

Eli's Hospice Insider

Fraud & Abuse: Hospice Fraud Case Takes Center Stage

Physician receives 3 years in hospice fraud scheme.

Cases like the one for **Angel Eye Hospice** in Nevada are not helping the industry live down its burgeoning fraud reputation.

The **HHS Office of Inspector General** and **Department of Justice** jointly announced their "largest ever health care fraud enforcement action by the Medicare Fraud Strike Force."

The stats: The "National Health Care Fraud Takedown" conducted on July 13 involved 412 charged defendants across 41 federal districts, including 115 doctors, nurses, and other licensed medical professionals, for their alleged participation in healthcare fraud schemes involving about \$1.3 billion in false billings, the DOJ and OIG say in a release. HHS has initiated suspension actions against 295 providers, including doctors, nurses, and pharmacists, and 30 state Medicaid Fraud Control Units participated in that day's arrests.

While a large portion of the cases involved opioid abuse and other drug prescribing problems, there was also a high-profile hospice case in Nevada. Two defendants, including a physician, were charged in a scheme involving false hospice claims.

Angel Eye Hospice received about \$7.1 million in Medicare payments from 2012 to 2015 despite its owner, physician **Camilo Primero**, being excluded from Medicare for a previous hospice fraud case with California-based **West Coast Hospice**, the indictment in the case says. When Angel Eye had its Medicare payments suspended, Primero and another defendant bought **Vision Home Health Care**, formed **Adventist Hospice**, and received another \$1.8 million in Medicare reimbursement from 2015 to the present. The defendants concealed Primero's ownership in Angel Eye, Vision and Adventist, and submitted claims for patients who weren't terminally ill, prosecutors allege.

Meanwhile, non-takedown enforcement actions against hospices continue as well, other cases show.

In Ohio: Tridia Hospice Care Inc. is one of three companies that has agreed to pay \$19.5 million to settle charges that they falsely billed Medicare for medically unnecessary hospice and SNF rehab services.

From 2011 through 2013, Tridia submitted false claims to Medicare for hospice services provided to patients who were ineligible for the Medicare hospice benefit because Tridia failed to conduct proper certifications or medical examinations, the DOJ alleges in a release. The settlement also resolves allegations that from 2008 through 2012, Tridia owners and managers **Brian Colleran** and **Daniel Parker** solicited and received kickbacks to refer patients from SNFs managed by their management companies to **Amber Home Care**.

In Mississippi: A physician convicted in a hospice fraud scheme has received a prison sentence of more than three years, three years of supervised release, and an order for \$1.9 million in restitution, the DOJ says in a release. Dr. **Nathaniel Brown** pled guilty in January to referring patients who were not hospice-appropriate to **Milestone Hospice** and **Sandanna Hospice**, and to receiving \$47,750 in payments by check from the hospice owner in addition to cash payments, the DOJ says.

Note: See links to the takedown indictments at www.justice.gov/opa/documents-and-resourcesjuly-13-2017.