



Dr. Akinlolu PELUOLA

Charges

Date Charge(s) Laid:	October 10, 2023
Charge(s) Amended:	November 13, 2024
Hearing:	Completed
Charge(s):	Billing, Improper
Outcome Date:	November 29, 2024

The Executive Committee of the College of Physicians and Surgeons directs that, pursuant to section 47.5 and/or section 47.6 of *The Medical Profession Act, 1981*, the Discipline Committee hear the following charges against Dr. Akinlolu Peluola, namely:

CHARGE 1

You Dr. Akinlolu Peluola are guilty of unbecoming, improper, unprofessional or discreditable conduct contrary to the provisions of sections 46(i), 46(j), 46(k), 46(l), 46(o) and/or 46(p) of *The Medical Profession Act, 1981*; and/or paragraph 44 of the Code of Ethics contained in bylaw 7.1 of the bylaws as it existed in 2017 and 2018; and/or bylaw 8.1(b)(iii) of the bylaws of the College of Physicians and Surgeons of Saskatchewan, by excessive billing and/or claiming for services not provided in relation to your office practice.

The evidence that will be led in support of this charge will include some or all of the following:

- 1) During the period from approximately September 2017 to approximately December 2018 you caused or permitted excessive billing to Medical Services Branch for Payment Code 50E in connection with your office practice.
- 2) During the period from approximately September 2017 to approximately December 2018 you provided professional services (simple psychological testing Code 50E in the Payment Schedule for Insured Services Provided by a Physician) in connection with your office practice that in volume or in relation to other professional services provided by you, was not justifiable on any reasonable grounds;
- 3) During the period from approximately September 2017 to approximately December 2018 you provided and billed for professional services (simple psychological testing Code 50E in the Payment Schedule for Insured Services Provided by a Physician) in connection with your office practice that were not necessary for patient management.
- 4) During the period from approximately September 2017 to approximately December 2018 you caused or permitted excessive billing to Medical Services Branch for Payment Code 9E and/or 10E in connection

with your office practice when you had not met the requirements of the Payment Schedule for that billing.

- 5) During the period from approximately September 2017 to approximately December 2018 you caused or permitted excessive billing to Medical Services Branch for Payment Code 9E and/or 10E in connection with your office practice when the patients has not been referred to you by another physician.
- 6) During the period from approximately September 2017 to approximately December 2018 you caused or permitted excessive billing to Medical Services Branch for Payment Code 9E and/or 10E in connection with your office practice but you did not provide a recommendation to the referring doctor.

CHARGE 2

You Dr. Akinlolu Peluola are guilty of unbecoming, improper, unprofessional or discreditable conduct contrary to the provisions of sections 46(i), 46(j), 46(k), 46(l), 46(o) and/or 46(p) of *The Medical Profession Act, 1981*; and/or paragraph 44 of the Code of Ethics contained in bylaw 7.1 of the bylaws as it existed in 2017 and 2018 ; and/or bylaw 8.1(b)(iii) of the bylaws of the College of Physicians and Surgeons of Saskatchewan, by excessive billing and/or claiming for services not provided in relation to patients at Spruce Manor Special Care Home and/or at Warman Mennonite Special Care Home.

The evidence that will be led in support of this charge will include some or all of the following:

- 1) During the period from approximately September 2017 to approximately December 2018 you caused or permitted excessive billing to Medical Services Branch in connection with the services that you provided to patients at Spruce Manor Special Care Home and/or at Warman Mennonite Special Care Home.
- 2) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for simple psychological testing Code 50E in the Payment Schedule for Insured Services Provided by a Physician) when you had not provided the services to bill for that service.
- 3) During the period from approximately September 2017 to approximately December 2018 you provided professional services in relation to patients at Spruce Manor Special Care Home and/or at Warman Mennonite Special Care Home in volume or in relation to other professional services provided by you, were not justifiable on any reasonable grounds;
- 4) During the period from approximately September 2017 to approximately December 2018 you provided professional services in relation to patients at Spruce Manor Special Care Home and/or at Warman Mennonite Special Care Home that were not necessary for patient management.
- 5) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for Code 40E and/or 41E in the Payment Schedule for Insured Services Provided by a Physician in relation to patients at Spruce Manor Special Care Home and/or at Warman Mennonite Special Care Home when you had met the requirements of the Payment Schedule for that billing.
- 6) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for Code 40E and/or 41E in the Payment Schedule for Insured Services Provided by a Physician in relation to patients at Spruce Manor Special Care Home and/or at Warman Mennonite Special Care Home when you had not spent sufficient time with patients to bill for those codes.

