



THE UNITED STATES ATTORNEY'S OFFICE
MIDDLE DISTRICT *of* FLORIDA

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Department of Justice

U.S. Attorney's Office

Middle District of Florida

FOR IMMEDIATE RELEASE

Friday, October 21, 2016

United States Settles False Claims Act Allegations Against Compound Pharmacy Owner For \$4.25 Million

Jacksonville, FL – United States Attorney A. Lee Bentley, III announces today that Mark Gilmore has agreed to pay the government \$4.25 million to resolve allegations that he violated the False Claims Act.

The United States contends that QMedRx, a compound pharmacy in Maitland, Florida, knowingly billed federal healthcare programs for services that were not reimbursable. Specifically, the government contends that from January 1, 2013, until January 22, 2014, QMedRx submitted to federal healthcare programs, compounded prescriptions that were tainted within the meaning of the Anti-Kickback Statute. Because Gilmore was a partial owner of QMedRx, the government sought penalties and fines from the owners who participated in the fraud. The government is still pursuing penalties and fines from other participants within QMedRx.

"The United States Attorney's Office is committed to taking the steps necessary to protect TRICARE and other federal health care programs from fraud," said U.S. Attorney Bentley. "When health care practitioners violate the Anti-Kickback Statute in order to generate business, they will be held accountable."

This case was developed through an initiative to track and prosecute compound pharmacies that submitted millions of dollars in improper claims to the TRICARE program. The government estimates that up to \$2 billion of tainted and unnecessary compound prescriptions had been submitted to and paid by the government. In the Middle District of Florida, the government has recovered almost \$70 million in fines and penalties over the past 18 months.

"This settlement is yet another example of the continuing commitment of the Defense Criminal Investigative Service (DCIS) and its law enforcement partners to protect the integrity of the Department of Defense (DoD) health care program," said Special Agent in Charge John F. Khin, Southeast Field Office. "As one of our top priorities, DCIS aggressively investigates health care

fraud that harms the DoD, to ensure the best use of precious taxpayer dollars needed to provide critical care for our Warfighters, their family members, and military retirees."

"The FBI remains vigilant in protecting federal health care programs from fraud," said FBI Special Agent in Charge Paul Wysopal. "Agents will continue to identify and investigate individuals who target these programs for personal gain."

This settlement illustrates the government's emphasis on combating health care fraud and marks another achievement for the Health Care Fraud Prevention and Enforcement Action Team (HEAT) initiative, which was announced in May 2009 by the Attorney General and the Secretary of Health and Human Services. The partnership between the two departments has focused efforts to reduce and prevent Medicare and Medicaid financial fraud through enhanced cooperation. One of the most powerful tools in this effort is the False Claims Act. Since January 2009, the Justice Department has recovered more than \$30.9 billion through False Claims Act cases, with more than \$18.6 billion of that amount recovered in cases involving fraud against federal health care programs.

This matter was investigated by the Defense Criminal Investigative Service (DCIS) and the Federal Bureau of Investigation (FBI). It was prosecuted by Assistant United States Attorney Jason Mehta.

The claims resolved by this settlement are allegations only, and there has been no determination of liability.

USAO - Florida, Middle

Topic:

Healthcare Fraud

StopFraud

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