

# PUBLICATION

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## False Claims Act Developments for Providers

July 21, 2015

In a pattern that has become all too familiar across the health care industry, fraud investigation and enforcement activity involving long term care providers continues to pick up steam:

- "Nursing Home Operator to Pay \$48 Million to Resolve Allegations That Six California Facilities Billed for Unnecessary Therapy"
- Therapy Provider "Agrees to Pay \$38 Million to Settle False Claims Act Allegations Relating to the Provision of Substandard Nursing Care and Medically Unnecessary Rehabilitation Therapy"
- "Florida Skilled Nursing Facility Agrees to Pay \$17 Million to Resolve False Claims Act Allegations"

Although the allegations behind each settlement may differ, these cases all demonstrate the government's continued reliance on the Federal False Claims Act (FCA) to pursue claims of fraud and abuse against federal health care programs (FHCPs). From its humble beginnings as a means to protect the Union Army from unscrupulous defense contractors during the Civil War, the FCA has grown into a multi-billion dollar growth industry for both government enforcement agencies and private "qui tam" plaintiffs. Nowhere is this trend more evident than in the LTC industry.

Click [here](#) to read "False Claims Act Developments for Providers" in its entirety on *McKnight's*.