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Doctor and Office Manager Convicted for Health Care Kickback Conspiracy

A federal jury convicted a Pennsylvania man and woman today for a scheme to pay and receive kickbacks in exchange for the referral of prescription medications.

According to court documents and evidence presented at trial, Steven J. Valentino, 65, of Haverford, and Michele Miller, 53, of Swarthmore, a doctor and his office manager, respectively, participated in an incentivized prescribing scheme involving injured federal workers and Medicare beneficiaries. Valentino and Miller received kickbacks for referring, ordering, and arranging for medications – including expensive compound medications – to be filled by a Houston pharmacy. Between May 2013 and July 2017, the pharmacy billed the Department of Labor Office of Workers’ Compensation Program (DOL-OWCP) and Medicare approximately $2.5 million and was paid approximately $1.1 million for prescriptions referred, ordered, and arranged by Valentino and Miller in exchange for illegal health care kickbacks.

Valentino and Miller were both convicted of conspiracy to pay and receive health care kickbacks, and each was also convicted of two counts of receiving health care kickbacks. They are scheduled to be sentenced at a later date and face a maximum penalty of five years in prison. A federal district court judge will determine any sentence after considering the U.S. Sentencing Guidelines and other statutory factors.


DOL-OIG, USPS-OIG, and HHS-OIG investigated the case.

Acting Assistant Chief Debra Jaroslawicz and Trial Attorney Kelly M. Lyons of the Criminal Division’s Fraud Section are prosecuting the case.

The Fraud Section leads the Health Care Fraud Strike Force. Since its inception in March 2007, the Health Care Fraud Strike Force, which maintains 16 strike forces operating in 27 districts, has charged more than 4,200 defendants who have collectively billed the Medicare program for nearly $19 billion. In addition, the HHS Centers for Medicare & Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

Topic(s):
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Health Care Fraud

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Criminal Division
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