Department of Justice

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TWO DALLAS AREA CLINIC WORKERS CHARGED IN $5.9 MILLION HEATH CARE FRAUD SCHEME

WASHINGTON – A federal grand jury indicted two clinic workers yesterday for their roles in a scheme involving approximately $5.9 million in allegedly fraudulent Department of Labor claims for unprovided drug screening and improperly coded physical therapy and report writing services.

Assistant Attorney General Brian A. Benczkowski of the Justice Department's Criminal Division, U.S. Attorney Erin Nealy Cox of the Northern District of Texas, Special Agent in Charge Monte A. Cason of the Department of Justice Office of the Inspector General (DOJ-OIG) Dallas Field Office, Special Agent in Charge Christopher Cave of the U.S. Postal Service Office of Inspector General (USPS-OIG) Southern Area Field Office, and Special Agent in Charge Steven Grell of the U.S. Department of Labor Office of Inspector General (DOL-OIG) Dallas Region, made the announcement.

Melissa Sumerour, 47, of Waco, Texas, and Latosha Morgan, 41, of Dallas, Texas were each indicted on one count of conspiracy to commit health care fraud.

According to the indictment, from January 2011 to March 2017, Sumerour, Morgan and their co-conspirators allegedly engaged in an "upcoding" scheme to bill DOL for more expensive services than those that were actually performed, if any. The defendants allegedly defrauded DOL of approximately $5.9 million through fraudulent worker's compensation claims. The indictment alleges that Sumerour and Morgan worked at clinics in Temple and Fort Worth, Texas, respectively, which treated almost exclusively DOL patients and that they routinely billed for higher reimbursable services in order to earn bonuses based on the percentage that their clinics billed.

The charges in the indictment are merely allegations and all defendants are presumed innocent until proven guilty beyond a reasonable doubt in a court of law.

The DOJ-OIG, USPS-OIG and DOL-OIG investigated the case. Assistant Chief Adrienne Frazior of the Criminal Division's Fraud Section is prosecuting the case.

The Fraud Section leads the Medicare Fraud Strike Force, which is part of a joint initiative between the Department of Justice and the U.S. Department of Health and Human Services (HHS) to focus their efforts to prevent and deter fraud and enforce current anti-fraud

laws around the country. Since its inception in March 2007, the Medicare Fraud Strike Force, which maintains 14 strike forces operating in 23 districts, has charged nearly 4,000 defendants who have collectively billed the Medicare program for more than $14 billion.

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