

Report on Medicare Compliance Volume 28, Number 23. June 24, 2019 Ambulance Provider Settles FCA Case; Entries Allegedly Were Changed

By Nina Youngstrom

An ambulance provider that allegedly billed Medicare for medically unnecessary trips agreed to pay \$1.25 million to settle a False Claims Act (FCA) lawsuit in a case that alleged false documentation and coerced employees. Hart to Heart Transportation Services in Maryland; EMS Billing Solutions; and their owners and operators, John Skidmore, Richard Skidmore and Terry Skidmore, allegedly billed Medicare for ambulance rides for patients who could have been transported by wheelchair vans or other vehicles, the U.S. Attorney's Office for the District of Maryland said June 20.

"A former Hart to Heart manager described the company's transit philosophy as 'you call, we haul, that's all,'" according to the FCA complaint.

The case was set in motion by a whistleblower, Bryan Arvey, a former ambulance driver for Hart to Heart, who filed an amended complaint in 2015. The Department of Justice (DOJ) intervened, filing its own complaint in 2018.

The complaint alleged that Hart to Heart, through EMS, its billing arm, submitted thousands of false Medicare claims and collected millions of dollars from 2010 until 2018. In the settlement, the government alleged the defendants pressured ambulance crewmembers to transport patients by nonemergency basic life support (BLS) ambulances when it wasn't medically necessary and created phony documentation "relating to patients' ability to sit, stand or walk." Hart to Heart billed Medicare using CPT code A0428 with modifiers HN, HR and HE, for patients discharged from the hospital to their residence, including home, assisted living facility and skilled nursing facility.

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