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IMMEDIATE RELEASE

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Physician Group and Related Company Agree to Repay Over \$800,000 to Medicare for Unnecessary Services

United States Attorney Matthew D. Krueger announced today that VPA, P.C. (VPA), and its management services affiliate, U.S. Medical Management (USMM), have agreed to pay \$829,611 to the United States to resolve allegations that VPA and USMM billed Medicare for unnecessary physician visits.

VPA provides physician services for the elderly and other adults at their residences in twelve states, including Wisconsin. USMM provides management services for VPA, including billing services. The United States alleges that VPA and USMM routinely caused VPA's physicians to conduct patient visits that were not medically necessary and then billed Medicare (through USMM) for those unnecessary visits. The government contends that VPA and USMM thus obtained over \$800,000 from Medicare to which they were not entitled. The visits at issue occurred in Wisconsin from January 1, 2013 through March 31, 2016. VPA and USMM have agreed to repay Medicare for these visits.

"This settlement ensures that medical providers bill the Medicare program only for services that patients truly need," stated United States Attorney Krueger. "It also ensures that the Medicare program will recoup its losses."

"Medicare providers are not entitled to charge Medicare for services that patients do not need," said Lamont Pugh III, Special Agent in Charge, U.S. Department of Health and Human Services, Office of Inspector General - Chicago Region. "The OIG will continue to work with our federal, state and local partners to protect vital taxpayer dollars."

Assistant United States Attorney Michael Carter represented the government in this matter, and the OIG assisted in the investigation. The settlement agreement states allegations only; the defendants do not admit liability for the allegations.

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