

PRESS RELEASE

North Carolina Laboratory And Owner Agree To Pay More Than \$1.9 Million To Resolve False Claims Act Allegations

Friday, August 4, 2023

Share

For Immediate Release

U.S. Attorney's Office, Western District of North Carolina

CHARLOTTE, N.C. – U.S. Attorney Dena J. King announced today that Aspirar Medical Lab, LLC (Aspirar) and owner Pick Chay (Chay), located in Cary, North Carolina, have agreed to pay \$1,951,090 to resolve allegations that they violated the False Claims Act by knowingly billing North Carolina Medicaid (Medicaid) for urine drug tests that were medically unnecessary and tainted by illegal kickbacks.

The United States alleged that from March 25, 2016, through September 19, 2017, Aspirar submitted claims to Medicaid for urine drug tests that were false. The claims were false because they were tainted by an illegal kickback arrangement between Aspirar and BPolloni Consulting, LLC (BPolloni), an entity that referred urine drug tests to Aspirar. Under the arrangement, Aspirar paid BPolloni for each urine drug test that BPolloni or another entity, Do It 4 the Hood Corporation (D4H), referred to Aspirar. The Chief Executive Officer of BPolloni and other individuals who operated D4H previously pleaded guilty to conspiracy to commit health care fraud and Anti-Kickback Statute violations arising from D4H's illegal kickback arrangements with urine drug testing laboratories.

In addition to being tainted by illegal kickbacks, the United States alleged that claims for drug tests that Aspirar submitted to Medicaid were false because the tests were medically unnecessary. Specifically, the orders for the tests were not patient-specific and did not reflect a qualified medical provider's determination of the patient's need for the testing.

"Illegal referral and kickback schemes increase profits for wrongdoers and cause taxpayer-funded health care programs like Medicaid to pay for items or services that

patients may not need,” said U.S. Attorney King. “The resolution of this case demonstrates our Office’s continuing commitment to hold all responsible parties to account for the submission of claims to Medicaid and other federally funded health care programs that are not medically necessary and are tainted by illegal kickbacks.”

The civil settlement and resolution of claims obtained in this matter was the result of a coordinated effort between the U.S. Attorney’s Office and the FBI in Charlotte, with assistance from the Medicaid Investigations Division of the North Carolina Attorney General’s Office, and the Office of Inspector General of the United States Department of Health and Human Services.

The investigation and resolution of this matter illustrates the government’s emphasis on combating health care fraud. One of the most powerful tools in this effort is the False Claims Act.

Tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement, can be reported to the Department of Health and Human Services at 800-HHS-TIPS (800-447-8477).

Updated August 4, 2023