

Eli's Hospice Insider

Fraud & Abuse: Fraud Report Tallies Hospice Enforcement Activities

High-profile cases paint industry with fraud brush.

The hospice industry continues to draw fraud-fighting attention from the feds, as shown in a recent report on the Health Care Fraud and Abuse Control Program operated jointly by the OIG and DOJ.

The **HHS Office of Inspector General** reports \$2.4 billion in judgements and settlements in fiscal year 2017 thanks to its fraud-fighting efforts, according to the newly issued HCFAC report.

The HCFAC program resulted in 967 new criminal health care fraud investigations by the **Department of Justice** last year, according to the annual report. Federal prosecutors filed criminal charges in 439 cases involving 720 defendants, with a total of 639 defendants were convicted of health care fraud-related crimes during the year. The DOJ also opened 948 new civil health care fraud investigations and had 1,086 civil health care fraud matters pending at the end of the year, the report says.

On the OIG side, investigations resulted in 788 criminal actions against individuals or entities and 818 civil actions, which include false claims and administrative recoveries related to provider self-disclosure matters. The OIG also excluded 3,244 individuals and entities from participation in Medicare, Medicaid, and other federal health care programs.

The report reiterates high-profile fraud cases for **Passages Hospice** in Illinois related to GIP overbilling and kickbacks (see Eli's Hospice Insider, Vol. 10, No. 4); **Hospice Plus, Goodwin Hospice**, and **Phoenix Hospice** in Texas paying kickbacks for referrals; physician **Nathaniel Brown** taking kickbacks for bogus referrals to **Milestone Hospice** and **Sandanna Hospice** in Mississippi (Vol. 10, No. 10); **Home Care Hospice Inc.** in Pittsburgh and its owner **Matthew Kolodesh** and codefendants billing for services that were unnecessary or not provided and overbilling for GIP (Vol. 8, No. 2); long-term care company **Genesis Healthcare Inc.'s** \$53.6 million payment to settle hospice and therapy overbilling charges (Vol. 10, No. 8); and Ohio-based **Foundations Health Solutions Inc., Olympia Therapy Inc., and Tridia Hospice Care Inc.**, and two of their executives' \$19.5 million payment to settle allegations of false claims for medically unnecessary rehab therapy and hospice services (Vol. 10, No. 10).

The report also notes that the OIG's Civil Division's Commercial Litigation Branch (Fraud Section) "has continued to pursue claims against hospice providers for billing Medicare for patients who did not have a terminal prognosis of six months or less or who received medically unnecessary services."

Note: See the 95-page report at <https://oig.hhs.gov/publications/docs/hcfac/FY2017-hcfac.pdf>.