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OFFICE OF THE
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Florida Attorney General's Office News Release

Florida Attorney General's Office's Medicaid Fraud Control Unit Secures More Than \$2.2 Million for Florida Medicaid from Inpatient Behavioral Health Company



TALLAHASSEE, Fla.—The Florida Attorney General's Office's Medicaid Fraud Control Unit secured more than \$2.2 million for the Florida Medicaid program from Acadia Healthcare Company, Inc. Acadia, a health care provider based in Tennessee, alleged to have violated the Federal False Claims Act and the Florida False Claims Act by submitting false or fraudulent claims for inpatient behavioral health care to Medicaid and Medicare.

Acting Attorney General John Guard said, "Our Medicaid Fraud Control Unit, along with its colleagues in several states, has yet again done terrific work, holding accountable a health care company that sought to receive funds from the public fisc that it was not entitled. As they do every day, the Medicaid Fraud Control Unit will investigate, prosecute and recover public funds from those that engage in waste, fraud or abuse."

The agreement resolves allegations that the defendant's facilities admitted patients who were not eligible for inpatient treatment. It also resolved claims that Acadia failed to discharge patients who no longer needed inpatient care, leading to longer than needed inpatient stays. In addition, the settlement resolves allegations that the company provided inadequate staffing and failed to

adequately train or supervise staff, resulting in patient harm.

The investigation and settlement started from *two qui tam*, or whistleblower actions, originally filed in April 2017 in the United States District Courts for the Eastern District of Tennessee and the Middle District of Florida under the federal False Claims Act and various state false claims statutes. The states of Georgia, Michigan and Nevada also conducted investigations of Acadia.

As part of the overall settlement, the State of Florida will receive \$2,289,565.53 in restitution and other recoveries.

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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 \$30,510,157 for Federal Fiscal Year 2025, from the U.S. Department of Health and Human Services-Office of Inspector General. The Federal Share of these funds is 75% totaling \$22,882,620. The State Matching Share of these funds is 25% totaling \$7,627,537 and funded by Florida.