

Health Headlines

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Tenet Will Pay \$42.75 Million to Settle Inpatient Rehabilitation Admissions Investigation

On April 10, 2012, the DOJ announced that Tenet Healthcare Corporation will pay \$42.75 million to settle civil allegations that Tenet violated the False Claims Act by improperly billing CMS for services provided at inpatient rehabilitation facilities.

Inpatient rehabilitation facilities provide intensive rehabilitation services for patients requiring a higher level of treatment, therapy and medical supervision than what can be provided at other facilities, such as acute care hospitals or skilled nursing facilities. The Medicare payment rates for services provided at inpatient rehabilitation facilities are generally higher than services provided at other facilities or in other settings.

At issue were inpatient rehabilitation facility admissions at 25 Tenet locations between May 2005 and December 2007. The DOJ alleged that Tenet improperly billed Medicare for treatment of patients at its inpatient rehabilitation facilities when those patients could have been treated at a lower level of care in a different setting.

The investigation and settlement are the result of Tenet's self-disclosure. During an internal compliance review in 2007, Tenet discovered overpayments related to inpatient rehabilitation services provided at a facility in Georgia and self-disclosed the improper payments in accordance with OIG protocol and the terms of a five-year corporate integrity agreement with OIG in effect at that time.

According to the DOJ, the Tenet settlement is the government's single largest recovery concerning improper admissions to inpatient rehabilitation facilities.

A link to the DOJ press release is available by clicking [here](#). A link to the Tenet press release is available [here](#).

Reporter, *Jesica M. Eames*, Atlanta, +1 404 572 2821, jeames@kslaw.com.

Health Headlines – Editor:

Dennis M. Barry
dbarry@kslaw.com
+1 202 626 2959

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