

## Report on Medicare Compliance Volume 32, Number 12. March 27, 2023 Hospital, Practice Settle FCA Allegations Over Use of Provider Number

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In a case about the misuse of a provider number, a Maryland hospital and an independent medical practice have agreed to pay \$2.2 million to settle false claims allegations over Medicare and Medicaid billing for certain

radiology tests, the U.S. Attorney's Office for the District of Maryland said March 20.<sup>[1]</sup> Luminis Health Doctors Community Medical Center Inc. and Diagnostic Imaging Associates LLC. (DIA), both in Lanham, allegedly had an arrangement where the hospital's outpatient cancer screening center—which didn't have a provider number billed for the technical component of radiology services under DIA's provider number.

Although DIA was a party to the settlement, Luminis "is taking financial responsibility for the settlement," a spokesperson said.

The settlement was set in motion by a joint Luminis–DIA submission to the HHS Office of Inspector General's (OIG) Self–Disclosure Protocol. "Shortly after Luminis Health acquired Doctors Community Hospital in the summer of 2019, our compliance department discovered the Breast Center was using the wrong provider number for billing certain services," Luminis said in a statement. Luminis said it "immediately investigated the matter, took action to fix the problem and self–reported it." The statement added that "Luminis Health has a robust compliance program that seeks to prevent, identify and mitigate potential activity that does not comply with health regulations. This self–disclosure demonstrates our commitment and effectiveness of our proactive compliance program."

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