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Penn State Settles FCA Case Over Wellness Visits; Compliance Discovered a 'Discrepancy'

By Nina Youngstrom

Penn State Health has agreed to pay \$11.7 million to settle false claims allegations over Medicare annual wellness visits, the U.S. Attorney's Office for the Middle District of Pennsylvania said Feb. 7.^[1] It may be the first False Claims Act settlement for annual wellness visits, which are a risk area because reimbursement for the entire visit may go out the window if physicians fail to document any of the required components. To drive the point home, annual wellness visits have earned a spot on at least one Medicare administrative contractor's Targeted Probe and Educate—CGS Medicare.

According to the settlement, the government alleges that Penn State Health, a multihospital system that includes Milton S. Hershey Medical Center, billed Medicare for annual wellness visits that weren't supported by the medical records between Dec. 1, 2015, and Nov. 30, 2022. As a result, it received money it wasn't entitled to, the government alleged.

The settlement stemmed from Penn State Health's voluntary self-disclosure to the U.S. attorney's office. Penn State Health said its compliance office "discovered a discrepancy with regard to documentation requirements for Medicare Annual Wellness Visits. Not all required components to bill Medicare for Annual Wellness Visits were captured in the documentation." After an internal review and external compliance audit, Penn State Health took steps to prevent future occurrences, according to its statement. "This includes modifying Medicare Annual Wellness Visit documentation templates across all Electronic Health Record platforms to facilitate the capture of the Medicare Annual Wellness Visit components" as required by CMS. "It also includes implementing a comprehensive Medicare Annual Wellness Visit training and education program for providers and clinical staff."

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