

Owner of DC-Based Durable Medical Equipment Company Sentenced to 42 Months in Prison For Role in \$9.8 Million Medicaid Fraud Scheme

(Washington, DC) – The owner of a Washington, D.C.-based durable medical equipment company was sentenced to 42 months in prison today for her role in a scheme to submit \$9.8 million in fraudulent claims to Medicaid.

Assistant Attorney General Brian A. Benczkowski of the Justice Department's Criminal Division, U.S. Attorney Jessie K. Liu of the District of Columbia, Assistant Director in Charge Nancy McNamara of the FBI's Washington Field Office, Special Agent in Charge Maureen Dixon of the U.S. Department of Health and Human Services Office of Inspector General's (HHS-OIG) Philadelphia Regional Office and District of Columbia Inspector General Daniel W. Lucas made the announcement.

Waveney Blackman, 71, of Bowie, Maryland, was sentenced by Senior U.S. District Judge Thomas F. Hogan of the District of Columbia, who also ordered her to serve three years of supervised release and to pay \$9,412,394 in restitution. Blackman also will be required to forfeit \$9,431,979. Blackman pleaded guilty in October 2018 to one count of health care fraud.

According to admissions made as part of her plea agreement, from approximately January 2010 through June 2016, Blackman, who owned WaveCare Health Services of Washington, D.C., billed Medicaid for expensive wound care products that were not purchased and not provided. Blackman submitted false and fraudulent claims to Medicaid in the amount of approximately \$9.8 million, and obtained in excess of \$9.4 million in fraudulent proceeds. The proceeds from the fraudulent billing were traced to two bank accounts, a Mercedes, and seven real properties, all of which were seized by the government in June 2018.

The FBI, HHS-OIG and the District of Columbia's Office of the Inspector General's Medicaid Fraud Control Unit investigated the case, which was brought as part of the Medicare Fraud Strike Force, under the supervision of the Criminal Division's Fraud Section and the U.S. Attorney's Office for the District of Columbia. The case is being prosecuted by Trial Attorney Amy Markopoulos of the Fraud Section and Assistant U.S. Attorney Emily Miller from the District of Columbia, and Trial Attorney Parker Tobin of the Money Laundering and Asset Recovery Section. Assistance was provided by Paralegal Specialist Robert Fishman of the Fraud Section and Paralegal Specialist Aisha Keys of the U.S. Attorney's Office for the District of Columbia.

The Fraud Section leads the Medicare Fraud Strike Force. Since its inception in March 2007, the Medicare Fraud Strike Force, which maintains 14 strike forces operating in 23 districts, has charged nearly 4,000 defendants who have collectively billed the Medicare program for more than \$14 billion. In addition, the HHS Centers for Medicare & Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.