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References:	

## Reportable Events Under the Corporate Integrity Agreement



### PURPOSE

Tennessee Health Management, Inc. (THM) and its managed affiliate entities d/b/a American Health Communities are committed to conducting their business operations (i) in a manner that does not violate any Federal, State and/or local laws, statutes or regulations, and (ii) in compliance with all elements of the Corporate Integrity Agreement between THM and the Office of the Inspector General of the Department of Health and Human Services, which became effective February 1, 2019 (the "C.I.A.").

THM will not tolerate any relationship that is in violation of any laws, statutes or regulations. If a violation should occur, THM will determine whether the violation is a "Reportable Event" under the definition provided under the C.I.A.

### DEFINITIONS

#### Covered Person

***For purposes of the C.I.A., the term "Covered Persons" includes: (1) all owners, officers, directors, and employees of THM; (2) all contractors, subcontractors, agents, and other persons who furnish patient care items or services or who perform billing or coding functions on behalf of THM, excluding vendors whose sole connection with THM is selling or otherwise providing medical supplies or equipment to THM; and (3) all physicians and other non-physician practitioners who are members of THM's active medical staff.***

#### Ineligible Person

***An Ineligible Person is an individual or entity who is currently excluded, debarred, suspended or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs; or an individual or an entity who has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a) but has not yet been excluded, debarred, suspended or otherwise declared ineligible.***

## **Overpayment**

**An "Overpayment" means any funds that a person (a provider or supplier) receives or retains to which the person, after applicable reconciliation, is not entitled under applicable laws or regulations. An overpayment includes any amount in excess of the amount due and payable under any Federal health care program requirements.**

## **Reportable Event**

**For purposes of the C.I.A., a Reportable Event means anything that involves:**

- a. **A substantial Overpayment;**
- b. **A matter that a reasonable person would consider a probable violation of criminal, civil or administrative laws applicable to any Federal health care program for which penalties or exclusions may be authorized;**
- c. **The employment or contracting with a Covered Person who is an Ineligible Person; or**
- d. **The filing of a bankruptcy petition by THM.**

**A Reportable Event may be an isolated incident or a series of occurrences.**

## **POLICY**

If after a reasonable opportunity to conduct an appropriate review or investigation of the allegations, THM determines through any means that there is a Reportable Event, THM shall notify OIG, in writing, within 30 days after making the determination that the Reportable Event exists.

## **PROCEDURES**

1. The Chief Compliance and Ethics Officer will notify the Office of Inspector General ("OIG") of the United States Department of Health and Human Services ("HHS"), in writing, **within 30 days** after making the determination that the Reportable Event exists.
2. If the Reportable Event involves either (a) substantial Overpayment or (b) a probable violation of criminal, civil, or administrative laws, the report to the OIG shall be made at the same time as the repayment to the payor, and shall include:
  - a. a complete description of all details relevant to the Reportable Event, including, at a minimum, the types of claims, transactions or other conduct giving rise to the Reportable Event; the period during which the conduct occurred; and the names of individuals and entities believed to be implicated, including an explanation of their roles in the Reportable Event;
  - b. a statement of the Federal criminal, civil or administrative laws that are probably violated by the Reportable Event, if any;
  - c. the Federal health care programs affected by the Reportable Event;
  - d. a description of the steps taken by THM to identify and quantify any Overpayments; and
  - e. a description of THM's actions taken to correct the Reportable Event and prevent it from recurring.
  - f. If the Reportable Event involves a substantial Overpayment, **within 60 days of identification of the Overpayment**, THM shall repay the Overpayment, in accordance with THM's Policy on Identification, Quantification, and Repayment of Overpayments AND provide OIG with a copy of the notification and repayment.
3. If the Reportable Event involves the employment of and/or contracting with an Ineligible Person the

employment or contracting with a Covered Person who is an Ineligible Person, the report to the OIG shall include:

- a. the identity of the Ineligible Person and the job duties performed by that individual;
  - b. the dates of the Ineligible Person's employment or contractual relationship;
  - c. a description of the Exclusion List screening that THM completed before and/or during the Ineligible Person's employment or contract and any flaw or breakdown in the screening process that led to the hiring or contracting with the Ineligible Person;
  - d. a description of how the Ineligible Person was identified; and
  - e. a description of any corrective action implemented to prevent future employment or contracting with an Ineligible Person
4. If the Reportable Event involves the filing of a bankruptcy petition, the report to the OIG shall include documentation of the bankruptcy filing, and a description of any federal health care program authorities implicated.
5. Reportable Events Involving the Stark Law. Notwithstanding the reporting requirements outlined above, any Reportable Event that involves solely a probable violation of section 1877 of the Social Security Act, 42 U.S.C. § 1395nn (the Stark Law) should be submitted by THM to CMS through the self-referral disclosure protocol (SRDP), with a copy to the OIG. If THM identifies a probable violation of the Stark Law and repays the applicable Overpayment directly to the CMS contractor, then THM is not required to submit the Reportable Event to CMS through the SRDP.

#### REFERENCES

- Policy on Identification, Quantification, and Repayment of Overpayments
- Corporate Integrity Agreement between THM and the Office of the Inspector General of the Department of Health and Human Services, which became effective February 1, 2019
- Tennessee Medicaid False Claims Act, Tenn. Code Ann. § 71-5-181 et seq. (West, 2019)

#### Attachments:

No Attachments

#### Approval Signatures

Approver	Date
Ben Sparks: AGC [LC]	04/2019
Laura Carrico: Director of Compliance	04/2019
Kelly Thomas: Chief Compliance & Ethics Officer [LC]	04/2019
Laura Carrico: Director of Compliance	04/2019