



How the OIG Work Plan Can Enhance Your Compliance Program

Montana Hospital Association
Compliance & Risk Management Conference

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Agenda

- Introductions
- Audience Survey
- How Is the Work Plan Helpful?
- Navigating the Work Plan
- Case Studies
- Implementation In Your Organization

Speaker Introduction



Shannon Sumner

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Shannon manages PYA's Compliance Advisory Services and serves as the Firm's Compliance Officer.

A CPA certified in healthcare compliance, she has more than two decades' experience in healthcare internal auditing and compliance programs. She advises large health systems and legal counsel in strengthening their compliance programs, and aids in areas of Anti-Kickback Statute and Stark Law compliance. Shannon also assists health systems regarding compliance with Corporate Integrity Agreements (CIAs) and Non-Prosecution Agreements (NPAs), conducts health system merger/acquisition/divestiture due diligence activities, and advises health system governing boards on their roles and responsibilities for effective compliance oversight.

At the direction of the Department of Justice, Shannon has served as the healthcare compliance and internal audit subject-matter expert for the largest federal compliance co-monitorship of a health system in U.S. history.

Speaker Introduction



Susan Thomas

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Susan has spent nearly three decades working in a variety of managerial and clinical capacities including compliance management, clinical department leadership, provider practice administration, internal audit, quality outcomes, and healthcare advocacy.

A former corporate compliance officer and clinical department director, she has a demonstrated record of success in program development and expansion as well as the ability to form mutually beneficial relationships.

Susan is a hands-on manager and decisive team leader with highly developed negotiation skills and experience cultivating strategic healthcare business partnerships, recruiting and directing teams, developing performance improvement measures, and creating effective training programs.

Speaker Introduction



Traci Waugh

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Traci has been immersed in the healthcare industry with an assortment of responsibilities. She started her career as the director of medical records and eagerly took on additional roles including utilization review, risk management, medical staff services, discharge planning, quality improvement, contracting, privacy, and compliance. Traci's enthusiasm as not subsided; she is always willing to help her peers and serve as a resource.

Along with her initial certification as Registered Health Information Administrator (RHIA), she obtained her Certification in Healthcare Privacy and Security (CHPS) and Certification in Healthcare Compliance (CHC).

Currently as the Director of Outreach Services and Compliance, Traci assists partner critical access hospitals with their compliance programs and provides customized compliance education to staff and board or directors. In addition, she serves as a liaison for other contracted services provided by Kalispell Regional Healthcare.

Clients in ALL
 **50**
STATES

Consistently ranked
TOP 20
HEALTHCARE CONSULTING
firm in the U.S.
by Modern Healthcare

INSIDE
PUBLIC ACCOUNTING
TOP 100
FIRMS
2019

O V E R
1200
Healthcare
valuation opinions
rendered annually

TOP 15 **LARGEST**
AUDITOR
of AHA's Top U.S. Multi-Hospital Systems
- Ames Research Group

4,932
Number of healthcare projects
during 2018

354 TOTAL BEDS

- KRMC: 192
- KRMC Adult Acute Care: 122
- Pathways Treatment Center: 40
- Montana Children's: 30
- Brendan House: 110
- The HealthCenter: 27
- North Valley Hospital: 25

CORE SERVICES

- Cancer Care
- Cardiovascular and Pulmonary Care
- Neuroscience and Spine Care
- Orthopedics
- Surgical Care
- Pediatric Specialty Care
- Behavioral Health



LEADS MONTANA IN PATIENT CARE

— U.S. News and World Report

1007ELT020420

Audience Survey



- Do you currently review the OIG Work Plan?
 - If so:
 - How often?
 - What do you do with the work plan information?
 - How do you incorporate the work plan items into your compliance program?
 - If not, we hope this session will provide you with some valuable information on how to utilize this important compliance resource!





How Is the Work Plan Helpful?

Utilizing the Work Plan as a Compliance Resource



- It can be overwhelming as a compliance professional to keep track of the guidelines and laws in place to prevent fraud, waste, and abuse in healthcare organizations.
- The OIG Work Plan can be a helpful tool for coordinating and focusing auditing and monitoring activities and compliance resources in your facility.
- The Work Plan carries out the OIG responsibility to protect the integrity of HHS programs.
- The Work Plan is meant to be a dynamic document that is constantly evolving to provide transparency.

