



U.S. Department of Health & Human Services Office of Inspector General



General Overview and Compliance Programs

1. Indian Health Service, Tribes, Medicare, and Medicaid
2. What is the Department of Health and Human Services Office of Inspector General?
 3. The Purpose of a Compliance Program
 4. Key Components of a Compliance Program
 5. Tips for Structuring a Compliance Program



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**Indian Health Service, Tribes,
Medicare, and
Medicaid**



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- Sec. 1880 of the Social Security Act authorizes Medicare payments to IHS facilities (whether operated by IHS or by a tribe) as long as the requirements for payment are met.
- Sec. 1911 does the same for Medicaid.
- Tribal entities operating an IHS facility under P.L. 93-638 bill Medicare and Medicaid under these provisions and additional requirements in IHClA.



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OIG 2014 Alert

- Tribes may use P.L. 93-638 funds only for purposes authorized by the law, the contract/compact, and the funding agreement.
- Medicare and Medicaid reimbursements must be reinvested in health care services or facilities. Non-compliance may lead to loss of billing authority.



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OIG 2014 Alert



- Find the alert at:

<http://oig.hhs.gov/compliance/alerts/guidance/index.asp>



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The Affordable Care Act amended the Social Security Act to give the Secretary the authority to require Medicare and Medicaid providers, as a condition for enrollment, to establish a compliance program.

(See Social Security Act Sec. 1866(j).)



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**What is the
Department of Health and Human Services
Office of Inspector General (HHS/OIG)?**



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Office of Inspector General, U.S. Department of Health and Human Services

- Independent oversight agency within HHS
- The Inspector General is appointed by the President
- 1,500 employees, headquartered in Washington
- Oversight conducted from 9 or 10 regional offices, headed by Regional IGs or Special Agents in Charge



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Oversight authority established by the Inspector General Act of 1978

- All Federal departments of OIGs
- Responsibilities include—
 - Conduct audits and investigations
 - Recommend policies to the Department to encourage economy and efficiency
 - Prevent and detect fraud, waste, and abuse
- Keep the Department and Congress informed



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IG Act authority is limited to “programs and operations” of HHS:

- Medicare and Medicaid
- Indian Health Service
- Administration for Children and Families
- Health Resources and Services Administration
- Substance Abuse and Mental Health Admin.
- And nearly 100 other HHS programs



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The Inspector General Act of 1978 gives OIG authority to:

- Have access to all records available to HHS
- Request assistance from other Federal, State, and local agencies
- Require by subpoena the production of all information necessary in the performance of IG Act functions



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HHS/OIG “derivative” authority to obtain records

- Parts A (hospital), B (non-hospital), C (managed care), and D (prescription drugs)
 - Providers and entities must maintain information to support claims and for oversight
- Medicaid
 - providers and entities must keep information to support claims



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HHS/OIG “derivative” authority to obtain records

- HHS grants
 - program rules require keeping financial and other pertinent records
- P.L. 638
 - Titles I and V require keeping financial information and access to HHS
- Because HHS has access to these, OIG does too.



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HHS/OIG also provides technical assistance to health care providers, e.g.:

- Compliance guidance
- Advisory opinions
- Various OIG alerts
- Speeches and presentations before industry groups



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The Purpose of a Compliance Program



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Compliance Program?

Comply with what?



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HHS grantees and health care providers must comply with a variety of rules, regulations, and laws, including:

- Medicare, Medicaid, and private coverage, billing, and coding requirements;
- Medicare conditions of participation;
- HIPAA privacy and security;
- Licensing and certification requirements;
- Drug and alcohol treatment privacy regulations (if applicable);
- Grant rules and regulations;
- The criminal prohibition on physician self-referrals (if applicable);
- And more. . . .



