



***United States Attorney
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LARGEST INTEGRATED HEALTHCARE NETWORK IN NEW YORK STATE
AGREES TO PAY \$2.95 MILLION IN MANHATTAN FEDERAL COURT
TO SETTLE MEDICARE FRAUD CHARGES

PREET BHARARA, the United States Attorney for the Southern District of New York, announced today that the United States has filed and, simultaneously, settled a civil health care fraud lawsuit against NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM, INC, NORTH SHORE UNIVERSITY HOSPITAL, and LONG ISLAND JEWISH MEDICAL CENTER (collectively, "NORTH SHORE-LIJ") for having submitted false claims for Medicare reimbursement. The settlement, approved Friday in Manhattan federal court by U.S. District Judge DENISE L. COTE, requires NORTH SHORE-LIJ to pay the United States \$2.95 million in civil damages under the False Claims Act.

NORTH SHORE-LIJ is the largest integrated healthcare network in New York State, and it is enrolled in Part A of the Medicare program. Medicare Part A reimburses hospitals for the costs of care for Medicare patients, such as the elderly and the disabled. In its complaint, the Government alleges that, from at least 1994 through 2001, NORTH SHORE-LIJ repeatedly billed Medicare Part A for costs that were not incurred in providing Medicare Part A services. The Government's complaint specifically alleges that, among other things, NORTH SHORE-LIJ billed Medicare for expenses associated with operating private physician offices and a pre-school. The complaint further alleges that, to obtain reimbursement for these costs, NORTH SHORE-LIJ provided the Government with false information and falsely certified compliance with Medicare rules and regulations that it had, in fact, violated.

NORTH SHORE-LIJ's conduct was first brought to the attention of the Government by a whistle blower, who filed suit in Manhattan federal court under the *qui tam* provision of the False Claims Act. The False Claims Act permits the United States

to intervene in cases originally commenced by private parties who have knowledge of fraud committed against the Government.

For more information on the Department of Justice's efforts to fight Medicare fraud, go to:
www.stopmedicarefraud.com.

Mr. BHARARA praised the investigative work of the U.S. Department of Health and Human Services ("HHS") in this case.

Manhattan U.S. Attorney PREET BHARARA stated: "Medicare fraud jeopardizes our healthcare system, deprives eligible patients of the care they deserve, and cheats taxpayers of their hard-earned money. With the assistance of whistle blowers and our partners at HHS, this Office will continue to fight the illegal appropriation of Medicare funds."

This case is being handled by the Office's Civil Frauds Unit. Assistant U.S. Attorneys REBECCA C. MARTIN and BRIAN M. FELDMAN are in charge of the case.

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