TEXAS WOMAN FOUND GUILTY FOR ROLE IN $5.5 MILLION FEDERAL WORKER’S COMPENSATION OVERBILLING SCHEME

WASHINGTON – A federal jury found a Texas woman guilty today for her role in a $5.5 million scheme to overbill the U.S. Department of Labor Office of Workers’ Compensation Program for physical therapy and other 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 Robert Bourbon of the U.S. Department of Justice Office of Inspector General’s (DOJ-OIG) Dallas Field Office, Special Agent in Charge Steven Grell of the U.S. Department of Labor Office of Inspector General’s (DOL-OIG) Dallas Regional Office, Special Agent in Charge Chris Cave of the U.S. Postal Service Office of Inspector General’s (USPS-OIG) Southern Area Field Office and Special Agent in Charge James Ross of the U.S. Department of Veterans Affairs Office of Inspector General’s (VA-OIG) Criminal Investigations Division—South Central Field Office and Special Agent in Charge Ray Rayos of the U.S. Army Criminal Investigation Command, Major Procurement Fraud Unit (MPFU), Southwest Fraud Field Office made the announcement.

After a five-day trial, before U.S. District Judge Karen G. Scholer of the Northern District of Texas, Melissa Sumerour, 48, of Lorena, Texas, was found guilty of six counts of health care fraud. Sentencing has not yet been scheduled.

According to evidence presented at trial, from approximately January 2011 to March 2017, Sumerour engaged in a scheme to defraud the Department of Labor’s Office of Workers’ Compensation Program by overbilling for physical therapy. The evidence established that the fraud, in which Sumerour billed for more physical therapy than was provided, cost the Office of Workers’ Compensation Program in excess of $5.5 million.

One other defendant has been charged in this matter. Latosha Morgan, 42, of Grand Prairie, Texas, pleaded guilty and is scheduled for sentencing in March 2020.

This case was investigated by DOJ-OIG, DOL-OIG, USPS-OIG, VA-OIG, and Army CID-MPFU. Trial Attorney Brynn Schiess and Counsel Amy Markopoulos of the Criminal Division’s Fraud Section are prosecuting the case.

The Fraud Section leads the Medicare Fraud Strike Force. Since its inception in March 2007, the Medicare Fraud Strike Force, which maintains 15 strike forces operating in 24 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.

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