



OHSU Public Integrity Program Oversight Council Meeting

YouTube: <https://youtube.com/live/tRaPzwcMgYk?feature=share>

DIAL-IN

1-503-388-9555 Portland, OR

1-206-207-1700 Seattle, WA

Meeting number (access code): 2632 188 8385

Friday, October 25, 2024

8:45-9:45am



OHSU Integrity Office
3181 SW Sam Jackson Park Road
Mail Code: L106-IO
Portland, Oregon 97239

Public Integrity Program Oversight Council Meeting

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DIAL-IN ONLY

Phone (audio only):

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1-206-207-1700 Seattle, WA

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Additional call-in numbers: <https://ohsu.webex.com/ohsu/globalcallin.php>

Mobile phone (one-touch):

[206-207-1700,26321888385##](tel:206-207-1700,26321888385##)

Friday, October 25, 2024

8:45-9:45am

AGENDA

1. Welcome and Introductions (5)
2. Integrity Helpline metrics update (20) – Tim Marshall, Chief Integrity Officer, and Alex Baldino, Assistant Integrity Officer
3. Healthcare Clinical Integrity update (30) – Carmen Dobry, Clinical Integrity Officer
4. Wrap-up / Questions (5)



Integrity Program Update

IPOC

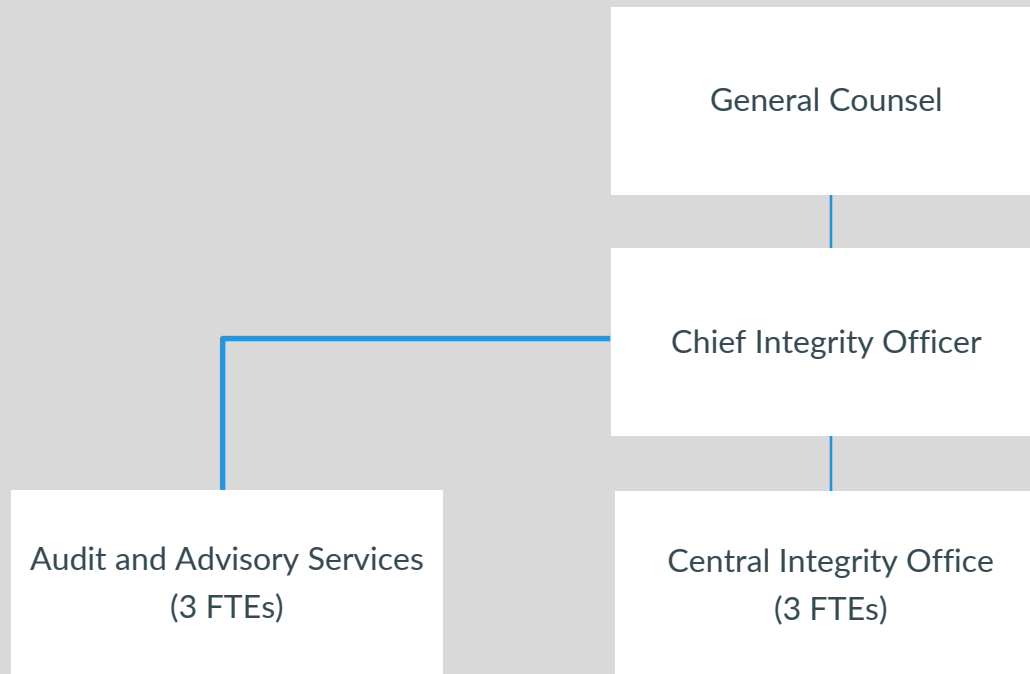
October 25, 2024

Presented to the OHSU Integrity Program Oversight Council

Integrity Program Oversight Council (IPOC)

- The Integrity Program Oversight Council (IPOC) provides oversight of OHSU's Integrity Office, Integrity programs, and other compliance functions at OHSU.
- IPOC is a management committee on which Board members participate and allow Board members to provide advice to members of management at OHSU.
- The IPOC consists of three Board members, executive leadership and compliance subject matter experts at OHSU.
- IPOC meets twice per year, usually in spring and fall
- Oversight responsibilities include:
 - Ensuring appropriate resource allocation for integrity and compliance efforts
 - Provide high level guidance on organizational integrity issues

