



Build a Better Corporate Compliance Program

The Challenge

The Office of Inspector General (OIG), Health and Human Services (HHS) has one mission—to protect the integrity of their programs as well as the health and welfare of program beneficiaries. The HHS OIG has over 1,600 individuals dedicated to combating fraud, waste, and abuse. OIG investigations can result in hefty fines, Medicare program bans, seizure of assets, and even prison time.

In recent years, the OIG has begun closely monitoring the hospice industry. The Health Care Fraud and Abuse Control Program Annual Report for Fiscal Year 2016 describes numerous hospice infractions uncovered by the OIG and their associated penalties. For example:

- *A hospice owner was sentenced to 3 years in prison and ordered to pay \$1.1 million dollars in restitution for conspiracy to commit health care fraud. The owner admitted to conspiring to bill Medicare and Medicaid for hospice services for patients who were not terminally ill.*
- *A nurse who authorized and supervised the admission of inappropriate and ineligible patients for hospice services was sentenced to over one year in prison, 3 years supervised release, and over \$230,000 in restitution.*

- *A provider paid \$18 million to resolve civil False Claims Act allegations that it admitted and recertified patients for hospice care who were not eligible for such care.*

The OIG plans to continue investigative efforts focused on finding and reducing improper payments, and identifying and preventing fraud. In fact, the OIG has stated that future plans will include additional oversight of hospice care. The 2017 OIG Workplan iterates three hospice areas of focus:

1. **Medicare Hospice Benefit Vulnerabilities and Recommendations for Improvement: A Portfolio**
The OIG and others have identified vulnerabilities in payment, compliance, and oversight. Additionally, quality-of-care concerns are present. The Workplan aims to summarize OIG evaluations, audits, and hospice investigative work, and will highlight key recommendations for improvement and protecting those served.
2. **Review of Hospices' Compliance with Medicare Requirements**
OIG will review hospice medical records and billing documentation to determine

whether Medicare payments for hospice services were made in accordance with Medicare requirements.

3. Hospice Home Care—Frequency of Nurse On-Site Visits to Assess Quality of Care and Services

OIG plans to determine whether registered nurses will be required, through Medicare Conditions of Participation, to make on-site visits to the homes of Medicare beneficiaries who were in hospice care to assess quality of care and services provided by the hospice aide and determine whether the patient's needs are being met.

In this era of intense regulatory scrutiny, an effective corporate compliance program is a hospice's best line of defense.

Agencies must develop a corporate compliance program that encourages staff to proactively identify compliance risks and vulnerabilities, as well as detect occurrences of wrongdoing. A well-formulated program will also guide an agency's actions after recognizing wrongdoing.

The Solution

Relias Learning has partnered with Weatherbee Resources, Inc. to offer the 10 accredited courses needed to build a robust corporate compliance program.

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Corporate Compliance Program Courses

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- Building the Corporate Compliance Program Infrastructure
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- Monitoring the OIG Exclusion List
- Corporate Compliance: Education and Training
- What Can We Learn from Corporate Integrity Agreements?
- Auditing and Monitoring: Effectiveness of a Corporate Compliance Program
- Corporate Compliance and QAPI
- Auditing and Monitoring: Hospice Risk Areas

Resources:

<https://oig.hhs.gov/>

<https://oig.hhs.gov/publications/docs/hcfac/FY2016-hcfac.pdf>

<https://www.oig.hhs.gov/authorities/docs/hospicx.pdf>

<https://oig.hhs.gov/newsroom/podcasts/2015/news.asp>

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