

## Report on Medicare Compliance Volume 28, Number 16. April 29, 2019 News Briefs: April 29, 2019

By Nina Youngstrom

- ♦ National Spine & Pain Centers (NSPC) and Physical Medicine Associates (PMA) in Virginia have agreed to pay about \$3.3 million to settle false claims allegations over incident—to billing and urine drug tests, the U.S. Attorney's Office for the Eastern District of Virginia said April 25. The pain management clinics allegedly billed Medicare for services provided by physician assistants and nurse practitioners as if physicians performed the services, ordered medically unnecessary urine drug tests and billed for urine drug tests in violation of the Stark Law and/or the Anti–Kickback Statute, the U.S. attorney's office alleged. The lawsuit was set in motion by a whistleblower who was a former PMA physician assistant. NSPC and PMA did not admit liability in the settlement. Visit <a href="http://bit.lv/2ILQqzu">http://bit.lv/2ILQqzu</a>.
- ♦ HHS on April 19 released five new answers to frequently asked questions about access rights, apps and application programming interfaces under HIPAA. Visit <a href="http://bit.ly/2UE4ixu">http://bit.ly/2UE4ixu</a>.
- ♦ Astellas Pharma US Inc. and Amgen Inc. have agreed to pay \$124.75 million to settle false claims allegations they paid Medicare copays for their own high-priced drugs, the Department of Justice and U.S. Attorney's Office for the District of Massachusetts said April 25. The Anti-Kickback Statute prohibits pharmaceutical companies from offering or paying remuneration, including copays, to induce Medicare patients to buy the drug company's medications. "According to the allegations in today's settlements, Astellas and Amgen conspired with two copay foundations to create funds that functioned almost exclusively to benefit patients taking Astellas and Amgen drugs," said U.S. Attorney Andrew E. Lelling. "As a result, the companies' payments to the foundations were not 'donations,' but rather were kickbacks that undermined the structure of the Medicare program and illegally subsidized the high costs of the companies' drugs at the expense of American taxpayers." They did not admit liability in the settlement. Visit <a href="http://bit.ly/2L4YltS">http://bit.ly/2L4YltS</a>.
- ♦ A former University of Pittsburgh Medical Center (UPMC) patient care coordinator at a Butler County medical office admitted in federal court in Pennsylvania that she had accessed more than 100 patient files and disclosed some of them, in one case in an email sent to a company that had fired her. Linda Sue Kalina pleaded guilty to one count of wrongful disclosure of health information in violation of HIPAA, according to the *Pittsburgh Post-Gazette*. She was indicted last year on six counts in relation to accessing files while she worked at Tri Rivers Musculoskeletal in Mars, Pennsylvania, and later at Allegheny Health Network (AHN). Prosecutors said she violated HIPAA from December 2016 through August 2017, accessing patient information for 111 UPMC patients and two AHN patients, according to her indictment. She disclosed information four times, the indictment said. Among her targets were employees at a construction firm where she had worked for 24 years before being fired. She emailed gynecological records for the woman who replaced her to that firm's controller, and also left a voicemail on the company answering machine with information about that woman and another employee. Kalina is scheduled to be sentenced in June. Read more at <a href="https://bit.ly/2XYwmOR">https://bit.ly/2XYwmOR</a>.

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