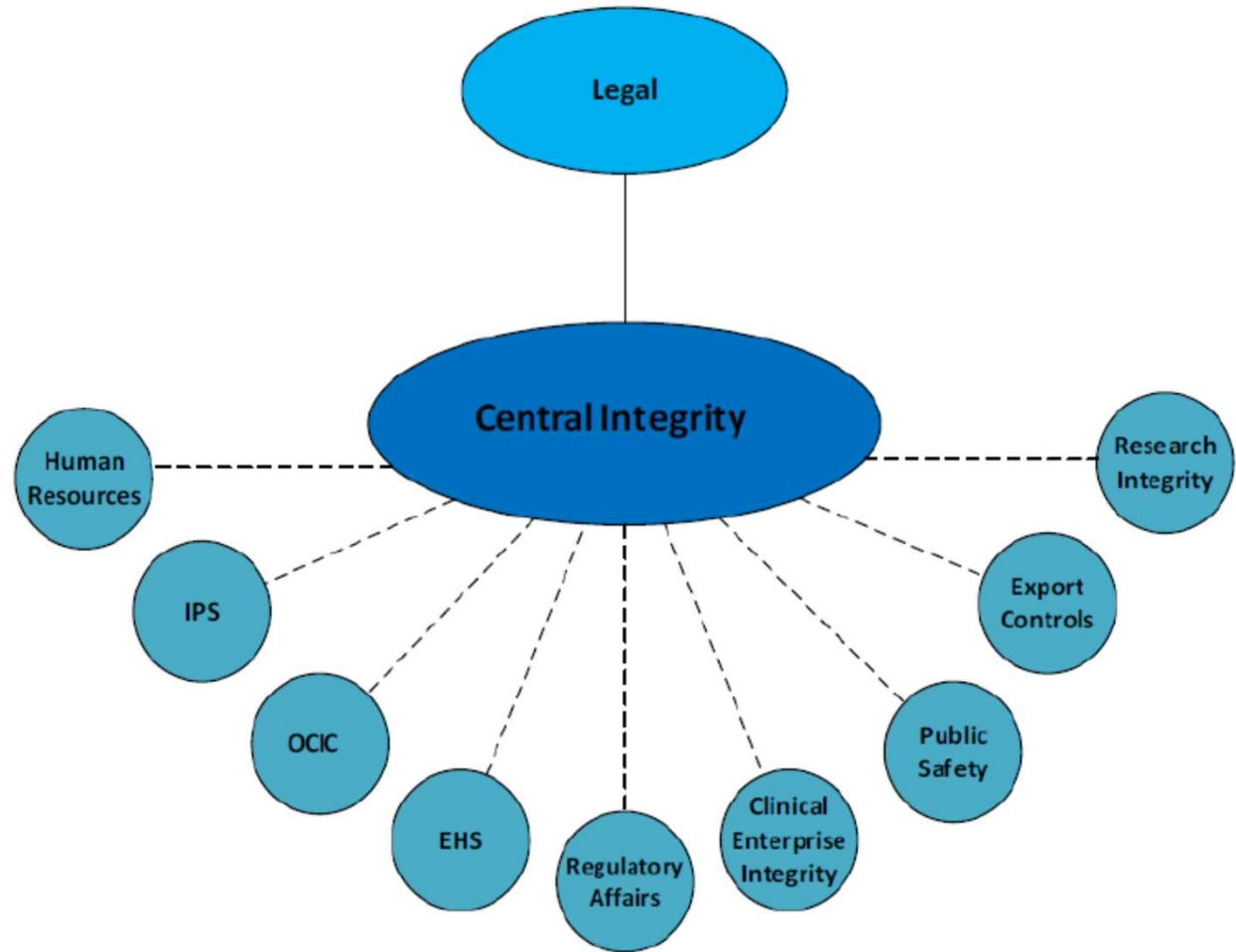
Integrity org and staffing updates



Key Updates:

- The Office of Civil Rights Investigations and Compliance (OCIC) was realigned under the President's Office in June 2024 as recommended from the April 2024 Schneider report.
- One position (Senior Auditor) was eliminated in the Audit and Advisory Services function as part of the strategic alignment process.
- One position (Admin Assistant) was eliminated in the Central Integrity office as part of the strategic alignment process.

