

## Eli's Hospice Insider

### Lawsuits: Hospice Employee Whistleblowers Rake In Millions

#### Feds keep the heat on hospice providers in recent weeks.

A whistleblower in the case against one of Tennessee's largest home care providers will receive a cool \$3.9 million from the settlement of the fraud allegations.

**CareAll Management** and its affiliated entities have agreed to pay \$25 million, plus interest, to the United States and the state of Tennessee to resolve allegations that CareAll submitted false claims and upcoded home care billings to Medicare and Medicaid, according to a **Department of Justice** news release.

The settlement resolves allegations that between 2006 and 2013, CareAll overstated the severity of patients' conditions and billed for services that were not medically necessary and rendered to patients who were not homebound, the DOJ says.

Two years ago, CareAll agreed to a \$9 million settlement over cost report fraud allegations.

The whistleblower was the former director of services for CareAll's Knoxville office and a registered nurse, **Tony Gonzales**, according to whistleblower law firm **McCabe Rabin** in West Palm Beach, Fla.

#### Feds Press Hospices On Fraud

Whistleblowers from two more hospices' own staff are what led to the providers facing stiff settlements in Medicare fraud cases.

**In Las Vegas:** The federal government has filed suit against **Creekside Hospice II** and its parent company, alleging that the hospice engaged in a number of fraudulent marketing practices, among other violations. The suit consolidates two qui tam filings from Creekside clinical managers **Joanne Cretney-Tsosie** and **Veneta Lepera**, the DOJ notes in a release.

The government's complaint alleges that Creekside submitted false claims for patients who weren't terminally ill. "The companies allegedly directed staff to enroll patients in the hospice program regardless of the patients' eligibility for hospice benefits, sometimes by instructing staff to change records after the hospice submitted claims for payment to indicate that all requirements had been met," the DOJ says. And it alleges that Creekside management "aggressively discouraged staff from permitting patients or their families to revoke their elections to accept hospice benefits." Plus, "staff at Creekside were discouraged from documenting known improvements in a patient's health in the medical record, called 'Chart Killers' by the hospice," the release adds.

Creekside staff also faked face-to-face visits with physicians and upcoded claims for medical directors' services, according to the lawsuit. The scheme resulted in tens of millions of dollars' worth of false claims, DOJ says.

"Too often ... companies abuse this critical service by using aggressive marketing tactics to pressure patients who do not need, and may be ill-served, by these services in order to get higher reimbursements from the government," Acting Assistant Attorney General **Joyce R. Branda** says in the release.

**In Georgia:** Dublin-based **Serenity Hospice Care** has settled fraud charges for \$581,000, the DOJ says in a separate release. The hospice submitted claims for ineligible patients, the feds said.

A former billing clerk who helped in the 2013 filing of the qui tam lawsuit that sparked the case is set to receive \$110,485 of the government's cut, reports The (Macon) Telegraph.

