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Florida Attorney General's Office News Release

Millions Secured for Florida Following Health Care Investigation

TALLAHASSEE, Fla.—Attorney General Ashley Moody today announced that Florida will receive millions of dollars following a massive multistate health care fraud investigation. Florida, along with 49 states, territories and the federal government, settled allegations of fraud against Universal Health Services, Inc. UHS is a for-profit holding company that directly or indirectly owns the assets or stock of inpatient and residential psychiatric and behavioral health facilities that provide services to individuals, including beneficiaries of various federal health care programs, and UHS of Delaware, Inc., a subsidiary of UHS that provides management services to UHS and its subsidiaries.

UHS is based in King of Prussia, Pennsylvania and is one of the nation’s largest providers of hospital and health care services. The total value of the settlement is $117 million. Florida will receive approximately $3.7 million.

Attorney General Ashley Moody said, “Health care fraud hurts consumers, increases costs for patients and rips off taxpayers. I am proud of our attorneys, investigators, partner states and the federal government for their roles in this massive investigation that has led to a multimillion-dollar agreement that Floridians will benefit from. Hopefully this aggressive government action will deter future fraudulent behavior aimed at taking advantage of state and federal health care programs.”

The agreement resolves allegations that during the period from Jan. 1, 2007, through Dec. 31, 2018, UHS and certain enumerated UHS entities submitted or caused to be submitted false claims for services provided to Medicaid beneficiaries resulting from UHS’s:

- Admission of beneficiaries not eligible for inpatient or residential treatment;
- Failure to properly discharge beneficiaries when they no longer needed inpatient or residential treatment;
- Improper and excessive lengths of stay;
- Failure to provide adequate staffing, training and/or supervision of staff;
- Billing for services not rendered;
- Improper use of physical and chemical restraints and seclusion; and
- Failure to provide inpatient acute or residential care in accordance with federal and state regulations, including, but not limited to, failure to develop and/or update individualized assessments and treatment plans, failure to provide adequate discharge planning and failure to provide required individual and group therapy.

To view the agreement, click here.

The government agencies allege that UHS's conduct violated the Federal False Claims Act and the Florida False Claims Act, resulting in the submission of false claims to the Florida Medicaid program.

This agreement results from 18 whistleblower lawsuits originally filed in the U.S. District Court for the Middle District of Florida, Northern District of Illinois, Eastern District of Pennsylvania, Northern District of Georgia, Middle District of Georgia, Eastern District of Virginia, Western District of Virginia, Western District of Michigan and Eastern District of Michigan. Fourteen of the 18 whistleblower suits named at least one plaintiff state and all but three of the cases were transferred to the U.S. District Court for the Eastern District of Pennsylvania. A National Association of Medicaid Fraud Control Units Team participated in the investigation and settlement negotiations on behalf of the states and included representatives from the Offices of the Attorneys General for the states of California, Florida, Indiana, Massachusetts, North Carolina, Ohio, Texas and Virginia.