CLIENT ALERTS & INSIGHTS

DOJ Announces 2026 National Health Care Fraud Takedown: 455 Defendants Charged in $6.5 Billion Enforcement Action

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Featured Practices: Healthcare, White Collar, Government Investigations & Regulatory Compliance

Key Takeaways

- **Unprecedented scale and coordination:** Department of Justice's ("DOJ") 2026 National Health Care Fraud Takedown (the "Takedown") charged 455 defendants tied to $6.5B in alleged fraud, highlighting a "whole-of-government" and international enforcement approach as it relates to combatting fraud in healthcare.
- **Technology-driven enforcement:** Advanced data analytics and interagency data sharing are central to identifying fraud patterns, with regulators proactively detecting anomalies, and acting faster than before.
- **Heightened risk for providers and individuals:** DOJ is prioritizing patient harm, individual accountability, and aggressive penalties, including asset forfeiture, making strong proactive compliance programs and internal audits essential.

Overview

On June 23, 2026, the Department of Justice ("DOJ") announced its 2026 National Health Care Fraud Takedown (the "Takedown"), resulting in charges against 455 defendants, including 90 doctors and other licensed medical professionals.[1] The defendants are alleged to have participated in health care fraud and opioid abuse schemes involving over $6.5 billion in false claims.[2] DOJ described the enforcement action as representing "a new era in federal, state, and international cooperation to combat health care fraud."[3]

This year's Takedown spans 56 federal districts and 45 U.S. states and territories and includes participation from 50 state Medicaid Fraud Control Units. The federal government has embraced this "whole-of-government" approach since its announcement of the National Fraud Task Force[4] and most recently, the creation of the Federal-State partnership at the state level in Ohio.[5] This Takedown is one is one of many actions reinforcing this administration's plan to combat fraud.

Key Consequences for Enforcement Actions

The Takedown targeted multiple fraud schemes and government agencies, including:

- **Centers for Medicare and Medicaid Services ("CMS") Actions:** CMS suspended 1,079 providers and revoked billing privileges for 1,403 providers.[6] The Takedown involved the largest number of Medicaid fraud defendants and Medicaid fraud losses charged in DOJ history with 295 defendants and over $518 million in false Medicaid claims.[7]
- **U.S. Department of Health and Human Services, Office of Inspector General ("HHS OIG") Actions:** 48 Civil Monetary Payment settlements totaling over $73 million, over 1,400 provider exclusions, and 25 actions under the Civil Monetary Penalties Law seeking more than $10 billion in payments to the Medicare Trust Fund.[8]
- **Civil Enforcement:** Civil charges against 13 defendants for $14.8 million in health care fraud schemes, plus civil settlements with 31 defendants totaling $23 million.[9]
- **DEA Actions:** 928 administrative cases seeking revocation of authority to handle or prescribe controlled substances since October 1, 2025.[10]

This Takedown targeted different types of fraud, such as:

Wound Care Allograft Fraud. Eleven defendants were charged across six districts in connection with billions of dollars in fraudulent claims for amniotic wound allografts.[11] In one scheme, providers billed Medicare over $4 billion for allografts sold at a 2,000% markup, with illegal kickbacks of approximately 40% allegedly driving medically unnecessary treatments.[12] Defendants allegedly targeted hospice patients and applied allografts without proper medical oversight.[13] Seized assets included a $594,000 Ferrari, an $865,000 Bulgari necklace, and funds used to construct a $4.6 million beach resort in Asia.[14]

Hospice Fraud. In one case, a hospice owner allegedly paid kickbacks to a funeral home employee in exchange for deceased Medicare beneficiaries' information.[15] The defendant then allegedly billed Medicare for hospice services never provided, creating fake backdated medical records to deceive data analytics systems designed to detect fraud.[16]

Medicaid Behavioral Health Fraud. A defendant in Illinois "allegedly submitted claims to Medicaid for over 500 hours of counseling and therapy services per day," far exceeding what staff could provide even working around the clock.[17] The defendant allegedly "diverted over $27 million to brokerage accounts, $10 million to a luxury car dealership," and millions more to real estate and luxury items. He was arrested at the airport attempting to flee the country.[18]

Patient Harm Cases. DOJ emphasized cases involving patient harm. In one scheme, a medical director allegedly conducted unnecessary cardiovascular tests on student athletes and falsified diagnoses.[19] Despite knowing patients could be at risk, the defendant allegedly approved test results without proper review.[20] One student athlete died from complications related to an enlarged heart after the defendant signed off on results as normal within approximately 11 seconds.[21]

Opioid Diversion.

