

Compliance Today – June 2018 Meet Amy Berne

an interview by Gabriel L. Imperato

This interview with **Amy Berne** was conducted earlier this year by HCCA board member **Gabriel L. Imperato, Esq.** (gimperato@broadandcassel.com), Managing Partner, Fort Lauderdale office of Broad and Cassel LLP.

Amy Berne, Assistant U.S. Attorney for the Northern District of Georgia (Retired), Atlanta, GA

GI: Please tell our readers about your background and experience with the United States Attorney for the Northern District of Georgia and your role as Civil Health Care Fraud Coordinator and Chief Assistant of the Civil Division.

AB: I joined the U.S. Attorneys Office (USAO) in Sept 1987 as a line Assistant U.S. Attorney (AUSA) in the Civil Division. At that time, we did not handle any affirmative healthcare fraud matters, so I primarily litigated a wide range of defensive matters on behalf of a variety of federal agencies. More specifically, I defended and tried Federal Tort Claims Act (FTCA) cases, Title VII cases [civil rights and employee discrimination], medical malpractice cases, Bivens cases [unconstitutional actions by federal agents], and habeas cases [illegal imprisonment]. In the mid-1990s, we started handling Affirmative Civil Enforcement (ACE) cases, and in 1996 I was made the Civil Health Care Fraud Coordinator. As the Health Care Fraud Coordinator, I handled only healthcare fraud (HCF) matters and investigated and resolved matters involving hospitals, doctors, physician practices, nursing homes, and other healthcare providers.

In 2005, I was made the Civil Chief. As the Chief, I supervised the AUSAs and support staff in the Civil Division and also handled several HCF and ACE cases on my own.

GI: How would you describe the evolution of the United States Attorney's Office with respect to criminal and civil healthcare fraud enforcement and its efforts in promoting compliance and overall integrity in federal healthcare programs?

AB: The USAO for the Northern District of Georgia (NDGA) has always been very committed to investigating and prosecuting healthcare fraud matters. Speaking primarily for the Civil Division, since we started handling these matters in 1996, we have expanded the number of AUSAs handling healthcare fraud cases, and developed more data analytical tools to identify problem providers.

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