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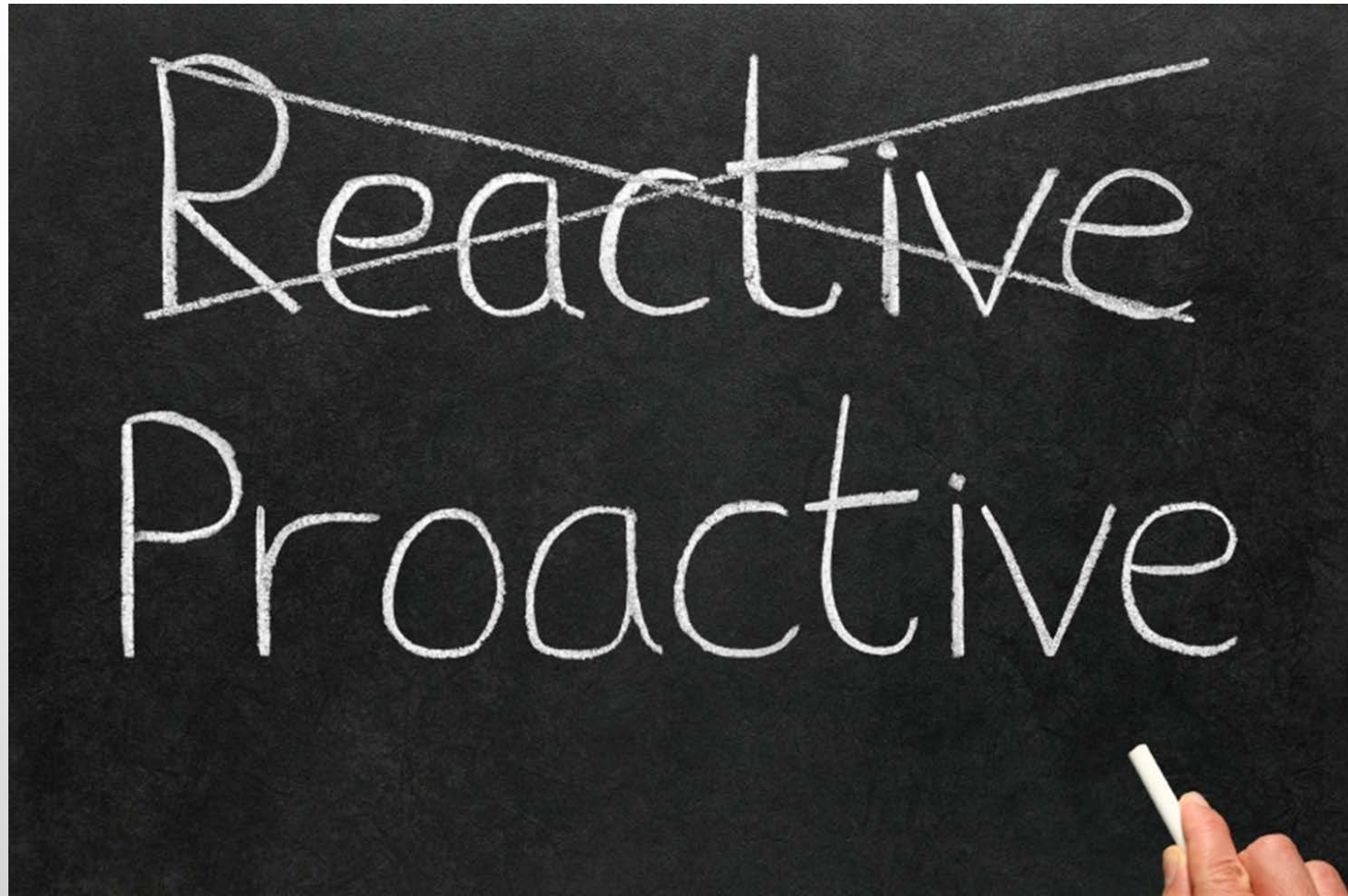
The government has a variety of tools to address non-compliance by grantees and health care entities, including:

- Administrative action, such as exclusion or termination;
- Suits under the False Claims Act;
- Civil Monetary Penalties;
- Disallowances and recovery of payments; and
- Criminal prosecution.

A good compliance program will help you avoid all of these.



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Key Components of a Compliance Program



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Seven Fundamental Elements

1. Written policies and procedures
2. Compliance professionals
3. Effective training
4. Effective communication
5. Enforcement of standards
6. Internal monitoring
7. Prompt response





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Tips for Structuring a Compliance Program



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Where Can I Look for Guidance?

