

## Report on Medicare Compliance Volume 30, Number 44. December 13, 2021 After Compliance Class, CFO Requests Audit That Leads to Self-Disclosure, Settlement

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By Nina Youngstrom

After the chief financial officer of Pettis County Ambulance District in Missouri took courses on ambulance coding and compliance, she decided it was time for an internal audit. That was fortuitous for the ambulance provider, because the audit turned up mistakes in its billing for hospital-to-hospital transports that are better discovered internally. The next move was an audit trip back in time consistent with Medicare's 60-day overpayment refund rule, and then Pettis County Ambulance District self-disclosed to the HHS Office of Inspector General (OIG) and subsequently agreed to pay \$690,833 in a recent settlement.

The courses were "the genesis of the entire self-disclosure," said attorney Kenneth Brody, with Page, Wolfberg & Wirth in Mechanicsburg, Pennsylvania, who represented the ambulance provider.

According to the settlement, which was obtained through a Freedom of Information Act request, OIG contends that Pettis County Ambulance District submitted claims to Medicare, Medicaid, TRICARE, the Civilian Health and Medical Program of the Department of Veterans Affairs, Veterans Affairs, and Railroad Retirement Board for items or services that were false or fraudulent. Specifically, between Oct. 1, 2013, and June 6, 2019, OIG alleged the ambulance provider billed for emergency transports that actually were nonemergency hospital-to-hospital transports.

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