

## Dunn Physician Agrees To \$8.8 Million Settlement For Allegedly False Medicare and Medicaid Claims

By Administrator  
Friday, 29 May 2020 14:30 -

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Dr. Ibrahim Oudeh, his wife Teresa Sloan-Oudeh, and Dr. Oudeh's medical practice agreed to relinquish approximately \$3,300,000 worth of assets and further agreed to a conditional consent judgment in the amount of \$5,500,000 to settle civil False Claims Act liability for allegedly false Medicare and Medicaid claims.

The United States and the State of North Carolina alleged that Dr. Oudeh, Ms. Sloan-Oudeh, and the practice were liable for more than 40,000 fraudulent claims that were systematically submitted to Medicare and Medicaid between 2010 and 2017.

Specifically, the Governments argued that Defendants falsely obtained approximately \$1,900,000 from Medicare for over 37,000 diagnostic tests, an astronomical number of tests for a solo practitioner in a small North Carolina town. Defendants profited handsomely from them. They allegedly short-changed the outside physicians who interpreted those tests by paying them less than the practice's Medicare reimbursement, and then pocketed the difference, all in violation of the federal Anti-Markup Rule. To boot, the Governments asserted that the vast majority of the more-than-37,000 tests were medically unnecessary.

The Governments also alleged that Defendants falsely billed for office visits. In some of those instances, Defendants billed more than twenty-four hours' worth of supposed visits with one physician in a single day. In others, the evidence showed that the visits were for medication refills rather than for the complex, labor-intensive examinations that Defendants claimed. Either way, the Governments alleged that Defendants could not have provided the level of patient care for which they sought reimbursement.

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Finally, the Governments contended that Defendants falsely obtained approximately \$640,000 from Medicare and Medicaid after Dr. Oudeh certified almost 4,300 nerve-conduction studies that, by his own admission, he was unqualified to interpret. Dr. Oudeh also admitted to the Governments that he used the nerve-conduction studies as mere screening tools, in direct contravention of Medicare and Medicaid billing requirements.

“The United States takes healthcare fraud very seriously,” said U.S. Attorney Higdon. “Federal healthcare programs are designed to help patients in need. They are not boundless coffers that entrepreneurial fraudsters like the Oudehs can pilfer to maximize their fortunes. Our office will continue to dedicate resources to rooting out and pursuing those who would rob American taxpayers to satiate their greed. Such abuse will not be tolerated.”

This case is not Dr. Oudeh’s first run-in with government authorities. The North Carolina Medical Board previously entered a consent decree finding that Dr. Oudeh’s medical recordkeeping was deficient and revoking his ability to prescribe certain controlled substances.

The federal and North Carolina False Claims Acts mandate that the Governments recover triple the money falsely obtained, plus substantial civil penalties for each false claim submitted.

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It should be noted that the claims resolved by settlement here are allegations only, and that there has been no judicial determination or admission of liability.

This matter was handled between the United States Attorney's Office for the Eastern District of North Carolina and the Medicaid Investigations Division of the North Carolina Attorney General's Office ("MID"), including Special Agents with the U.S. Department of Health and Human Services, Office of Inspector General, and MID Financial Investigators. Assistant United States Attorneys Neal Fowler and John Harris represented the United States. Special Deputy Attorney General Lareena Phillips, who also serves as a Special Assistant United States Attorney, represented the United States and the State of North Carolina.

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