



PRESS RELEASE

National Fraud Enforcement Division and the Department of Health and Human Services Announce Self-Disclosure Protocol for Criminal Health Care Fraud

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For Immediate Release

Office of Public Affairs

One disclosure to the Fraud Division's Health Care Fraud Section now earns companies the benefits of both DOJ's Corporate Enforcement Policy and HHS-OIG's Self-Disclosure Protocol

The Justice Department's National Fraud Enforcement Division (Fraud Division) and the Department of Health and Human Services Office of Inspector General (HHS-OIG) today issued a policy that clarifies that [companies seeking to voluntarily self-disclose potential criminal conduct related to health care need only to disclose to the Fraud Division to receive the benefit of both the Department's Corporate Enforcement Policy and HHS-OIG's Health Care Fraud Self-Disclosure Protocol \(SDP\).](#)

HHS-OIG separately updated the SDP to clarify that criminal health care matters should be disclosed to the Department of Justice.

“Companies that discover fraud within their own operations should not have to navigate a maze of agencies before reporting it,” said Assistant Attorney General Colin M. McDonald of the Justice Department’s National Fraud Enforcement Division. “Today, together with our partners at HHS-OIG, we are eliminating unnecessary bureaucratic barriers that have caused confusion about whether companies must make multiple disclosures of potentially criminal conduct. [There is now one clear point of contact: DOJ’s Fraud Division](#). If a company comes forward, cooperates fully, and remedies the misconduct, the benefits are clear and predictable. If a company conceals what it knows, it should expect a very different conversation.”

“We encourage companies to come forward and disclose criminal conduct to the Justice Department, and we are committed to extending the benefits of the HHS-OIG Self-Disclosure Protocol to those who do.” said Department of Health and Human Services Inspector General T. March Bell. [“The OIG Self-Disclosure Protocol is a critical tool for promoting accountability, transparency, and integrity across the health care system, providing organizations with a clear pathway to voluntarily report potential misconduct and address compliance concerns.](#) This process helps strengthen trust in federally funded health care programs by encouraging timely corrective action, reducing future risk, and demonstrating a commitment to ethical conduct.”

The Policy announced today is designed to eliminate obstacles that may slow disclosures. A single arrangement - an [illegal kickback](#), a scheme to [bill Medicare for medically unnecessary services](#), a scheme [concealing an excluded provider](#) - routinely may result in potential criminal, civil, or administrative consequences. **Companies facing that overlap have had to decide not only whether to come forward, but also where to make that disclosure.** Under the Policy announced today, a company that voluntarily self-discloses criminal conduct affecting a federal health care program to the Fraud Division’s Health Care Fraud Section will receive the benefits of HHS-OIG’s SDP - automatically, with no additional direct submission necessary through the HHS-OIG portal.

HHS-OIG separately updated the SDP today to settle the reverse question. [The SDP covers conduct that may violate civil or administrative law](#), and the SDP was updated today to clarify that criminal conduct should be disclosed to the Department of Justice. A company that discloses only to HHS-OIG generally will not have made a voluntary self-disclosure to the Department and generally will not qualify for a declination on that basis. **Companies seeking the benefits of both programs should bring potentially criminal conduct to the Fraud Division first.**

The policy announced today may be found [here](#). HHS-OIG’s updated protocol may be found [here](#). Self-disclosures may be reported to the Fraud Division at: corporate.enforcement@usdoj.gov.

On April 7, the Department of Justice announced the creation of the Fraud Division. The Fraud Division is laser-focused on investigating and prosecuting those who commit fraud against the

American people. The Department's work to combat fraud supports President Trump's Task Force to Eliminate Fraud, a whole-of-government effort chaired by Vice President J.D. Vance to eliminate fraud, waste, and abuse within Federal benefit programs.

The Fraud Division's Health Care Fraud Section, currently comprised of nine strike forces operating in federal districts across the country, has charged more than 6,200 defendants who collectively billed federal health care programs and private insurers more than \$45 billion since 2007. In addition, the Centers for Medicare & Medicaid Services, working in conjunction with the Office of the Inspector General for the Department of Health and Human Services, are taking steps to hold providers accountable for their involvement in health care fraud schemes. More information can be found at www.justice.gov/criminal-fraud/health-care-fraud-unit.

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Topic

HEALTHCARE FRAUD

Component

[National Fraud Enforcement Division](#)

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A California man was sentenced today to 30 years in federal prison for masterminding a massive health care fraud scheme in which nearly \$270 million in fraudulent claims were