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NEWS RELEASE
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DA'S OFFICE RECEIVES \$2.5 MILLION IN GRANTS TO COMBAT VARIOUS FRAUDS

RIVERSIDE – Today, Aug. 6, 2015, District Attorney Mike Hestrin announced that the DA's Office has received more than \$2.5 million in state grants to combat various types of fraud.

The three grants – totaling \$2,516,921 -- were awarded to the DA's Office by the California Department of Insurance and will be used to investigate and prosecute workers' compensation insurance fraud, disability and healthcare insurance fraud, and disability and healthcare – supplemental insurance fraud.

"These grants will help tremendously in our ongoing efforts to vigorously investigate and prosecute insurance fraud of all kinds," DA Mike Hestrin said. "The successful prosecution of insurance fraud helps level the playing field for honest employers and business owners as well as keeping insurance premiums lower for consumers.

"Our Special Prosecutions Section worked hard to successfully obtain these three grants and this office has never before received grants totaling an amount this large to combat fraud," Hestrin added.

The largest of the grants is \$2.02 million for the fiscal year 2015-16 Workers' Compensation Insurance Fraud Program. That amount is part of \$34.9 million in grants the Department of Insurance awarded to 37 District Attorney's Offices in California. According to the Department of Insurance, workers' compensation insurance fraud includes medical provider fraud, employer premium fraud, employers defrauding employees, insider fraud, claimant fraud, and the willfully uninsured operating within the underground economy.

"The impact of fraud is felt across California as a drain on our economy," said state Insurance Commissioner Dave Jones. "These grants will assist district attorneys across the state in uncovering workers' compensation fraud schemes and prosecuting those who take advantage of the system."

The Riverside County DA's Office also received a \$368,733 grant for the fiscal year 2015-16 Disability and Healthcare Insurance Fraud Program. This type of fraud is committed by individuals, medical providers, corporations, medical equipment dealers, hospitals, laboratories, nursing homes, pharmacies, and others who prey upon the system, according to the Department of Insurance. Such fraud leads to consumers being forced to pay higher insurance premiums and increased costs for medical services.

The third grant the office received was \$128,188 for the fiscal year 2015-16 Disability and Healthcare – Supplemental Insurance Fraud Program. This grant is to be used specifically for the enhanced investigation and prosecution of healthcare and medical providers only.

The DA's Office relies on grants such as these and from other state and federal agencies to support various prosecutorial units.

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