PRESS RELEASE

Fraud Division Resolves Fraud Investigation of Eye Care Group Under New Corporate Enforcement Policy; Health Care Executive Charged for Alleged Fraud and Kickbacks

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For Immediate Release

Office of Public Affairs

The National Fraud Enforcement Division today announced the resolution of a criminal health care fraud investigation into Campus Eye Management Holdings LLC, and its wholly-owned subsidiary, Campus Eye Management LLC (collectively, Campus Eye), pursuant to Part I of the Department of Justice (Department) Corporate Enforcement and Voluntary Self-Disclosure Policy (CEP). The Department declined to prosecute Campus Eye, a management services organization that provided billing and other services to an optometry practice and ambulatory surgery center (ASC), for health care fraud, illegal kickbacks and bribes, and conspiracy after it voluntarily self-disclosed the misconduct, fully cooperated with the Department's investigation, and timely and appropriately remediated the wrongdoing. As part of the resolution, Campus Eye agreed to pay back $1 million to victims.

"The Fraud Division is committed to robust and fair corporate enforcement, which aids our prosecutions of individuals who defraud the government," said Assistant Attorney General Colin M. McDonald of the National Fraud Enforcement Division. "The Department's policies afford companies that take responsibility for their misconduct with a clear path to a declination. Businesses that ignore the law and profit from their executive's lies and deceit will be held accountable."

Separately, the Department announced a seven-count indictment against the founder of the optometry practice and ASC for his role in orchestrating diagnostic testing and kickback schemes, both prior to and after he and outside investors formed Campus Eye in December 2021 and he became the CEO. According to court documents, from at least 2015 through March 2023, E. Bruce DiDonato, 71, of Princeton, New Jersey, allegedly conspired with others to defraud Medicare by billing for unnecessary diagnostic eye tests. DiDonato allegedly paid kickbacks and bribes to ophthalmologists in exchange for their referral of patients who needed eye surgeries, and then subjected the patients to diagnostic tests that were duplicative of tests they had previously received or were unnecessary for the type of surgery being performed. As alleged, neither DiDonato nor the optometrist reviewed the tests, and in most instances the ophthalmologists did not review or rely on the tests to inform their treatment decisions in advance of surgery.

According to the indictment, DiDonato concealed the payment of kickbacks and bribes by creating sham agreements that described the payments as consulting fees, and paying in the form of monthly "flat fees" that were actually based on a percentage of the optometry practice's Medicare reimbursement for diagnostic tests performed on patients the providers had referred in the previous year. DiDonato allegedly caused the submission of approximately $3.4 million in fraudulent claims to Medicare, of which Medicare paid approximately $1 million. DiDonato then marketed and sold Campus Eye to private equity investors, based in part on the lucrative reimbursements he received from Medicare.

The Department resolved its investigation into Campus Eye after considering the factors set forth in the CEP, including (1) Campus Eye's timely and voluntary self-disclosure of the misconduct; (2) Campus Eye's full and proactive cooperation in this matter and its agreement to continue to cooperate with any ongoing government investigations and prosecutions; (3) the nature and seriousness of the offense; (4) Campus Eye's timely and appropriate remediation, including an internal review and subsequent revision of certain billing, payment, and compensation policies, and substantial improvement of its compliance program by, among other things, conducting ongoing risk assessments and monitoring, hiring new personnel with compliance responsibilities, and implementing compliance trainings; (5) the absence of aggravating factors that, when weighed against Campus Eye's cooperation and remediation, warrant a disposition other than a resolution under Part I of the CEP; and (6) the fact that Campus Eye agreed to compensate victims.

This is the Department's first declination of a health care company under the new Department-wide Corporate Enforcement Policy that was announced by Acting Attorney General Blanche on March 10, 2026, following an uptick of corporate enforcement actions against health care companies by the Department in recent years.

DiDonato is charged with one count of conspiracy to commit health care fraud, one count of conspiracy to violate the Anti-Kickback Statute, two counts of health care fraud, and three counts of payment of illegal health care kickbacks. If convicted, DiDonato faces a maximum penalty of 10 years in prison on the health care fraud conspiracy and substantive health care fraud counts, 5 years in prison on the kickback conspiracy count, and 10 years in prison for each of the substantive kickback counts.

Assistant Attorney General Colin M. McDonald of the Justice Department's National Fraud Enforcement Division; U.S. Attorney Robert Frazer for the District of New Jersey; Special Agent in Charge Stefanie Roddy of the FBI; and Special Agent in Charge Naomi Gruchacz of the Department of Health and Human Services, Officer of Inspector General (HHS-OIG) and made the announcement.

FBI and HHS-OIG are investigating the case.

National Fraud Enforcement Division Acting Assistant Chief Darren C. Halverson and Trial Attorney Lindsey D. Carson of the Criminal Division's Fraud Section, and Assistant U.S. Attorney Jake Nasar for the District of New Jersey are prosecuting the case. Marnee Rand, Acting Chief of the National Fraud Enforcement Division's Corporate Enforcement Section, provided valuable assistance to the CEP declination.

On April 7, the Department of Justice announced the creation of the National Fraud Enforcement Division. The Fraud Division is laser-focused on investigating and prosecuting those who commit fraud against the American people. The Department's work to combat fraud supports President Trump's Task Force to Eliminate Fraud, a whole-of-government effort chaired by Vice President J.D. Vance to eliminate fraud, waste, and abuse within Federal benefit programs.

The Department of Justice's Health Care Fraud Strike Force Program, currently comprised of nine strike forces operating in federal districts across the country, has charged more than 6,200 defendants who collectively billed federal health care programs and private insurers more than $45 billion since 2007. In addition, the Centers for Medicare & Medicaid Services, working in conjunction with the Office of the Inspector General for the Department of Health and Human Services, are taking steps to hold providers accountable for their involvement in health care fraud schemes. More information can be found at www.justice.gov/criminal-fraud/health-care-fraud-unit.

An indictment is merely an allegation. All defendants are presumed innocent until proven guilty beyond a reasonable doubt in a court of law.

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