Outreach, Collaboration and Incident Management





INTEGRITY HELPLINE:
New and Improved
Reporting Metrics for
CY2024

Key Information – Integrity Helpline

- OHSU contracts with an outside company, Navex Global, to provide a reporting and incident management system called EthicsPoint to capture reported concerns made through the system.
- Reports to the Integrity Helpline can be submitted confidentially and anonymously, if desired, over the phone or through a secure website portal. Concerns may also be reported outside of the system through direct email, phone, fax or US mail to the Integrity department or other compliance functions.
- The EthicsPoint system is used to capture information and manage incident data and documentation through an integrated workflow that primarily covers the following areas:
 - Integrity
 - HR (Employee Relations) *
 - HR (Labor Relations) - union-represented employee grievances *
 - HR (Employee Accommodations) - employee accommodation requests *
 - Office of Civil Rights Investigations and Compliance (OCIC) *
 - Information Privacy and Security (IPS)
 - Clinical functions such as Patient Relations and Clinical Integrity.

* Areas that have historically maintained separate systems for their case management, data and reporting needs that have been migrated into the system.

Centralized incident management

Shared and standardized data

- System-wide, multi-tier location database.
- Shared issue types and subcategories allow users to consistently identify reports and track issues enterprise-wide.
- Standardized, common data elements to capture responses, including outcomes and actions taken in response to reports.

Data and trend tracking

- Employee Oracle information is captured in the system to provide person, classification, department and team level tracking, including individual demographic information (when provided by the employee).
- Multiple ways to categorize and understand the OHSU member experience including by type of concern, physical location, mission, work unit and department.

Users empowered to use data to inform decision making

- User permissions designed to provide confidentiality of information and appropriate users to search outside their department to identify and track repeated conduct.
- Each team has customized dashboards (and training to build new ones) to leverage data to help inform decision making.

Reporting Metric Categories

- Integrity Helpline report volume
- Types of reports received (Issue Types)
- Time to resolve reports
- Results: Outcomes and Actions Taken
- Location information analysis *
- Report Volume by Intake Method analysis *

The Q2 2024 (April – June) and Q3 2024 (July – September) reporting metrics were provided to the OHSU community in July 2024 and October 2024, respectively.

We will continue to assess and enhance reporting capabilities and categories as we progress in this consolidated system.

* Additional metrics included in the Q3 2024 reporting released in October.

INTEGRITY HELPLINE

July - September 2024 (Q3) Community-Wide Reporting Metrics



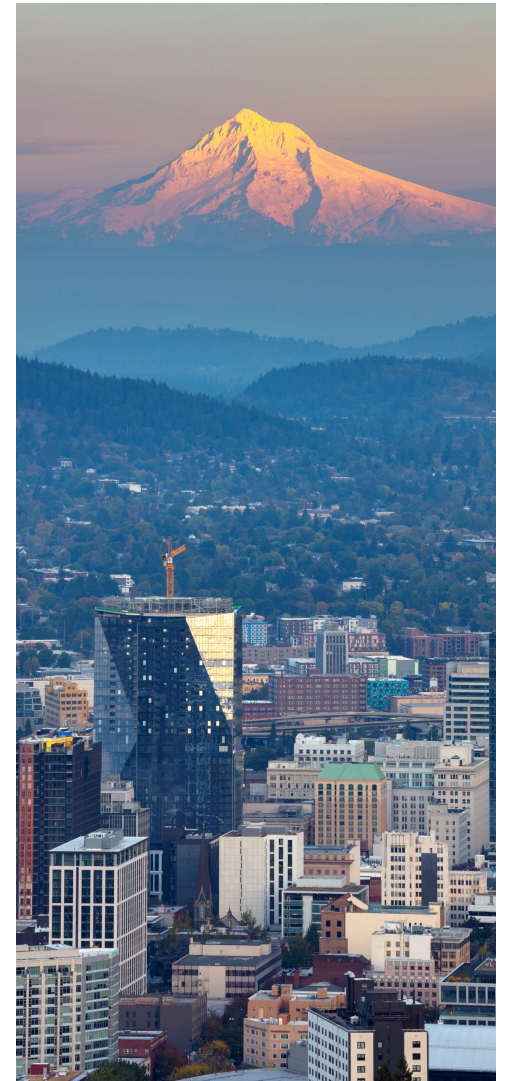
Metrics Provided

- Helpline Report Volume
- Report Volume by Intake Method
- Types of reports received (Issue Types)
- Location information
- Time to resolve reports
- Results: Outcomes and Actions Taken

Helpline Report Volume

- From July 1 to September 30, 2024, **510** reports were received through the Integrity Helpline, the Internal Incident Report form and/or manually created in the centralized incident management system based on reports received by email, phone or other communication methods.
- **220** of the 510 reports received from July 1 to September 30, 2024, remain open and are being worked on by the appropriate department.
- This report also shows the total report volume by month for the Integrity Helpline.
- The breakdown of all reports received in this period is shown by the department responsible for addressing the concern.

