

Date	Provider	Self-Disclosure	Amount of CMP Assessed	HHS-OIG Comments - General Description
10/30/2014	Nursing Home	Yes	\$92,344.60	<p>After it self-disclosed conduct to OIG, [Nursing Home], agreed to pay \$92,344.60 for allegedly violating the Civil Monetary Penalties Law. OIG alleged that [Nursing Home] employed an individual that it knew or should have known was excluded from participation in Federal health care programs.</p>
10/24/2014	Nursing Home	No – OIG Investigation	\$357,341.96	<p>[Nursing Home] the general partner of 74 skilled nursing and long-term-care facilities . . . entered into a settlement agreement with the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services, effective October 24, 2014. The \$357,341.96 settlement resolves allegations that seven facilities operated by [Nursing Home] each employed an individual who was excluded from participating in any Federal health care programs. These facilities then billed Federal health care programs for items or services provided by the excluded individuals.</p> <p>Five of the seven individuals were identified through a data analysis project initiated by the OIG's Office of Audit Services. During OIG's investigation, [Nursing Home] identified two additional employees who were excluded as well.</p>

10/16/2014	Nursing Home	No – OIG Investigation	\$41,129.76	<p>[A] skilled nursing facility . . . entered into a settlement agreement with the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services, effective October 16, 2014. The \$41,129.76 settlement resolves allegations that [nursing home] employed an individual who was excluded from participating in any Federal health care programs. OIG's investigation revealed that the excluded individual, a certified nursing assistant, provided items and services to . . . patients that were billed to Federal health care programs.</p>
9/19/2014	University-based hospital and community medical centers	Yes	\$470,422.85	<p>After it self-disclosed conduct to OIG, [University-based hospital and community medical centers] agreed to pay \$470,422.85 for allegedly violating the Civil Monetary Penalties Law. OIG alleged that the [University-based hospital and community medical centers] employed an individual that it knew or should have known was excluded from participation in Federal health care programs.</p>

9/10/2014	Pain Physician	No – OIG Investigation	\$590,763.45	<p>[Pain Physician] entered into a \$590,763.45 settlement agreement with the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services, effective September 10, 2014. The settlement resolves allegations [Pain Physician] submitted false or fraudulent claims to Medicare. Specifically, OIG contends [Pain Physician] submitted claims to Medicare for high and low/moderate complexity urine drug tests exceeding the number of units allowed by Medicare by using a code to bypass computer programming that would have otherwise rejected such claims. The OIG also contends that [Pain Physician] submitted claims for high complexity drug tests when it performed less-expensive low or moderate complexity drug tests.</p>
8/5/2014	University-based hospital and community medical centers	Yes	\$10,000	<p>After it self-disclosed conduct to OIG, [University-based hospital and community medical centers] agreed to pay \$10,000 for allegedly violating the Civil Monetary Penalties Law. OIG alleged that [University-based hospital and community medical centers] employed an individual that it knew or should have known was excluded from participation in Federal health care programs.</p>

8/5/2014	Laboratory and Radiology Services	Yes	\$1,983,907.51	After it self-disclosed conduct to OIG, [Laboratory and Radiology Service] agreed to pay \$1,983,907.51 for allegedly violating the Civil Monetary Penalties Law. OIG alleged that [Laboratory and Radiology Service] employed four individuals that it knew or should have known were excluded from participation in Federal health care programs.
7/11/2014	University-based hospital and community medical centers	No – OIG Investigation	\$197,839.94	OIG alleged that [University-based hospital and community medical centers] employed three individuals who were excluded from participating in any Federal health care programs.
7/11/2014	Nursing & Rehabilitation Center	No – OIG Investigation	\$30,121.82	OIG alleged that [Nursing & Rehabilitation Center] employed a [nurse] who was excluded from participating in any Federal health care programs.
5/29/2014	Nursing & Rehabilitation Center	No – OIG Investigation	\$110,712.60	"The \$110,712.60 settlement resolves allegations that [Nursing & Rehabilitation Center] employed an individual who was excluded from participating in any Federal health care programs. When the excluded individual applied to be reinstated into Federal health care programs, she reported on her application that she was employed by [Nursing & Rehabilitation Center] as a nurse for two years during her exclusion. During her employment tenure, she allegedly provided items or services reimbursed by Federal health care programs, which is prohibited for excluded individuals."

3/7/2014	Nursing & Rehabilitation Center	Yes	\$243,266.31	"OIG alleged that [Nursing & Rehabilitation Center] employed an individual that it knew or should have known was excluded from participation in Federal health care programs."
2/18/2014	Nursing & Rehabilitation Center	Yes	\$27,617.37	"OIG alleged that [Nursing & Rehabilitation Center] employed an individual that it knew or should have known was excluded from participation in Federal health care programs."