

# Addiction Treatment Chain Operators Charged With Healthcare Fraud

*Clinic operator, counselor, and treatment center charged with numerous criminal offenses and could face jail time, fines and asset seizure and forfeiture.*

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*Art Kalantar, California  
Healthcare Attorney*

prosecutors recently charged the operators of a chain of addiction treatment clinics with healthcare fraud.

According to the Justice Department, the east coast operators stole millions of dollars during a massive scheme incorporating money laundering, identity theft, and billing fraud.

The DOJ recently announced charges against Recovery Connections Centers of America, Inc. (RCCA) as well as the individual owners and perpetrators of the alleged scheme, Michael Brier and Mi Ok Bruining. RCCA operates several substance abuse treatment centers, with locations across Rhode Island and Massachusetts. Information regarding

the charges are included in a [press release](#) issued by the Department of Justice, U.S. Attorney's Office, District of Rhode Island on March 2, 2023.

According to the accusations, RCCA, Brier, and Bruining engaged in a broad scheme to bill Medicare, Medicaid, and other healthcare payers for treatment services that the clinics never rendered. The defendants would regularly bill for 45-minute counseling sessions, for example, while they actually held sessions lasting no more than 15 minutes, and often 5-10 minutes or less. They would frequently bill for so many sessions that the total time billed would have been physically impossible in any 24-hour period.

RCCA and the individuals are also alleged to have misrepresented the role of Brier in their application to Medicare. The application concealed Brier's true role in the business, as well as his 2013 conviction for federal tax crimes. The DOJ further alleges that Brier falsely claimed to practice medicine, using prescriber information stolen from other doctors to fill fraudulent prescriptions.

The prosecutors described the fraud scheme as “particularly pernicious” because it served not

only to “enrich these defendants with federal and private health care dollars they did not earn,” but also “in the process it cheated a vulnerable population of recovery patients out of the full, genuine support and treatment that they need to have a chance at recovery.” The scheme robbed Medicare and other state programs of more than \$15 million, according to the complaint, while simultaneously endangering vulnerable patients.

For their actions, RCCA and the two individuals are charged with healthcare fraud, while Brier is also charged with aggravated identity theft, money laundering, and obstruction.

[Art Kalantar](#), a California healthcare law attorney who defends healthcare providers charged with healthcare fraud and other violations, explains the lengthy prison sentences and other penalties the defendants face if convicted. Kalantar notes that the lead defendant, Michael Brier, is charged with healthcare fraud, aggravated identity theft, money laundering, and falsification of records in a federal investigation. These charges, he says, carry maximum penalties of ten years, two years, ten years, and twenty years, respectively. “However,” says Kalantar, “these maximum penalties are per count. Once the indictment is filed, it will be disclosed how many counts are charged.” The potential maximum prison sentence could therefore be much higher.

The defendant Mi Ok Bruining is also charged with health care fraud (maximum penalty ten years). Both Bruining and Brier potentially have aggravating factors that could lead to higher penalties or sentencing enhancements, says [Stanley L. Friedman](#), a criminal defense attorney in California specializing in healthcare law.

“In regard to Mi Ok Bruining,” Friedman says, “the fact that she was referred to as the “five-minute queen” based on the brevity of her counseling sessions, would weigh heavily in the mind of a sentencing judge as an aggravating factor because of the psychological harm caused by the denial of counseling services to those in need.” Friedman also comments that because Michael Brier has a prior federal conviction according to the DOJ, he is likely to get an even lengthier sentence.

Both defendants also face significant sentence enhancements due to the high dollar amount of the alleged fraud and the high number of patients involved, according to Friedman.

With regard to the corporate defendant, Kalantar explains that RCCA faces seizure and forfeiture of all its assets based on its alleged receipt of proceeds from fraudulent billings and possible laundering of funds. “In general,” Kalantar says, “if a corporation is convicted of these charges, the federal government could forfeit proceeds of the crime, the property used to make the crime easier to commit or harder to detect, and the property involved in money laundering.”

The instant prosecution is reminiscent of a number of other healthcare fraud schemes perpetuated by unscrupulous substance abuse treatment providers. Last April, a Florida woman was convicted of perpetuating a \$58 million healthcare fraud scheme involving falsely-billed substance abuse treatment services. Shortly thereafter, close to 20 people were convicted on

federal healthcare fraud charges for submitting phony claims for drug and alcohol treatment for California school students. Similar to the instant scheme, the operators of Atlantic Recovery Services, also called Atlantic Health Services, billed government payers for counseling sessions never provided and relied on falsified medical documents.

Fighting the charges in this present case could prove vexatious for the defendants, given that in the vernacular of prosecutors, the people who sought addiction treatment and therapy services from defendants are “good victims,” according to Friedman. “A prosecutor would portray them as brave souls in distress who sought help yet were denied the services paid for by the government and private insurers,” he says. “A prosecutor would portray them as further victimized by unscrupulous, money hungry and heartless criminal defendants.”

Attorney Kalantar points out that a defendant in these circumstances might claim that problematic billing was a result of mistake rather than fraud. “Negligent billing is not fraudulent billing,” Kalantar explains. Also, he says that when there is a case involving more than one defendant, as there is here, it is common for a defendant to deny knowledge of the fraud and engage in finger-pointing at others.

Also, Kalantar and Friedman agree that the DOJ is open to plea bargains in this type of case. A good defense lawyer, they say, might highlight that only a percentage of the billing was fraudulent, thus reducing the criminal loss and potential prison sentence. They say a good defense lawyer might also convince the DOJ to drop the money laundering and aggravated identity theft charges, which would further significantly reduce a prison sentence.

The concerted enforcement actions should give pause to any persons looking to take advantage of substance abuse patients. As stated in the press release announcing the charges against RCCA, federal law enforcers are committed to holding “accountable those who seek to exploit the opioid epidemic for personal gain,” and are on the hunt for criminal activity that undermines the “integrity of our federal health care programs.”

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