- 7) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for Code 40E and/or 41E in the Payment Schedule for Insured Services Provided by a Physician when you had not personally interacted with patients in relation to which the billings were submitted.
- 8) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for Code 11E in the Payment Schedule for Insured Services Provided by a Physician in relation to patients at Spruce Manor Special Care Home and/or at Warman Mennonite Special Care Home when you had not met the requirements of the Payment Schedule for that billing.
- 9) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for Code 11E in the Payment Schedule for Insured Services Provided by a Physician in relation to patients at Spruce Manor Special Care Home and/or at Warman Mennonite Special Care Home when the patients had not been re-referred by another physician to you.
- 10) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for Code 11E in the Payment Schedule for Insured Services Provided by a Physician in relation to patients at Spruce Manor Special Care Home and/or at Warman Mennonite Special Care Home but you did not provide a recommendation to the referring doctor.
- 11) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for Code 11E in the Payment Schedule for Insured Services Provided by a Physician in relation to patients at Spruce Manor Special Care Home and/or at Warman Mennonite Special Care Home when you were providing routine follow-up for those patients.
- 12) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for surcharges (Codes 815A to 839A in the Payment Schedule for Insured Services Provided by a Physician) in relation to patients at Spruce Manor Special Care Home and/or at Warman Mennonite Special Care Home when you had not met the requirements of the Payment Schedule for that billing.

CHARGE 3

You Dr. Akinlolu Peluola are guilty of unbecoming, improper, unprofessional or discreditable conduct contrary to the provisions of sections 46(i), 46(j), 46(k), 46(l), 46(o) and/or 46(p) of *The Medical Profession Act, 1981*; and/or paragraph 44 of the Code of Ethics contained in bylaw 7.1 of the bylaws as it existed in 2017 and 2018 ; and/or bylaw 8.1(b)(iii) of the bylaws of the College of Physicians and Surgeons of Saskatchewan, by excessive billing and/or claiming for services not provided in relation to patients at the Saskatoon Correctional Center.

The evidence that will be led in support of this charge will include some or all of the following:

- 1) During the period from approximately September 2017 to approximately December 2018 you caused or permitted excessive billing to Medical Services Branch in connection with the services that you provided to patients at the Saskatoon Correctional Center.
- 2) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for simple psychological testing Code 50E in the Payment Schedule for Insured Services Provided by a Physician) when you had not provided the services to bill for that service.

- 3) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for Code 40E and/or 41E in the Payment Schedule for Insured Services Provided by a Physician in relation to patients at the Saskatoon Correctional Center when you had not met the requirements of the Payment Schedule for that billing.
- 4) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for Code 40E and/or 41E in the Payment Schedule for Insured Services Provided by a Physician in relation to patients at the Saskatoon Correctional Center when you had not spent sufficient time with patients to bill for those codes.
- 5) During the period from approximately September 2017 to approximately December 2018 you caused or permitted billing for surcharges (Codes 815A to 839A in the Payment Schedule for Insured Services Provided by a Physician) in relation to patients at the Saskatoon Correctional Center when you had not met the requirements of the Payment Schedule for that billing.

CHARGE 4

You Dr. Akinlolu Peluola are guilty of unbecoming, improper, unprofessional or discreditable conduct for knowingly giving false information to a preliminary inquiry committee contrary to the provisions of Section 46(o) and/or section 46(p) and/or section 55.2 of *The Medical Profession Act, 1981* s.s. 1980-81 c. M-10.1 and/or bylaw 7.2 paragraph (b) and/or paragraph (c) and/or paragraph (g) under the heading "Accountability".

