# CIGNA Settles $37 Million Medicare Fraud Lawsuit


*Healthcare Giant Admits to False Patient Diagnoses*

**Introduction:**
Damian Williams, the U.S. Attorney for the Southern District of New York, and Henry C. Leventis, the U.S. Attorney for the Middle District of Tennessee, have announced a significant settlement in a healthcare fraud lawsuit against CIGNA, a prominent health insurer. This $37 million settlement addresses allegations that CIGNA submitted false patient diagnosis codes to artificially boost Medicare Advantage plan payments. We delve into the details of this case and its implications.

**The Allegations:**
*CIGNA's Role in False Diagnosis Codes*

The government's allegations against CIGNA involve the submission of invalid diagnosis codes based on in-home assessments conducted by vendor healthcare providers. These codes led to inflated payments without proper medical support.

**Settlement Terms:**
*CIGNA Agrees to Pay $37 Million and Implement Reforms*

For settlement terms, approved by U.S. District Judge Eli Richardson, CIGNA will pay $37 million and has admitted to specific misconduct. Additionally, they have entered into a Corporate Integrity Agreement with the U.S. Department of Health and Human Services, Office of Inspector General, requiring them to implement measures to ensure compliance.



**CIGNA's Tactics:**
*Manipulative Strategies Revealed*

We detail how CIGNA allegedly structured in-home assessments to capture high-value diagnosis codes rather than treat patients' medical conditions. The focus was on increasing risk-adjusted payments without providing essential care.

**Invalid Diagnoses:**
*Examples of False and Unsupported Diagnoses*



There was a list of severe, complex conditions CIGNA allegedly misdiagnosed through the in-home assessments. These diagnoses were based solely on the evaluations and lacked the required medical testing or imaging.

**Pressure on Providers:**
*CIGNA's Push for High-Value Diagnoses*

They have explored how CIGNA encouraged healthcare providers to make specific high-value diagnoses during in-home visits and closely tracked the impact of these diagnoses on payments.

**Don't be a silent ninja! Let us know your thoughts in the comment section below.**