The J Group's

EDLA SENTENCING NEWSLETTER

WEEK OF
JUN 14 TO JUN 20

JUNE 24, 2026 ISSUE

Health Care Fraud and more...

.... see what happened this past week in the Eastern District of Louisiana

CASE SPOTLIGHT

United States v. Baker (EDLA 24-cr-099)

What's the Basis?: According to the evidence presented at trial, nurse practitioner **Baker participated in a scheme involving medically unnecessary cancer genetic testing billed to Medicare**. Between 2018 and 2019, while working as an independent contractor for a telehealth company, **Baker signed hundreds of orders for genetic tests following brief telephone calls with patients she had not physically examined**. **Prosecutors alleged that some patient diagnoses were falsely documented** to support the testing and that Baker did not review the resulting reports. The **government further alleged that Baker received kickbacks in exchange for signing the testing orders**. **The scheme resulted in more than $12.1 million in Medicare claims, with laboratories receiving approximately $1.5 million in reimbursements**.

What's the Violation?: **Baker** was convicted by a jury of ***Health Care Fraud and Aiding and Abetting*** in violation of ***18 U.S.C. §§ 2 and 1347***.

What's the Sentence?: Judge Sarah S. Vance sentenced **Baker** to **87 months of imprisonment and 3 years of supervised release**, and ordered **Baker** to pay **$1,508,867.25 in restitution**.

This Week's Other Matter

U.S. v. Hall, 19-cr-228

(REVOCATION) Violation of Mandatory and Standard Conditions of Supervised Release: *Committing another Crime; Failure to Work Full Time; Using Controlled Substances*.
Sentence: 46 months of imprisonment and **14 months of supervised release**.
Judge: Honorable Sarah S. Vance

WHAT'S THAT STATUTE?

CLICK ON THE LINKS BELOW FOR MORE DETAILS ON THE VIOLATIONS INCLUDED IN THIS WEEKS' EDITION

- 18 U.S.C. § 2
- 18 U.S.C. § 1347

Did You Know?

The Department of Justice announced its largest coordinated health care fraud enforcement action to date on June 23, 2026. The nationwide operation resulted in charges against **455 defendants, including 90 physicians and other licensed medical professionals, across 45 states and territories**. The cases involve **more than $6.5 billion in alleged false claims submitted to Medicare, Medicaid, and other federal health care programs**. For health care providers, the announcement serves as a reminder that billing practices, medical necessity determinations, telehealth services, and kickback arrangements remain among the DOJ's highest enforcement priorities.

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