The evidence that will be lead in support of this particular will include some or all of the following:

- 1) You were interviewed by a preliminary inquiry committee in relation to an investigation into your conduct.
- 2) You told the preliminary inquiry committee that billings to Medical Services Branch were done by your staff and that you did not routinely provide the billing codes for staff to complete those billings.
- 3) You told the preliminary inquiry committee that you shared your Accuro username and password with one or more staff members to allow them to use that information to submit billings to Medical Services Branch.
- 4) You told the preliminary inquiry committee that billings for patients seen at the Correctional Center were done by staff based upon information provided by you.
- 5) You told the preliminary inquiry committee that you were unsure how the billings for surcharges in relation to the patients seen at the Correctional Center occurred, but that it was your feeling that probably your staff mistakenly copied information from the hospital submission into the forms used for billing.
- 6) You told the preliminary inquiry committee that you did not bill for any patients that you had reviewed but had not actually seen in person at the Spruce Manor Special Care Home and the Warman Mennonite Special Care Home.
- 7) You told the preliminary inquiry committee that you usually spent between 4 and 6 hours at the Spruce Manor Special Care Home.
- 8) You told the preliminary inquiry committee that you usually spent between 4 and 6 hours at the Warman Mennonite Special Care Home.

- 9) You told the preliminary inquiry committee that you usually spent at 3 to 4 hours at the Saskatoon Correctional Center.
- 10) You knowingly gave false information to the preliminary inquiry committee in relation to one, some or all of those statements.

CHARGE 5

You Dr. Akinlolu Peluola are guilty of unbecoming, improper, unprofessional or discreditable conduct contrary to the provisions of sections 46(o) and/or 46(p) of *The Medical Profession Act, 1981* and/or bylaw 7.2 paragraph (b) and/or paragraph (c) and/or paragraph (g) under the heading "Accountability".

The evidence that will be led in support of this charge will include some or all of the following:

- 1) You were the subject of an investigation by a preliminary inquiry committee in relation your conduct.
- 2) You attempted to influence the information which your office assistant provided to the preliminary inquiry committee.
- 3) You provided day sheets to her which did not include billing codes.
- 4) You told her that the billing codes for simple psychological testing were billed in error by a member of your staff.

CHARGE 6

You Dr. Akinlolu Peluola are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of section 46(o) and/or section 46(p) of *The Medical Profession Act, 1981* S.S. 1980-81 c. M-10.1, and/or bylaw 7.2 and the provisions of the Code of Conduct which state that CPSS expects that physician will (b) maintain high standards of personal and professional honesty and (c) take responsibility for their own behavior and ethical conduct regardless of the circumstances.

The evidence that will be led in support of this charge will include one or more of the following:

- You were interviewed by the Joint Medical Professional Review Committee in relation to your billings.
- During that interview you provided false information or misleading information to the Joint Medical Professional Review Committee.
- During that interview the following communication occurred between you and a member of the Joint Medical Professional Review Committee:

DR. McKEE: I guess I still don't understand how 50Es would get tacked onto that billing. That's kind of my question. How did 50E get on there for each patient?

DR. PELUOLA: Well, I have done 50Es before, especially with mini-mental state examination in the past, which is a scale for cognitive assessment of elderly, but I don't do it these days. Like, I don't do it because it's usually already done when the residents are coming in.

DR. McKEE: Right.

DR. PELUOLA: So I think -- I don't know if they were used in the past billing to -- probably just continued to bill 50E without me knowing that that was happening.

- During that interview the following communication occurred between you and a member of the Joint Medical Professional Review Committee:
 - DR. CORNELISSEN: Do you enter the billing codes that you -- that you're going to bill for those patients, or does your staff automatically bill for that?
 - DR. PELUOLA: Yeah, automatically do for the -- for the care homes.
 - DR. CORNELISSEN: Okay. So you don't write on there 40E, 41E or –
 - DR. PELUOLA: No, I don't.
- During that interview the following communication occurred between you and a member of the Joint Medical Professional Review Committee:
 - DR. BERENBAUM: So you wouldn't have been the one entering the time, but you would have indicated the time?
 - DR. PELUOLA: Yes, yes.
 - DR. BERENBAUM: And are any of those notes available?
 - DR. PELUOLA: Well, what I -- what I do, I have the record of the billing codes that I put in after seeing each patient, 12 so --
 - MR. HIRSCHFELD: He's asking -- like, you're saying you give a note to your MOA that has the start and stop times on it?
 - DR. PELUOLA: Yeah.
- One or more of your statements to the Joint Professional Review Committee was false or misleading.