The Purpose of the OIG Work Plan



- The HHS OIG Work Plan sets forth various projects that OIG plans to undertake for the HHS's operating divisions, which include:
 - Centers for Medicare & Medicaid Services (CMS)
 - Public health agencies such as the Centers for Disease Control and Prevention (CDC)
 - National Institutes of Health (NIH)
 - Administration for Children and Families (ACF)
 - Administration for Community Living (ACL)
 - Indian Health Services (IHS)
 - Various state and local governments – evaluating the use of federal funds as well as the administration of HHS
- Each month, the most recent additions to the OIG Work Plan items are published at: <https://oig.hhs.gov/reports-and-publications/workplan/updates.asp>
- ***There are currently 290 active items on the HHS OIG Work Plan.***

How to Utilize the OIG Work Plan



- Frequently check the Active Work Plan Items list
 - Once or twice a month, at minimum
- Subscribe to the HHS OIG Newsletter for the most recent updates to the Work Plan sent to your inbox.
- Determine if the Recently Added Items are relevant to the organization and if so, include in the organizational Compliance Work Plan.
- Inform Executives and the Board of relevant OIG Work Plan items that will be included in the organizational Compliance Work Plan.



Navigating the Work Plan

Navigating the OIG Work Plan



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

Search Submit a Complaint

About OIG Reports Fraud Compliance Exclusions Newsroom Careers COVID-19 Portal

Active Work Plan Items

[Work Plan Home](#) | [Recently Added](#) | [Work Plan Archive](#)

Active Work Plan Items reflect OIG audits, evaluations, and inspections that are underway or planned. Search the Work Plan using any words or numbers or download the Active Work Plan Items into a spreadsheet.

Download the Work Plan

Show # of entries
10

Search Work Plan Items:
telehealth

Announced or Revised	Agency	Title	Component	Report Number(s)
October 2020	Centers for Medicare and Medicaid Services	Use of Medicare Telehealth Services During the COVID-19 Pandemic	Office of Evaluation and Inspections	OEI-02-20-00520

Download an Excel version to edit and manipulate the Work Plan

Search for a specific item or word

Click on the Title for an expanded description of the audited item

Sort by:

- Announced or revised date
- Agency (e.g., CMS, CDC, FDA)
- Title
- Component (e.g., Office of Audit Services)
- Report Number

Navigating the OIG Work Plan



- The “Expected Issue Date (FY)” indicates when the OIG will release their report which includes the scope of their audit and findings.
- Search for the “Report Number” on the OIG’s website to easily navigate to the report.

Review of Medicare Facet Joint Procedures

Facet joint injections are an interventional technique used to diagnose or treat back pain. Several previous reviews found significant billing errors in this area, including a prior OIG review. We will review whether payments made by Medicare for facet joint procedures billed by physicians complied with Federal requirements (Social Security Act, § 1833(e), 42 CFR § 424.32(a)(1), and 42 CFR §414.40).

Announced or Revised	Agency	Title	Component	Report Number(s)	Expected Issue Date (FY)
August 2019	Centers for Medicare & Medicaid Services	Review of Medicare Facet Joint Procedures	Office of Audit Services	W-00-19-35825	FY 2020

Recent HHS OIG Work Plan Updates



- A Review of Medicare Data To Understand Hospital Utilization During COVID-19
- Trend Analysis of Medicare Laboratory Billing for Potential Fraud and Abuse With COVID-19 Add-on Testing
- Meeting the Challenges Presented by COVID-19: Nursing Homes
- Assessing Inpatient Hospital Billing for Medicare Beneficiaries
- Review of the Medicare DRG Window Policy
- Access to Medication-Assisted Treatment at Health Centers
- Early Discharges From Inpatient Rehabilitation Facilities to Home Health Services
- Review of Opioid Use in Indian Health Service
- Medicare Part B Payments to Physicians for Co-Surgery Procedures

Work Plan Highlights – The CARES Act



Audit your facility for appropriate use of CARES Act funding before the OIG does.