Please note: The Patient Relations and Information Privacy and Security departments maintain their own reporting channels and databases. Volumes presented here only represent the reports received through the Integrity Helpline and do not represent their total report volume.



Date Range

7/1/2024 

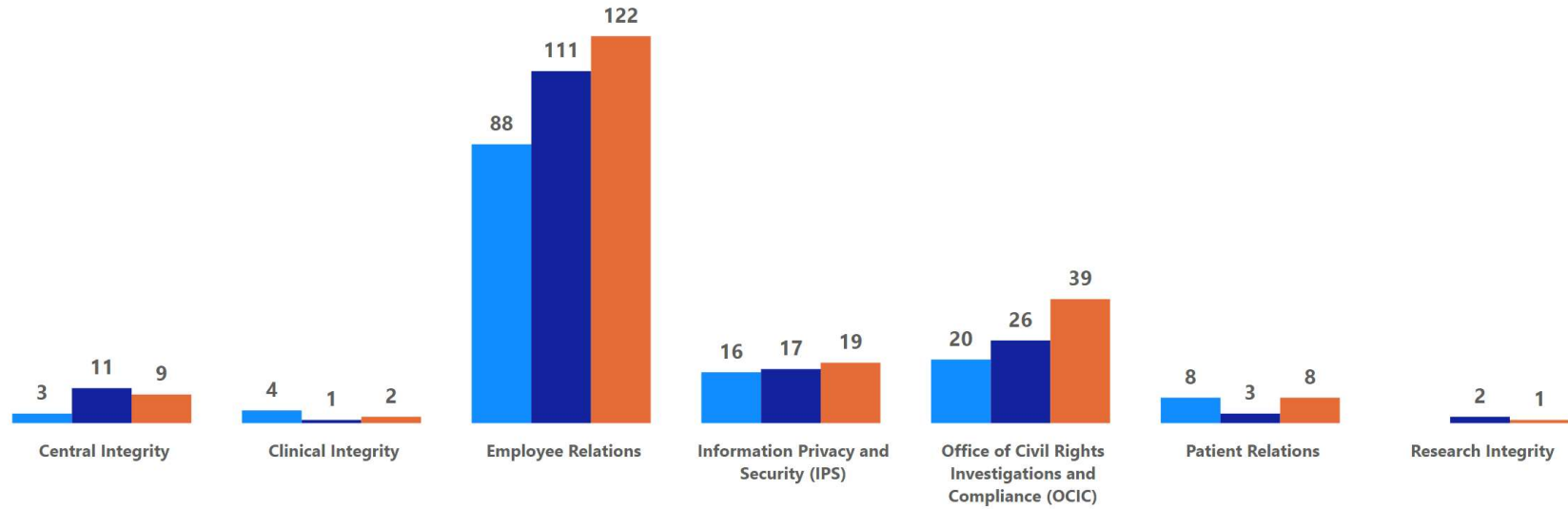
9/30/2024 

Helpline Report Volume

Total Reports Received	Reports Currently Open From This Period
510	220

Monthly Reports by Department

● 2024 Jul ● 2024 Aug ● 2024 Sep



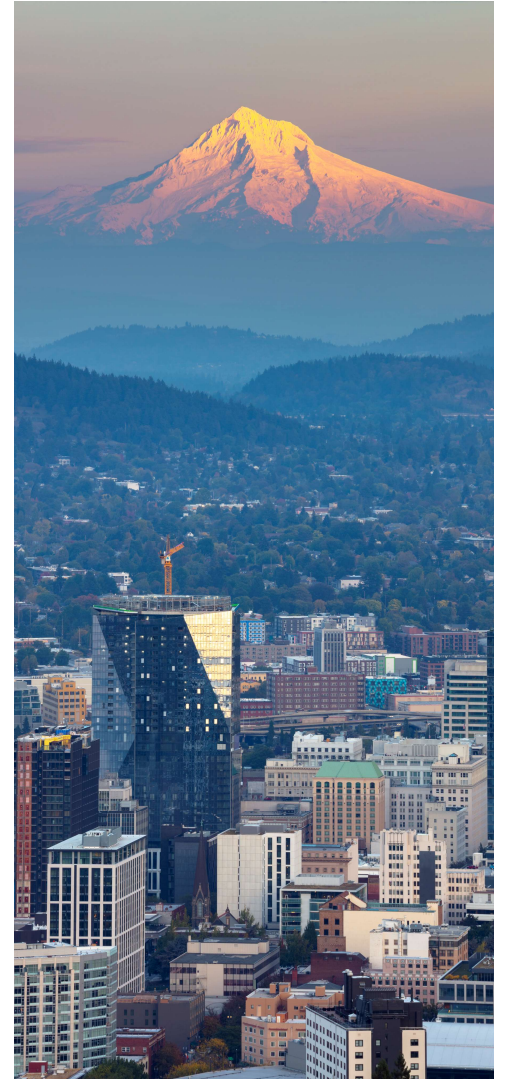
Total Monthly Reports



Report Volume by Intake Method

The 510 new reports received during July 1 to September 30, 2024, were received through a variety of Intake Methods, including:

- **Helpline Web:** 285 reports, or 56% of reports were received online through www.ohsu.edu/helpline.
- **Helpline Phone:** 33 reports, or 6% of reports were received by reporters calling the Integrity Helpline toll-free number (877) 733-8313.
- **Internal Incident Report Form:** 37 reports, or 7% of reports were received through the Internal Incident Report form. For more information on this form visit [Integrity's O2 page](#).
- **Other:** 155 reports, or 30% of reports were received through methods outside the Integrity Helpline, including email, direct phone calls, walk-ins, consults, AskHR and other communication methods. **These reports have been entered by the recipient department into the Integrity Helpline system for tracking and report management purposes.**

