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OFFICE OF THE
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Florida Attorney General's Office News Release

AG Moody's Medicaid Fraud Control Unit Secures Nearly \$150,000 from Medical Equipment Supplier Lincare Inc.



TALLAHASSEE, Fla.—Attorney General Ashley Moody's Medicaid Fraud Control Unit secured nearly \$150,000 through a multistate action against Lincare Inc., a durable medical equipment supplier. The action resolves allegations that Lincare knowingly submitted, or caused to be submitted, false claims to various government health care programs, including Medicaid, for conduct related to its rentals of non-invasive home ventilation devices.

Attorney General Ashley Moody said, "This medical equipment supplier billed Medicaid in multiple states for rentals of items that were not being used by patients. Lincare's staff frequently failed to check on patients leasing home ventilation devices to ensure that patients were using the devices correctly or if the equipment was still needed. This caused Florida Medicaid to pay out for unnecessary equipment—causing a loss of taxpayer funds. Thanks to our Medicaid Fraud Control Unit, this company is now paying nearly \$150,000 back to Florida Medicaid."

The agreement resolves allegations that from Jan. 1, 2013, to Feb. 29, 2020, Lincare violated the federal and state False Claims Acts by knowingly submitting false claims for payment to the Medicaid program for NIV rentals. The agreement resolves these allegations—both when Lincare provided medically unnecessary NIV rentals and when Lincare did not maintain sufficient

documentation to show, or otherwise verify, continued use or continued need, in violation of the FCA and Lincare's own internal policies.

The multistate agreement results from a whistleblower lawsuit originally filed in the United States District Court for the Southern District of New York. Attorney General Moody's MFCU participated in the negotiations, along with a team from the National Association of Medicaid Fraud Control Units. In addition to Florida, the negotiating team included the states of California, Indiana, Pennsylvania, Texas, Virginia and Washington.

To view a copy of the multistate agreement, click [here](#).

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The Florida Attorney General's Medicaid Fraud Control Unit investigates and prosecutes providers that intentionally defraud the state's Medicaid program through fraudulent billing practices. Medicaid fraud essentially steals from Florida's taxpayers. Additionally, the MFCU investigates allegations of patient abuse, neglect, and exploitation in facilities receiving payments under the Medicaid program.

The Florida MFCU is funded through a grant totaling \$29,707,695 for Federal Fiscal Year 2024, from the U.S. Department of Health and Human Services-Office of Inspector General. The Federal Share of these funds is 75% totaling \$22,280,772. The State Matching Share of these funds is 25% totaling \$7,426,923 and is funded by Florida.