

STAT LAW April 2010

FLORIDA PHYSICIAN PLEADS GUILTY

The United States Attorney for the Middle District of Florida announced that Jeffrey Friedlander, M.D. pleaded guilty to conspiring to illegally distribute and dispense controlled substances and Medicare fraud. The maximum penalty for the drug conspiracy is twenty years in federal prison and the maximum penalty for the Medicare fraud is ten years. Dr. Friedlander practiced from offices in Tampa, Lakeland, Orlando, Jacksonville, and St. Petersburg.

ORLANDO VA MEDICAL CENTER NAMED NATIONAL SIMULATION SITE

The Orlando VA Medical Center, set to open in 2010, will be the location of the Department of Veterans Affairs Medical Simulation Center for Excellence. The Simulation Center will be used to train VA physicians from all parts of the county. The Orlando VA Medical Center is part of Medical City that will also be the location for Nemours Children's Hospital, the Burnham Institute and the University of Central Florida College of Medicine.

ACCREDITATION REQUIRED TO PERFORM ADVANCED DIAGNOSTIC TESTS

Every physician providing the technical component of advanced diagnostic imaging services must be accredited by January 1, 2012. Advanced diagnostic imaging services are defined as magnetic resonance imaging (MRI), computed tomography (CT) and nuclear medicine imaging such as positron emission tomography (PET). The approved accreditation organizations are the American College of Radiology, the Intersocietal Accreditation Commission and the Joint Commission.

PECOS DEADLINE EXTENDED

The Centers for Medicare & Medicaid Services (CMS) postponed the date when physicians and group practices must be enrolled in the Provider, Enrollment, Chain and Ownership System (PECOS) until January 3, 2011. All physicians and group practices should ensure that they have enrolled in the PECOS system. In particular, physicians that enrolled in Medicare before 2003 may not be enrolled in the PECOS system.

USUAL AND CUSTOMARY CHARGES FOR OUT OF NETWORK PROVIDERS

A Florida Court has defined a out-of-network hospital's usual and customary charges for emergency services as the fair market value of the services provided. The Court said the fair market value of services should be based upon billed amounts as well as the amounts providers accepted as payment. However, the Court also said that the Medicare and Medicaid reimbursement rates should not be used in the determination because those rates were not arm's-length transactions.