Announced or Revised	Agency	Title	Component	Report Number(s)
October 2020	Health Resources and Services Administration	Audit of Health Resources and Services Administration's COVID-19 Uninsured Program	Office of Audit Services	W-00-20-30053
October 2020	OS, CDC, CMS	COVID-19 Testing Data From Federal Programs	Office of Evaluation and Inspections	OEI-09-20-00660
August 2020	Centers for Medicare and Medicaid Services	Audit of CARES Act Provider Relief Funds—General and Targeted Distributions to Hospitals	Office of Audit Services	W-00-20-35855
July 2020	Centers for Medicare and Medicaid Services	Audit of CMS's Controls Over the Expanded Accelerated and Advance Payment Program Payments and Recovery	Office of Audit Services	W-00-20-35854
May 2020	OS	Audit of CARES Act Provider Relief Funds—Distribution of \$50 Billion to Health Care Providers	Office of Audit Services	W-00-20-35847

Work Plan Highlights – Telehealth



COVID-19 resulted in increased utilization of telehealth services and because of this, the OIG is taking an increased interest in auditing telehealth services as seen by active Work Plan items.

2017 – 1 item
2018 – 0 items
2019 – 0 items
2020 – 3 items

Announced or Revised	Agency	Title	Component	Report Number(s)
October 2020	Centers for Medicare and Medicaid Services	Use of Medicare Telehealth Services During the COVID-19 Pandemic	Office of Evaluation and Inspections	OEI-02-20-00520
June 2020	Centers for Medicare and Medicaid Services	Medicaid—Telehealth Expansion During COVID-19 Emergency	Office of Audit Services	W-00-20-31548
May 2020	Centers for Medicare & Medicaid Services	Use of Telehealth to Provide Behavioral Health Services in Medicaid Managed Care	Office of Evaluation and Inspections	OEI-02-19-00400
November 2017	Centers for Medicare & Medicaid Services	Medicaid Services Delivered Using Telecommunication Systems	Office of Audit Services	W-00-18-31527; A-06-18-00000



Case Study

Medicare Hospital Payments for Claims Involving the Acute and Post-Acute Care Transfer (PACT) Policies

- The OIG will review Medicare hospital discharges that were paid a full DRG payment when the patient was transferred to a facility covered by the acute and post-acute transfer policies where Medicare paid for the service.
 - Hospitals and providers should ensure that all discharge and transfer information and data is complete and captured correctly for acute and post-acute transfers.
 - Decisions to discharge or transfer a patient from the hospital should be based on the clinical condition of the patient.
 - ***Hospitals should conduct regular claims reviews to ensure that transfers are carried out in accordance with CMS' transfer regulatory requirements.***



Implementation in Your Organization

Organization Work Plan



- Keep track of new or revised Work Plan items and discuss with leadership in your organization.
 - Your Compliance Committee is a great forum for discussion.
- Utilize the OIG Work Plan to guide the development of your organizations Work Plan and be flexible when it comes to reprioritizing throughout the year.
- Recommend including a field in your Compliance Work Plan which identifies the audit items source or reference. This will tell your Board WHY certain activities are being prioritized.

ABC Hospital: Compliance Work Plan	Reference
Compliance with Medicare Billing Requirements for Advanced Care Planning	OIG Work Plan – June 2020
Compliance with Federal Requirements for Inpatients Discharged with a Diagnosis of COVID-19	OIG Work Plan – August 2020

Compliance Work Plan Audits



- Conducting compliance audits of OIG areas of interest can save a lot of money for your organization in the long run.
 - Return any over-payments identified through internal audits within 60 days of identification.
- The OIG utilizes an extrapolation methodology when over-payments are identified through audits.
 - **Example:**
 - A hospital complied with 51 of the 100 inpatient and outpatient claims reviewed by the OIG.
 - The 49 claims found to be billed inappropriately resulted in an overpayment of \$590,646 for CYs 2016 and 2017.
 - Using extrapolation, the OIG estimated that the Hospital received overpayments of at least \$3.3 million for CYs 2016 and 2017.
 - The OIG recommended that the Hospital refund to their Medicare contractor \$3.3 million.

Key Takeaways



Monitor the OIG Work Plan for new or revised audit areas and stay ahead of the OIG!



Discuss the OIG Work Plan items and the associated risks with Leadership in your organization.



Integrate OIG Work Plan items into your organization's Compliance Work Plan.



Questions?



Compliance Overwatch



EXPAND YOUR RESOURCES

Meeting hundreds of regulatory compliance requirements can be a stressful job. Yet many compliance officers must juggle that responsibility with additional duties as privacy officer, risk manager, or in hospital operations.

