

Eli's Hospice Insider

Compliance: Federal Watchdog Agency Touts \$1.5 Billion In Fraud-Fighting Savings

Don't expect compliance efforts to lighten up any time soon.

If you'd like to see the **HHS Office of Inspector General** give hospices a break, its latest Semiannual Report to Congress is not good news.

In the report, the OIG discloses that the first half of fiscal year 2018 was a big one, including major recoveries and savings. The agency recorded audit receivables at \$187.5 million, garnered about \$1.5 billion in savings, and looked into questionable activity that amounted to around \$680 million.

"Each day, OIG uses data-driven decision making to combat fraud, waste, and abuse of Federal health care programs and to improve the effectiveness of Department programs," says Inspector General **Daniel R. Levinson**. "Our multidisciplinary team of auditors, investigators, evaluators, analysts, and attorneys strategically focuses on fraud prevention, detection, and enforcement efforts."

The reporting period, which runs from October 1, 2017, through March 31, 2018, saw some significant financial gains for the feds, as well as substantial punishments against offenders. Take a look at the breakdown over the six-month timeframe, according to the Semiannual Report:

Investigative recoveries. OIG hopes to fully recover \$1.46 billion paid out improperly.

Criminal actions. The agency brought judgments against 424 individuals who executed crimes against HHS programs.

Civil actions. Over the six months, 349 individuals were found guilty of civil offenses.

Exclusions. The agency banned 1,588 individuals and/or entities from participating in federal healthcare programs.

Sanctions. The OIG levied 1,678 administrative sanctions over the six months.

Civil Monetary Penalties. Utilizing the Civil Monetary Penalty Law (CMPL), "OIG concluded cases involving more than \$35.5 million in CMPs and assessments," a release says.

High-Profile Hospice Actions Showcased

The report also trumpets its largest-ever fraud settlement from a hospice provider yet another time. The OIG notes **VITAS Hospice Services** agreed to pay \$75.5 million to resolve charges that it billed for ineligible patients and for Continuous Home Care services that weren't provided, and entered into a five-year CIA. The OIG announced the settlement of charges from three different whistleblower lawsuits last fall (see Eli's Hospice Insider, Vol. 10, No. 12).

The OIG also noted a guilty plea in another high-profile hospice case. **Gwen Hilsabeck**, administrator for Lisle, Illinois-based **Passages Hospice**, was sentenced to two years and four months in prison and \$9 million in restitution after pleading guilty to altering patient files to make visits that were at the routine level appear to have been General Inpatient services.

The report is at <https://oig.hhs.gov/reportsand-publications/archives/semiannual/2018/sarspring-2018.pdf>.

