

Report on Medicare Compliance Volume 30, Number 35. October 04, 2021 More Providers Settle CMP Cases Over PRF; OIG: Attestations Had False Information

By Nina Youngstrom

Two more providers have settled allegations they made false statements to get money from the HHS Provider Relief Fund (PRF), the HHS Office of Inspector General (OIG) said.

441 Urgent Care Center LLC, a medical group in Summerfield, Florida, agreed to pay \$165,608 in a civil monetary penalty (CMP) settlement. OIG alleged that an employee of 441 Urgent Care attested in the PRF portal that it was eligible for the COVID-19 relief money for various reasons, including that its Medicare billing privileges had not been revoked. “However, at the time of attestation, HHS had revoked 441’s Medicare billing privileges,” according to OIG’s website.^[1]

OIG declined to reveal how it learned 441 Urgent Care Center’s billing privileges were revoked “because OIG does not discuss our specific investigative techniques.” Attorney Andrew Wachler, who represents 441 Urgent Care Center, said “sometimes parties enter into a reasonable settlement without making any admissions, and that’s what happened in this case.”

In an unrelated CMP settlement, Oasis Healthcare Inc., a home health care agency in Stafford, Texas, and Quizena Walker, agreed to pay \$15,123 to resolve allegations they made a false statement on the PRF attestation. “Specifically, OIG contends that on May 7, 2020, Walker attested in the HHS Provider Relief Fund Portal that Oasis was eligible to receive a Provider Relief Fund payment because, among other things, Oasis’s Medicare billing privileges had not been revoked and it had not been terminated from participating in Medicare,” OIG said on its website.^[2] “However, at the time of this attestation, Oasis’s Medicare billing privileges were revoked and its participation in Medicare had been terminated.”

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