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DOJ Maintains Focus on False Claims Enforcement Following Strong 2025

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In January 2026, DOJ reported a record-breaking 2025 fiscal year for False Claims Act (FCA) enforcement, with $6.8 billion in FCA **recoveries**, 1,297 qui tam filings, and 401 government-initiated investigations. In **remarks** at the ACI's 13th annual Advanced Forum on False Claims and Qui Tam Enforcement, Deputy Assistant Attorney General Brenna Jenny signaled DOJ's continued focus on FCA enforcement with continued prioritization in the healthcare, trade, cybersecurity, and government contracting industries. Jenny further emphasized DOJ's use of data analytics and collaboration with the Department of Health and Human Services to identify potential fraud on the government.

FCA enforcement throughout the first quarter remained largely consistent with DOJ's stated priorities, including several cases in the healthcare industry. In January, DOJ filed a **complaint** against Louisiana-based hospital management company, Priority Hospital Group (PHG), three PHG-managed long-term care hospitals, and a physician, alleging that they violated the FCA by holding patients in the hospital longer than medically necessary to increase their Medicare reimbursements. The complaint further alleged one hospital-defendant violated the FCA by entering into a medical directorship with a physician to induce referrals in violation of the Anti-Kickback statute. Also in January, DOJ announced a $34 million settlement with **Traditions Health**, resolving allegations that it violated the FCA by providing medically unnecessary home health services and impermissible referral payments to physicians.

On March 12, DOJ announced a $4.75 million settlement with **Tri-City Cardiology, P.C.** (an Arizona cardiology group) resolving allegations that the group violated the FCA by performing medically unnecessary vein ablations. On March 11, DOJ announced a $117.7 million settlement with insurance provider **Aetna Inc.** to resolve allegations that Aetna submitted or failed to delete inaccurate diagnosis codes for enrollees in its Medicare Advantage plan to increase its Medicare payments.