

Report on Medicare Compliance Volume 28, Number 27. July 29, 2019 News Briefs: July 29, 2019

By Nina Youngstrom

- ♦ Van Nuys Healthcare Center, a nursing home in California, has agreed to pay \$1.138 million in a civil monetary penalty settlement. The HHS Office of Inspector General (OIG) alleged Van Nuys Healthcare submitted false or fraudulent claims to Medicare. Specifically, the director of nursing and minimum data set (MDS) coordinator at the nursing home allegedly reported false assessment reference dates on MDS reports from July 1, 2012, to May 1, 2017. The settlement stems from Van Nuys Healthcare Center's self-disclosure to OIG. It was accepted into OIG's Self-Disclosure Protocol. The nursing home didn't admit liability in the settlement.
- ♦ Universal Health Services (UHS), a large hospital management company, announced that it has reached an agreement in principle with the Department of Justice (DOJ) to settle a civil investigation of its behavioral health facilities for \$127 million. "We have further been advised that the previously disclosed investigations being conducted by the DOJ's Criminal Frauds Section in connection with these matters have been closed. We are awaiting the initial draft of a potential corporate integrity agreement with the [HHS] Office of Inspector General" that it expects will be part of the settlement, UHS says. The settlement is still subject to approval. Visit http://bit.ly/2ZdjHaX.

This document is only available to subscribers. Please log in or purchase access.

Purchase Login