

# Office of Inspector General Web Site Categorizes Areas of Enforcement

Click on Each Area for Examples of Important  
Cases and Developments



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**A**s a compliance professional, keeping up with enforcement actions helps you focus on areas of risk to the organization. There are several Web sites you should check at least monthly to keep informed regarding different types of actions. One Web site is the Department of Health and Human Services' Office of Inspector General's (OIG's) Enforcement at [oig.hhs.gov/fraud/enforcement/index.asp](http://oig.hhs.gov/fraud/enforcement/index.asp). This Web site categorizes the areas of enforcement into (1) Criminal and Civil Enforcement, (2) State Enforcement Actions, (3) Civil Monetary Penalties and Affirmative Exclusions, and (4) Corporate Integrity Agreement Enforcement.

When clicking on "Criminal and Civil Enforcement" you can read about the results of the OIG's investigations, which have resulted in legal action by the U.S. Department of Justice (DOJ) as well as news releases by the U.S. attorneys from the 94 districts. For example, you can read and learn more about the following cases:

## **January 29, 2016; U.S. Department of Justice**

Former Owner and Operator of California Medical Equipment Supply Company Sentenced for Their Roles in \$1.5 Million Medicare Fraud Scheme

The former owner and the former operator of a durable medical equipment supply company based in Long Beach, California, were sentenced today for their roles in a \$1.5 million Medicare fraud scheme.

**January 27, 2016; U.S. Attorney;  
Southern District of Texas**

Ambulance Company Owners Agree to Pay More Than \$245,000 to Resolve Kickback Allegations

HOUSTON - The former owner and operator of Houston-area ambulance company National Care EMS has agreed to settle allegations that he and the company provided kickbacks to various nursing facilities and hospitals in exchange for rights to the institutions' more lucrative Medicare and Medicaid transport referrals, announced U.S. Attorney Kenneth Magidson along with Gregory Demske, Chief Counsel to the Inspector General of the U.S. Department of Health and Human Services - Office of Inspector General (HHS-OIG) and Special Agent in Charge CJ Porter, of HHS-OIG, Office of Investigations - Dallas Regional Office.

**January 12, 2016; U.S. Department of Justice**

Nation's Largest Nursing Home Therapy Provider, Kindred/Rehabcare, to Pay \$125 Million to Resolve False Claims Act Allegations

Contract therapy providers RehabCare Group Inc., RehabCare Group East Inc. and their parent, Kindred Healthcare Inc., have agreed to pay \$125 million to resolve a government lawsuit alleging that they violated the False Claims Act by knowingly causing skilled nursing facilities (SNFs) to submit false claims to Medicare for rehabilitation therapy services that were not reasonable, necessary and skilled, or that never occurred, the Department of Justice announced today.

Corporate Integrity Agreement: RehabCare Group, Inc.; Kindred Healthcare, Inc.

When clicking on "State Enforcement Actions" you can read about the results of the Medicaid Fraud Control Units (MFCU) investigations from the MFCUs from 49 states and the District of Columbia. For example, you can read and learn more about the following cases:

**February 3, 2016; New Jersey Department of Law and Public Safety**

Bergen County Cardiologist Charged With Double-Billing Insurance Companies for His Services

TRENTON - Acting Attorney General John J. Hoffman and the Office of the Insurance Fraud Prosecutor (OIFP) today announced that a Bergen County cardiologist has been indicted for allegedly double-billing insurance companies for medical services he provided through two or more of the three health-care entities he owned in Paramus.

**January 29, 2016; California Department of Insurance**

Medical professionals indicted in multi-million dollar kickback and bribery scheme

SAN DIEGO, Calif. - A complex investigation into one of the largest cases of workers' compensation health care insurance fraud in department history has led to 13 indictments announced today against seven Southern California-based medical professionals. This is the second wave of indictments against attorneys, doctors and medical providers who ripped off nearly

20 insurance companies by taking kickbacks totaling nearly half a million dollars for treatments, including chiropractic, pain management, echo cardiograms and even sleep studies resulting in millions of dollars of fraudulent workers' compensation insurance claims.

**January 28, 2016; Massachusetts Attorney General**

Boston Dentist to Pay \$650,000 to MassHealth Over Improper Billing

BOSTON - A Boston dentist has agreed to pay \$650,000 to the state's Medicaid program (MassHealth) to resolve allegations of improperly billing for dental work at her offices in Everett, South Boston, and Malden, Attorney General Maura Healey announced today.

