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By Nina Youngstrom

◆ **The former CEO of Putnam County Memorial Hospital in Unionville, Missouri, pleaded guilty to one count of conspiracy to commit health care fraud, the Department of Justice said Oct. 29.** David Lane Byrns also will forfeit $5.1 million. According to his guilty plea, Byrns and another person took control of the rural hospital through a management agreement with its board. "Byrns and others, including a laboratory owner, then arranged for urine drug tests (UDTs) and blood tests to be performed on a massive scale at diagnostic testing laboratories outside Missouri, on behalf of individuals who were not Putnam patients and who otherwise had no connection to Putnam," DOJ said. "To obtain samples for testing, Byrns and his co-conspirators entered into arrangements with marketers, who solicited samples from substance abuse treatment centers, sober living homes, physicians' offices and other sources throughout the United States, in exchange for a portion of the insurance reimbursements." Tests often weren't medically necessary, and they were billed to Missouri Medicaid and private insurers using Putnam's in-network contracts, which yielded more favorable reimbursement rates. The payers forked over about $114 million to Putnam over 15 months, most of which was split among Byrns and his co-conspirators, DOJ said. http://bit.ly/34mVtxb.

◆ **Medicare beneficiaries treated by fraud and abuse perpetrators (FAPs) were more likely to have bad outcomes, according to a study reported in the Oct. 28 edition of JAMA Internal Medicine.** "This study's findings suggest that receiving medical care from FAPs may be associated with significantly higher rates of all-cause mortality and emergency hospitalization after risk adjustment. Identifying and permanently removing FAPs from the Medicare program may be associated with improved beneficiary health in addition to financial savings," the researchers, from the Johns Hopkins University School of Medicine and Johns Hopkins Bloomberg School of Public Health, reported. Visit http://bit.ly/2PGEEcr.

◆ **Connecticut Rheumatologist Crispin Abarientos, who owned Middlesex Rheumatology in Middletown, was sentenced to 37 months in prison for defrauding Medicaid, the U.S. Attorney's Office for the District of Connecticut said Oct. 30.** Abarientos prescribed the medication Remicade for rheumatoid arthritis. For patients on Medicaid who needed Remicaid, he submitted a claim, and Connecticut Medicaid paid Caremark Massachusetts Specialty Pharmacy, which delivered the medication to his practice for the patient, with no out-of-pocket costs. But from September 2013 to January 2018, Abarientos submitted false Medicaid claims for the delivery of Remicade to patients of Middlesex Rheumatology who he knew were not being treated with Remicade, the U.S. attorney's office said. "Abarientos then proceeded to infuse the fraudulently obtained Remicade into Medicare patients or patients with commercial insurers, and submitted claims to those insurers for reimbursement, which he was able to keep as profit for himself," according to the U.S. attorney's office. The doctor pleaded guilty to one count of health care fraud in June. Visit http://bit.ly/2N4LJBZ.

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