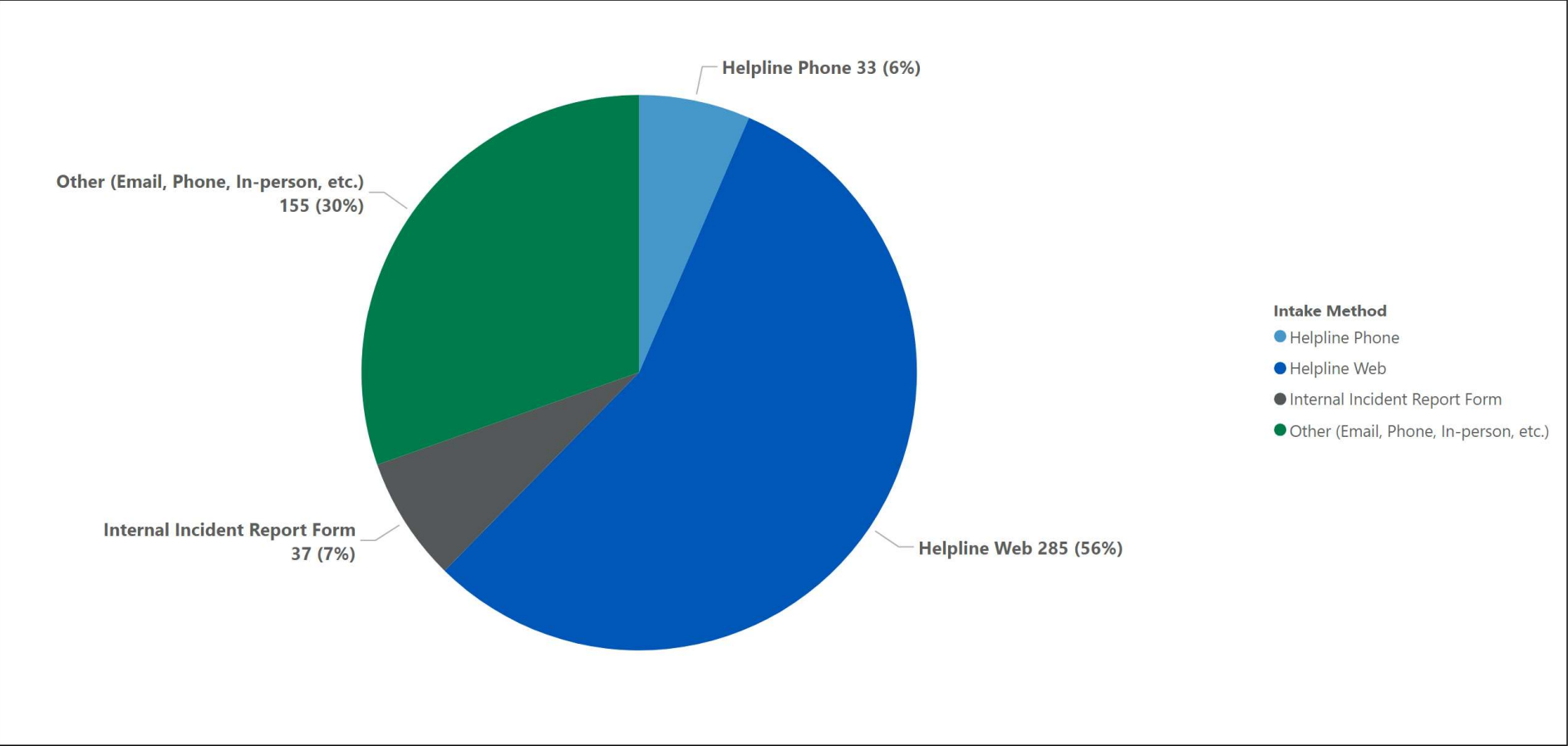


Date Range

7/1/2024 
9/30/2024 

Report Volume by Intake Method

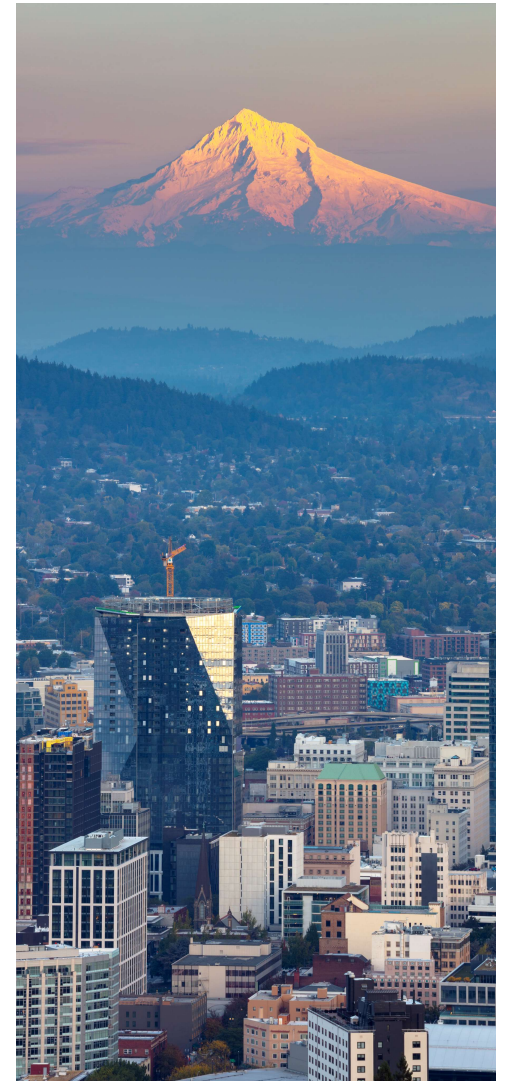
Total Reports Received
510



Types of reports received (Issue Types)

Of the 510 new reports received during July 1 to September 30, 2024, the most frequently reported issues were as follows:

- **Misconduct:** 170 reports, representing 33% of report volume over this quarter. This category includes conduct such as policy violations, bullying or intimidation, threats of violence, inappropriate communication, unprofessional behavior, disrespect in the workplace, etc.
- **Performance:** 112 reports, representing 22% of report volume over this quarter. This category includes concerns about how an OHSU member behaves when carrying out their job duties, including dishonesty, negligence, unsatisfactory attendance, poor quality work, etc.
- **Information Privacy and Security Concern:** 52 reports, representing 10% of report volume over this quarter. This category includes reports of suspected or known information privacy and security incidents or data breaches.
- **Discrimination:** 32 reports, representing 6% of report volume over this quarter. This category includes concerns about individuals being treated differently due to a protected characteristics.



