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OFFICE OF THE
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Florida Attorney General's Office News Release

Chronic Disease Health Care Provider to Pay Florida Medicaid Nearly \$600,000 For False Claims Act Violations



TALLAHASSEE, Fla.—Attorney General Ashley Moody’s Medicaid Fraud Control Unit secured nearly \$600,000 for Florida Medicaid from a chronic disease management health care provider. In a multistate action with Florida, Minnesota and the federal government, Bluestone Physician Services of Florida, LLC, Bluestone Physician Services, P.A. and Bluestone National, LLC agreed to pay millions of dollars for False Claims Act violations. Bluestone allegedly violated the federal False Claims Act, and the False Claims Acts of Florida and Minnesota, by submitting false or fraudulent claims for certain evaluation and management codes for services provided to chronic care patients in assisted living and other care facilities that did not conform to Medicare, Medicaid and TRICARE requirements. Florida Medicaid will receive \$593,038 as a result.

Attorney General Ashley Moody said, “This chronic disease management health care provider sought payments from Medicare and Medicaid for higher, more expensive levels of medical services than those actually performed and payments for medically unnecessary services. This type of activity results in the overpayment of taxpayer funds through these programs. Thanks to the hard work of our Medicaid Fraud Control Unit, we have secured a nearly \$600,000 payment to Florida Medicaid for these fraudulent claims.”

The multistate action resolves allegations that Bluestone submitted false claims for two evaluation and management codes, the domiciliary rest home visit code for established patients and the chronic care management code. The services billed did not conform with Medicare, Medicaid, and TRICARE requirements.

This action results from a whistleblower lawsuit originally filed in the United States District Court for the Middle District of Florida.

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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.