

Sean McKenna in Fierce Health Payer Antifraud: Therapy benchmarks serve as a red flag for SNF false claims

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Skilled nursing facility therapy payments have been in the fraud, waste and abuse spotlight in the wake of claims data that shows Medicare has been overpaying as much as \$1.5 billion each year.

And a recent nine-figure settlement with a national rehab contractor may have opened the door to a flood of future False Claims Act (FCA) litigation ...

"Outlier therapy costs have been an issue with the government for as long as I can remember," [Sean McKenna](#), a partner with Haynes Boone LLP in Dallas, Texas, said in an exclusive interview with FierceHealthPayer: AntiFraud.

Although the data may have pointed to patterns of overbilling, until recently there has been very little government enforcement. In January, the Department of Justice announced that RehabCare, a subsidiary of Kindred Healthcare, would pay \$125 million to settle claims it billed Medicare for unnecessary therapy services. Federal prosecutors alleged the nation's largest rehab contractor presumptively placed patients on the highest reimbursement level and gave program directors specific targets for ultra-high RUGs.

Excerpted from Fierce Health Payer: Antifraud. To read the full article, [please click here](#).