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### Five Hospitals Settle Case Over Exclusions; How Medicaid MCOs Overlooked an Excluded Provider

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By Nina Youngstrom

Five hospitals have agreed to pay \$250,464 in the same settlement with the HHS Office of Inspector General (OIG) over people they employed who were excluded from federal health care programs and/or Medicaid. The hospitals are Monroe Hospital, North Vista Hospital, Paradise Valley Hospital, San Dimas Community Hospital and St. Mary's Regional Medical Center, according to the civil money penalty settlement. The settlements stem from the hospitals' self-disclosures to OIG and participation in its Self-Disclosure Protocol.

The case underscores the importance of screening employees for exclusions from Medicaid as well as federal health care programs. "States impose Medicaid exclusions that just apply to their states," and 42 states now have their own Medicaid exclusion databases, said Michael Rosen, founder of ProviderTrust. Medicaid managed care organizations (MCOs) also are obliged to check for exclusions from federal and state health care programs, said Robyn Hoffmann, senior manager of compliance and credentialing at BerryDunn in Connecticut. And some health care organizations run employees through the Medicare opt-out list and National Practitioner Data Bank. "You have to think more broadly and continually monitor these types of exclusion sites and registries because something can change in an instant," said Christa Bernacchia, senior manager and director of credentialing services for Berry Dunn.

Here's a summary of OIG's allegations in the civil monetary penalty settlement, which was obtained through the Freedom of Information Act:

- Monroe Hospital employed Danae Fleener for the provision of items or services from Aug. 20, 2020, to Nov. 5, 2020. Fleener is listed as nurse/nurse's aide in the OIG's List of Excluded Individuals and Entities (LEIE). "OIG contends that Monroe knew or should have known that Fleener was excluded from participation in all Federal health care programs and that no Federal health care program payments could be made for items or services furnished by Fleener," the settlement states.
  - An excluded physician was a member of St. Mary's medical staff and ordered items or services from July 18, 2018, to June 9, 2021, that California Medicaid, known as Medi-Cal, may pay for. "The OIG contends that St. Mary's knew or should have known that [the physician] was excluded from participation in Medi-Cal and that no Medi-Cal payments could be made for items or services furnished, ordered, or prescribed by" the physician, who wasn't identified.
  - OIG alleged that from Aug. 1, 2017, to Aug. 23, 2021, North Vista employed an excluded person for the provision of items or services for which Medi-Cal may have paid. OIG contends that North Vista knew or should have known the person was excluded from Medi-Cal and no payments could be made for items or services provided by them.
  - OIG alleged Paradise Valley employed Nina Rivers from Oct. 8, 2019, to April 12, 2021, for the provision of items or services for which payment may be made under Medi-Cal. "The OIG contends that Paradise Valley knew or should have known that Rivers was excluded from participation in Medi-Cal and that no Medi-Cal
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payments could be made for items or services furnished by Rivers,” the settlement said. She is not on the LEIE.

- From April 26, 2017, to Dec. 7, 2017, and from Feb. 4, 2018, to March 3, 2021, OIG alleged San Dimas employed an excluded person for furnishing items or services for which payment may be made by a federal health care program, and that the hospital knew or should have known this person was excluded and no federal health care payments could be made for items or services they provided.

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