PYA's nationally recognized team includes experts in Healthcare, Compliance, and Internal Audit. Extend your resources and ease your burden with the help of our full suite of business and compliance services.

When it comes to compliance, one size does not fit all. PYA's Compliance Overwatch program gives you only what you need, when you need it, on-site or remote, with our professionals by your side at every step.

PYA has earned the trust of some of the most acclaimed healthcare organizations in the country, through nearly four decades of expertise and guidance. Allow us to be your "extra set of eyes," and discover the PYA difference.

ASSESS

Gain clarity at the onset, whether establishing a compliance program, conducting a risk assessment, or performing a self-assessment using tools we provide.

EXECUTE

Choose a la carte services to fit your organization's needs—from specialized education to compliance policy development.

MONITOR

Receive continuous monitoring for regulatory changes and the impact on your organization.

OVERWATCH

- STATE & FEDERAL COMPLIANCE
- COMPLIANCE PROGRAM DEVELOPMENT
- PROJECT MANAGEMENT
- COMPLIANCE RISK ASSESSMENT
- FLEXIBLE BUDGETING OPTIONS
- AUDIT & MONITORING
- STRATEGIC PLANNING
- EDUCATION & TRAINING
- SELF-ASSESSMENT & TRACKING TOOLS
- GAP ANALYSIS
- ON-CALL EXPERTISE

WHAT WE BELIEVE

People can tell the difference between a company that emphasizes transactions and one that emphasizes relationships. At PYA, we believe in relationships, and we work hard to earn trust through attention to detail and a culture of genuine concern.

We believe in **responsiveness**. We answer questions immediately when possible, and always contact within 24 hours.

We believe in **accessibility**. Our doors are always open. All PYA team members, including top executives, are easy to contact.

We believe in **transparency**. We foster open, clear communication in every aspect of our business. We relay what our clients need to hear, which may not always be what they want to hear.

We believe in **education**. Knowledge is power, so our learning curve never stops, and we believe in sharing what we learn, because it's the right thing to do. That's why we're recognized across the country as industry thought leaders.

We believe in **independence**. Private ownership means we answer only to our clients, not to third-party investors, giving us the freedom to be thorough and thoughtful in our work. We judge our success by our clients' success, not an income statement.

We call our approach **Vision Beyond the Numbers®**. It's more than a slogan, it's who we are. One result: more than 300 of our current clients have been engaged with us for more than 10 years each. And numerous audit and tax clients have been engaged since the beginning years of our firm. That's the power of **relationships**.

INSIDE THE 100 FIRMS

20 YEARS OF EXCELLENCE

Client in ALL 950 STATES

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ATLANTA | KANSAS CITY | KNOXVILLE | NASHVILLE | TAMPA

WE ARE AN INDEPENDENT MEMBER OF PwC THE GLOBAL ADVISORY AND ACCOUNTING NETWORK

THE EXTENSIVE KNOWLEDGE OF PYA'S COMPLIANCE TEAM ENABLES OUR ORGANIZATION TO RAPIDLY ADDRESS EMERGING RISK AREAS WITH ACCURATE AND EFFECTIVE RESOURCES, BUT WITHOUT BUDGETARY CHALLENGES. THE PYA PROFESSIONALS ARE OPEN AND COLLEAGIAL, LIKE THEY ARE PART OF OUR COMPLIANCE TEAM. PYA HAS MADE OUR COMPLIANCE PROGRAM MORE EFFECTIVE AND MORE EFFICIENT.

- Michael A. Spelle, MHA, JD
Vice President, External Affairs
Chief Compliance and Integrity Officer
Lakeside Regional Health

Compliance Overwatch Mission



As part of the **PYA Compliance Overwatch** suite of solutions, the “virtual compliance” offering is designed to provide – in a cost-efficient manner – a broad range of content, education, and services to the healthcare provider market, regardless of location, size, or type.





Goals and Objectives

- ✓ Expand **resources**
- ✓ Increase **access to expertise**
- ✓ Provide **HELP**
- ✓ Facilitate **knowledge sharing among peers**



Tools and Resources

- ✓ Improve **access to information and resources**
- ✓ Provide **ongoing education and support**
- ✓ Enable provider compliance executives with **appropriate tools**
- ✓ Supplement provider resources with additional **expertise**
- ✓ Create and facilitate **peer support** platform (Virtual Compliance Roundtables)

Thank you!



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