upon criminal convictions or patient abuse or neglect, license revocations, or other factors.

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A defendant, of course, is presumed innocent until he or she pleads guilty or is proven guilty at trial.