In total, "36 defendants, including 28 licensed medical professionals, were charged in connection with alleged illegal diversion of prescription opioids."[22] In one case, "defendants allegedly operated a voicemail refill line allowing patients to receive Schedule II controlled substance prescriptions" without any patient interaction, even after some patients suffered fatal overdoses.[23]

International Fugitives

The Takedown demonstrated unprecedented international cooperation. Key apprehensions included:

- A defendant apprehended in Kyrenia (Turkey) in connection with a $3.7 billion durable medical equipment fraud scheme.[24]
- Two defendants apprehended in Estonia and extradited in connection with a previously charged $10.6 billion scheme.[25]
- A Federal Bureau of Investigations ("FBI") Most Wanted Fraudster apprehended in the Philippines just four days after the FBI's Most Wanted Fraudster list was announced, in connection with a $1.2 billion telemedicine fraud scheme.[26]
- Two new additions to the FBI's Most Wanted Fraudsters List, including one defendant believed to be in the United Arab Emirates (wanted in a $547 million genetic testing fraud scheme) and another who fled to Vietnam via private charter using a fake passport (wanted in a $90 million genetic testing fraud scheme).[27]

Enhanced Data Analytics

DOJ emphasized its increasing reliance on advanced data analytics to identify and prosecute health care fraud.[28] The Health Care Fraud Unit's Data Fusion Center, comprised of experts from the Unit's Data Analytics Team, HHS OIG, FBI, and other agencies, played a central role in many of the cases announced.[29] DOJ also announced new data sharing agreements with CMS, the Department of Homeland Security, and the Federal Trade Commission aimed at improving fraud detection capabilities.[30]

CMS Administrator, Dr. Mehmet Oz, stated: "CMS is done playing catch up. We're deploying advanced data analytics to expose fraud networks, freeze suspicious payments, and shut down bad actors before they can do damage to the programs that millions of Americans depend on."[31]

Key Insights for Health Care Providers

This enforcement action signals several important trends for health care providers and compliance professionals:

- **Increased Medicaid Scrutiny:** DOJ has been authorized to investigate Medicaid fraud nationwide, and this Takedown reflects a dramatic increase in Medicaid enforcement. Providers billing Medicaid should ensure robust compliance programs are in place.

- **Data Analytics Are Driving Investigations:** The government is using sophisticated data analytics to identify outlier billing patterns, impossible day scenarios (billing for more services than could physically be provided), and other red flags. Providers should conduct internal audits to identify and address any billing anomalies.
- **Patient Harm Is a Priority:** DOJ emphasized cases involving patient harm, including death. Providers should ensure that billing practices do not compromise patient care or safety.
- **No Safe Haven Abroad:** The international apprehensions demonstrate that fleeing the country will not insulate defendants from prosecution. DOJ is building international partnerships to pursue health care fraud fugitives globally.
- **Individual Accountability:** Consistent with other updated policies and priorities,[32] DOJ is targeting not only corporate actors but also individual bad actors, including medical professionals, executives, and marketers. Licensed professionals face both criminal prosecution and administrative actions affecting their ability to practice.
- **Asset Forfeiture Is Aggressive:** The seizure of over $182 million in assets, including luxury items, demonstrates the government's commitment to recovering fraud proceeds. Providers and executives should be aware that ill-gotten gains will be pursued.

If you have questions about healthcare fraud enforcement, compliance programs or internal investigations, please contact your Benesch attorney. Benesch's Healthcare and White Collar, Government Investigations & Regulatory Compliance groups are here to help.

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[1] Press Release, Dep't. of Justice, National Health Care Fraud Takedown Results in 455 Defendants Charged in Connection with Over 6.5 Billion in Alleged Fraud (June 23, 2026), https://www.justice.gov/opa/pr/national-health-care-fraud-takedown-results-455-defendants-charged-conn

[2] *Id.*

[3] *Id.*

[4] Christopher T. Grohman, *White House Announces Creation of New National Fraud Enforcement Division*, Benesch (Jan. 27, 2026), https://www.beneschlaw.com/insight/white-house-announces-creation-of-new-national-fraud-enforcement-

[5] Marisa T. Darden, et al., *Feds Set Their Sight on Ohio: Unpacking the Federal-State Partnership*, Benesch (June 22, 2026), https://www.beneschlaw.com/insight/feds-set-their-sights-on-ohio-unpacking-the-federal-state-partnership

[6] Press Release, *supra* note 1.

[7] *Id.*

[8] *Id.*

[9] *Id.*

[10] *Id.*

[11] *Id.*

[12] *Id.*

[13] *Id.*

[14] *Id.*

[15] *Id.*

[16] *Id.*

[17] *Id.*

[18] *Id.*

[19] *Id.*

[20] *Id.*

[21] *Id.*

[22] *Id.*

[23] *Id.*

[24] *Id.*

[25] *Id.*; Press Release, IRS, Eleven defendants indicted in multibillion health care fraud scheme, the largest case by loss amount ever charged by the Department of Justice (June 30, 2025), https://www.irs.gov/compliance/criminal-investigation/eleven-defendants-indicted-in-multibillion-health-car

[26] Press Release, *supra* note 1.

[27] *Id.*

[28] *Id.*

[29] *Id.*

[30] *Id.*

[31] *Id.*

[32] *See* Marisa T. Darden, et al., *DOJ Solidified Its Universal Policy for Corporate Cooperation Credits*, Benesch (Mar. 12, 2026), https://www.beneschlaw.com/insight/doj-solidifies-its-universal-policy-for-corporate-cooperation-credits/; *see* Marisa T. Darden, et al., *Compliance and Self-Disclosure of Misconduct Must be Top Priorities for Corporate Organizations, According to New Guidance from the Department of Justice*, Benesch (May 16, 2025), https://www.beneschlaw.com/insight/compliance-and-self-disclosure-of-misconduct-must-be-top-priorities