OIG.HHS.GOV

Compliance 101

Provider Education

Voluntary Tribal Compliance
Agreement

Other Integrity Agreements

Fraud Alerts

Tribal Alert

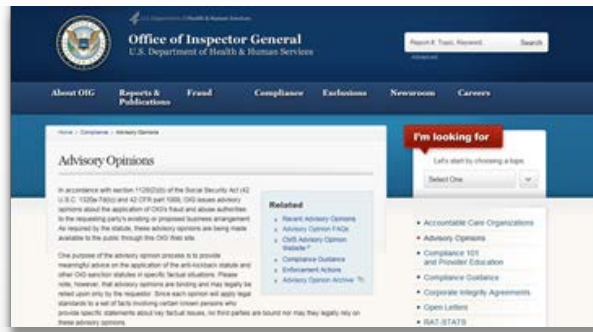
Grant Fraud



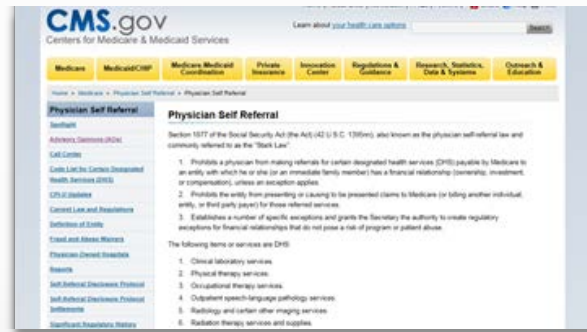
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Available Information



Anti-Kickback; CMPL; Exclusion
OIG Advisory Opinions
OIG.HHS.GOV



Stark
CMS Advisory Opinions
cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/advisory_opinions.html



False Claims Act
CMS Contractors, DOJ Press Releases, and OIG Web Site
justice.gov/news
OIG.HHS.GOV



Ten Practical Tips

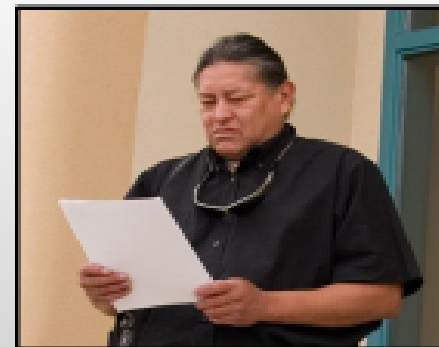
1

Make compliance plans a priority **now**



2

Designate (and empower!) an individual or team responsible for compliance





Ten Practical Tips

3 Know risk areas



4 Manage your sub-awards





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Ten Practical Tips

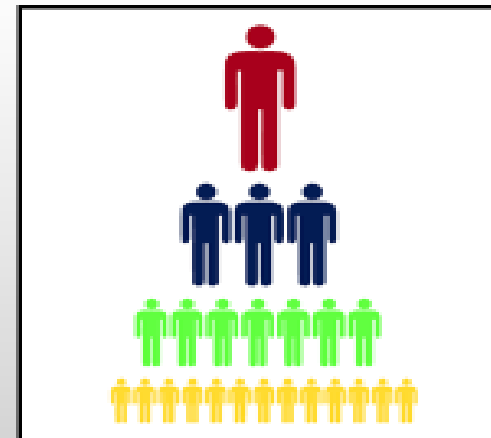
5

Educate your employees



6

Carry a message of compliance from top to bottom





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Ten Practical Tips

7 Conduct audits



8 Just because someone else does something **doesn't** mean you *can* or *should*





Ten Practical Tips

9 Open lines of communication



10 When in doubt, ask for help





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Highlights from Voluntary Tribal Compliance Agreement

- Compliance Committee
- Independent Review Organization
- Training and Education Requirements
- Policies and Procedures
- Screening for Excluded Individuals
- Annual Reporting



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Fundamentals vs. VTCA

Seven Fundamentals

- Written policies and procedures
- Compliance professionals
- Effective training
- Effective communication
- Enforcement of standards
- Internal monitoring
- Prompt response

Highlights of VTCA

- Compliance Committee
- Independent Review Organization
- Training and Education Requirements
- Policies and Procedures
- Screening for Excluded Individuals
- Annual Reporting



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Questions?

