

DOJ Reports 2024 Settlements and Judgements of \$2.9B

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Key Points:

- **Highest Number of Qui Tam Actions Filed in History**
- **Whistleblowers continue to be the major driver of cases**
- **Anti-Kickback Statute is the key enforcement tool**

DOJ [reported](#) settlements and judgments under the False Claims Act that exceeded \$2.9 billion in 558 cases during fiscal year 2024. Over \$1.67 billion (58%) related to matters that involved the health care industry, including managed care providers, hospitals and other medical facilities, pharmacies, pharmaceutical companies, laboratories, and physicians. Whistleblowers filed 979 lawsuits, the highest number in a single year, which represented over \$2.4 billion of the total (83%). Their share for bringing the cases exceeded \$400 million. By way of background, the False Claims Act *qui tam* (Whistleblower) provision was enacted into law in 1986, under the sponsorship of Senator Charles Grassley and Representative Howard Berman, with key witness testimony by the DHSS OIG Inspector General Richard Kusserow and Deputy Attorney General for the Civil Division Richard Willard. Since its enactment, the number of lawsuits filed under that provision has grown significantly, with the total amount of settlements and judgments now exceeding \$78 billion. During the past year, the average number of new cases has been 18 filed every week. Most of the care cases investigated were predicated upon violations of the Anti-Kickback Statute investigated by the DHHS OIG involving inducements that lead to tainted medical decision-making, increasing health care costs, and adversely affecting competition. DOJ noted that cases continued in response to fraud during the COVID-19 crisis, including fraud affecting Medicare and other federal healthcare programs for services related to COVID-19 testing and treatment. DOJ also reports continuing litigation in a number of cases involving the Medicare Advantage (or Medicare Part C) program. The key takeaway from this report is that whistleblowers are the major driving force for False Claims Act cases, and the Anti-Kickback Statute is the vehicle by which cases are prosecuted. As such, Compliance Officers should ensure ongoing [monitoring and auditing](#) of contractual relationships with physicians and others in a position to make or influence the referral of business. Also critical is the promoting and active investigation of reports through the compliance hotline or other reporting channels for potential wrongdoing.

For more information and advice on this subject contact rkusserow@strategicm.com. You can also keep up-to-date with Strategic Management Services by following us on LinkedIn.



About the Author

Richard P. Kusserow established Strategic Management Services, LLC, after retiring from being the DHHS Inspector General, and has assisted over 2,000 health care organizations and entities in developing, implementing and assessing compliance programs.