

Department of Justice  
U.S. Attorney's Office  
District of Connecticut

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FOR IMMEDIATE RELEASE

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## **New London Psychiatrist and Mental Health Clinic Pay over \$3.3 Million to Settle False Claims Act Allegations**

United States Attorney John H. Durham, Special Agent in Charge Phillip Coyne of the U.S. Department of Health and Human Services, Office of Inspector General, and Connecticut Attorney General William Tong today announced that DR. BASSAM AWWA and his medical practice, CONNECTICUT BEHAVIORAL HEALTH ASSOCIATES, P.C. ("CBHA") have entered into a civil settlement agreement with the federal and state governments in which they will pay \$3,382,004 to resolve allegations that they violated the federal and state False Claims Acts.

AWWA, a psychiatrist, is the owner of CBHA, a medical practice located in New London. The practice provides behavioral health and addiction medicine services to Medicare and Medicaid beneficiaries.

As part of AWWA and CBHA's treatment of patients with substance use disorders, AWWA and CBHA regularly conducted urine drug screening tests on urine samples collected from patients treated at the practice. Although the test screens a patient's urine for multiple classes of drugs, Medicare considers it a single test that should be billed only once per patient encounter.

The government alleges that AWWA and CBHA submitted claims to Medicare for multiple units of urine drug screening tests, when they knew or should have known that only one unit of service could be billed per patient encounter. By coding their claims using multiple units, instead of a single unit, the government alleges that AWWA and CBHA submitted false claims to the Medicare program and received payments that they were not entitled to receive.

In addition, the government alleges that AWWA and CBHA submitted claims to Medicare for alcohol tests conducted on patient urine samples that they know or should have known were a component of the urine drug screening test for which AWWA and CBHA were already being paid by Medicare.

Finally, the government alleges that AWWA and CBHA defrauded the Connecticut Medicaid program by submitting claims for definitive urine drug tests (also known as “quantitative” or “confirmation” tests) that were not actually performed, and by improperly submitting claims to Medicaid for specimen validity testing of urine samples.

To resolve the governments’ allegations under the federal and state False Claims Acts, AWWA and CBHA have agreed to pay \$3,383,004, which covers claims submitted to the Medicare program from January 1, 2011 to December 31, 2015, and claims submitted to the Medicaid program from April 1, 2013 to March 31, 2016.

As part of the settlement, AWWA and CBHA have entered into a three-year billing Integrity Agreement with the U.S. Department of Health and Human Services that is designed to ensure future compliance with the requirements of federal healthcare programs.

“It is alleged that, for years, these defendants recklessly overbilled Medicare for drug screening tests,” said U.S. Attorney Durham. “Medical practices and physicians who treat patients for substance abuse must bill their services accurately and honestly, and health care providers who submit false claims to federal health care programs will be held accountable.”

“It is critically important that we protect federal healthcare programs upon which millions of people rely,” said Special Agent in Charge Coyne. “Thus, we will hold accountable providers who submit false claims to Medicare and receive payments to which they are not entitled.”

“Providers enrolled in the Connecticut Medicaid program are expected and trusted to bill the program accurately and honestly,” said Attorney General Tong. “For years, the defendants betrayed that trust and overcharged the Medicaid program for certain services they provided to Medicaid recipients. This settlement holds those who defrauded this taxpayer-funded program accountable. I want to thank the Connecticut Department of Social Services’ Office of Quality Assurance for assisting with this matter and for their continued efforts in combatting health care fraud.”

This matter was investigated by the Office of Inspector General for the Department of Health and Human Services, the Federal Bureau of Investigation, the U.S. Postal Service, Office of Inspector General, and the Department of Defense, Office of Inspector General. The case is being prosecuted by Assistant U.S. Attorney Richard M. Molot, and Assistant Attorney General Gregory O’Connell of the Connecticut Office of the Attorney General.

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