

## Compassionate Home Care Services Hit With \$3 Million Federal Court Judgment

By Administrator

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A federal court awarded a nearly \$3 million judgment against Compassionate Home Care Services, Inc., Carol Anders, and Ryan Santiago for their participation in a fraud on the North Carolina Medicaid program in violation of the federal and North Carolina False Claims Acts.

The evidence at trial showed that between 2008 and 2013, Compassionate Home Care Services, Inc. billed the North Carolina Medicaid program \$585,082.73 in fraudulent claims, including not only claims for services provided in violation of Medicaid policies, but also claims for services that were never provided at all. Anders ran the company and was responsible for the false billings. Worse, when the government began investigating, Anders and her son, Santiago, falsified hundreds of documents in an effort to conceal the fraud.

The federal and North Carolina False Claims Acts mandate that the government recover three times the damages caused by the fraud, plus civil penalties for every false or fraudulent claim. Applying those provisions and other applicable law, Chief United States District Judge James C. Dever, III awarded the government a judgment of \$2,921,248.19.

Before the trial, Chief Judge Dever found that the defendants were liable for their participation in the scheme, concluding that the defendants “knowingly billed for services not rendered, knowingly billed for certain services provided to patients by unlicensed, non-certified aides, and knowingly billed for services provided to patients by close family members.” Chief Judge Dever also found that the defendants “falsified documents to conceal their obligation to repay the government and used false documents to support false claims previously submitted.”

“These defendants,” U.S. Attorney Higdon stated, “defrauded taxpayers of this State and this Country out of more than \$500,000. They bilked a Medicaid program that is designed to protect children, the elderly, and the poor.” Mr. Higdon warned that “we will not tolerate providers who seek to fill their coffers with funds allotted to help people in need. We will not allow providers to undermine the solvency of our government programs to satiate their greed. We will continue to use every tool in our arsenal to aggressively pursue health care fraud, and to recover the taxpayer dollars lost to it.”

“When North Carolina’s taxpayers pay into the Medicaid program, they expect that money to be used correctly for people’s health care,” said North Carolina Attorney General Josh Stein. “Instead, these defendants defrauded taxpayers by charging for services that were not provided. My office takes Medicaid fraud seriously, and we will continue to fight against misuse and waste.”

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The investigation of this case was conducted by Financial Investigators and sworn agents of the North Carolina State Bureau of Investigation assigned to the Medicaid Investigations Division of the North Carolina Attorney General's Office, and Special Agents with the U.S. Department of Health and Human Services, Office of Inspector General. The Robeson County Sheriff's Department provided substantial assistance in the investigation. The investigation and prosecution of this matter was handled in a partnership between the United States Attorney's Office of the Eastern District of North Carolina and the Medicaid Investigations Division of the North Carolina Attorney General's Office. Special Deputy Attorney General Stacy Race and Assistant Attorney General Lareena Phillips, both of whom also serve as Special Assistant United States Attorneys, and Assistant United States Attorney Michael Anderson, represented the United States of America and the State of North Carolina in this case.