

## Our views: Curbing medical scams

### MIMA case shows why fighting fraud is key to reforms

A critical part of health reforms passed in Congress is curbing fraud and waste in Medicare and Medicaid to help pay for extending medical coverage to more of the nation's uninsured.

According to federal estimates, the programs racked up \$54 billion in improper payments in 2009 alone.

The Coalition Against Insurance Fraud says the number may actually top \$60 billion a year.

Much of that goes to unscrupulous medical professionals or contractors who game the system through duplicative billing and other criminal practices, taking taxpayer dollars intended to provide care to seniors and the poor to line their own pockets.

That's why Congress rightly made cracking down on fraud a key part of the health care overhaul, and why President Obama is putting in place new fraud-busting efforts such as expanded audits of health programs.

A perfect example of the abuses played out locally this week when Melbourne Internal Medicine Associates (MIMA), Brevard County's largest physician's group, and former radiation oncology chief Dr. Todd Scarbrough agreed to pay the government \$12 million to settle a case of alleged fraud.

According to the U.S. Justice Department, officials at MIMA Cancer Center filed thousands of false claims worth at least \$8 million in unnecessary, unsupervised and inflated radiation cancer treatments since 2002.

Brevard residents can thank whistleblower Fred Fangman, former director of radiation oncology at the center, for exposing the scheme through a False Claims Act suit he filed in 2008.

The details are sickening:

- According to the settlement agreement, MIMA officials used hand-held devices,



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automatic messaging and other methods to hide fraud.

Specifically, Scarbrough created a system to make it appear physicians were reviewing electronic images of procedures they weren't bothering to look at, justice officials said.

In some cases, he and another doctor were out of the country when they claimed to be supervising procedures.

- MIMA provided radiation therapy without a radiation oncologist on site or when the treatment wasn't justified, the government alleged.

- MIMA double billed and charged for services not performed.

- Top MIMA executives Dr. Joseph McClure, Al O'Connell and others knew about Scarbrough's sham practices, the government reported.

Incredibly, MIMA still denies the allegations, despite the mass of evidence accumulated by federal investigators.

That should fool no one.

The fact MIMA agreed to pay the stiff fine speaks for itself.

The case illustrates why tougher penalties and more aggressive efforts to root out fraud in federal health programs are needed.