When clicking on "Civil Monetary Penalties and Affirmative Exclusions" you can read about the cases that led to individuals and/or entities ending up on the OIG List of Excluded Individual and Entities (LEIE) as well as results from settlements for civil monetary penalties (CMPs). For example, you can read and learn more about the following cases:

**11-12-2015 Nevada Mobile Imaging Provider Settles Case Involving Excluded Individual**

On November 12, 2015, Quality Medical Imaging (QMI), Nevada, entered into a \$34,187.34 settlement agreement with OIG. The settlement agreement resolves allegations that QMI employed an individual who was excluded from participating in any Federal health care program. OIG's investigation revealed that the excluded individual, an x-ray technician, provided

items and services to QMI patients that were billed to Federal health care programs. Senior Counsel Katie Fink represented OIG with the assistance of Paralegal Specialist Mariel Filtz.

**11-10-2015 California Skilled Nursing Facility Settles Case Involving Excluded Individual**

On November 10, 2015, Windsor Health Care Golden Palms, LLC d/b/a Golden Hill Subacute and Rehabilitation Center (Golden Hill), California, entered into a \$214,303.69 settlement agreement with OIG. The settlement agreement resolves allegations that Golden Hill employed an individual who was excluded from participation in any Federal health care programs. OIG's investigation revealed that the excluded individual, a social services assistant, provided items and services to Golden Hill patients that were billed to Federal health care programs. Senior Counsel Nicole Caucci represented OIG with the assistance of Paralegal Specialist Mariel Filtz.

**11-04-2015 Oregon Physical Therapist Settles Case Involving False Claims**

On November 4, 2015, Michael Zingg, P.T., Oregon, entered into a \$13,307.52 settlement agreement with OIG. The settlement agreement resolves allegations that Zingg submitted claims to Medicare for physical medicine and rehabilitation services that were not provided as claimed or were false or fraudulent. OIG alleged the claims were false or fraudulent because: 1) Zingg failed to personally provide or directly supervise certain physical therapy services; 2) services

were billed as one-on-one provider-patient physical therapy services, when, in fact, they were provided in a group setting; and 3) services were rendered by individuals not qualified to provide therapy services under Medicare guidelines. Senior Counsel Lauren E. Marziani represented OIG.

And finally, when clicking on “Corporate Integrity Agreement Enforcement” you can read about the enforcement of corporate integrity agreement provisions and integrity agreements with the OIG. These are organizations that failed to comply with certain obligations within the corporate integrity agreements. For example, you can read and learn more about the following cases:

**11-15-2015 OIG Excludes Todd Roberts and his Practice for Material Breach**

On November 15, 2015, OIG excluded Todd Roberts and Roberts Physical and Aquatic Therapy, LLC a/k/a Roberts Physical Therapy and Wellness Center, LLC (collectively, Roberts), for a period of six years based on a material breach of its Corporate Integrity Agreement (CIA). During the first reporting period of its CIA, Roberts’ Independent Review Organization (IRO) identified an overpayment

of \$32,295, which Roberts has not paid. Roberts also failed to timely submit its Implementation Report, First Annual Report, and Second Annual Report. On June 16, 2014, OIG issued a letter demanding stipulated penalties in the amount of \$24,000. OIG issued a notice of material breach and intent to exclude on September 1, 2015 for repeated and flagrant violations of the CIA and Roberts’ failure to respond to OIG’s demand letter. On October 15, 2015, OIG sent Roberts an exclusion letter. Under the terms of the CIA, Roberts had 25 days to request a hearing with an Administrative Law Judge. Roberts did not request a hearing, and the exclusion went into effect on November 15, 2015. Senior Counsels Lee Penninger, Tamara Forys, and Lauren Marziani represented OIG.

Also, don’t forget about Health Insurance Portability and Accountability Act (HIPAA) enforcement actions where you can find the details on the Office for Civil Rights (OCR) Web site at [www.hhs.gov/hipaa/for-professionals/compliance-enforcement/index.html](http://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/index.html). I think it is always helpful when you can provide specific examples of enforcement to your compliance committee to assist with creating your risk assessment and monitoring and audit plan each year.

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