Date Range

7/1/2024 

9/30/2024 

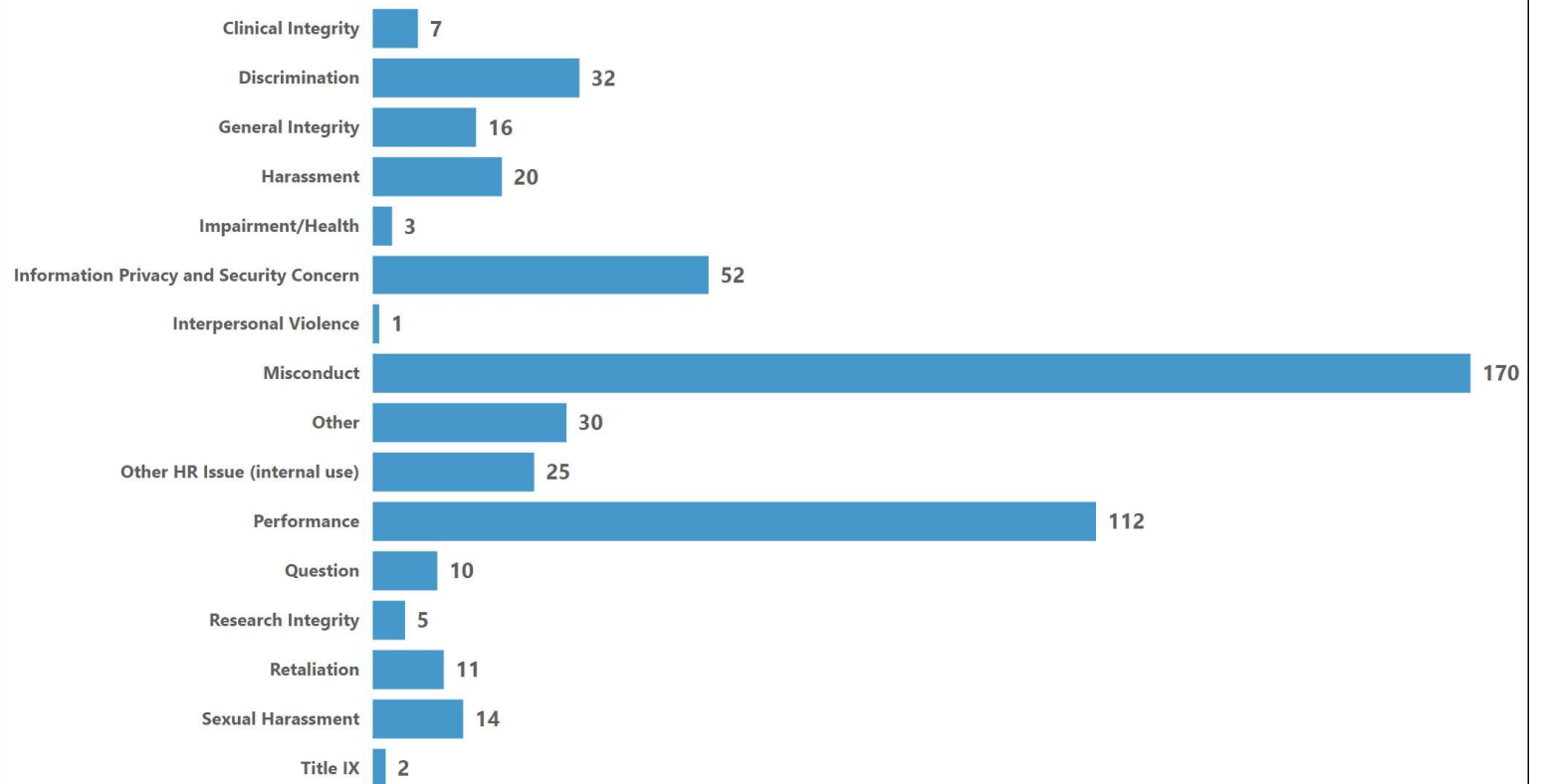
Types of reports received (Issue Types)

Total Reports Received

510

- Central Integrity
- Clinical Integrity
- Employee Relations
- Information Privacy and Security (IPS)
- Office of Civil Rights Investigations and Compliance (OCIC)
- Patient Relations
- Research Integrity

Report Volume by Issue Type



Types of reports received (Issue Types)

This dashboard shows all reports for the period received through the Integrity Helpline, the Internal Incident Report form, and cases manually created by the type of concern reported.

Issue Type	Description
Clinical Integrity	Concerns regarding billing, coding and documentation, as well as fraud, waste and abuse in the healthcare environment.
Discrimination	These are concerns about being treated differently due to any of the following: age, pregnancy, childbirth, or a related medical condition, disability, race/color, religion, gender, marital status, sex, sexual orientation, gender identity or expression, military/reserve status, veteran's status, national origin, and use of the Worker Compensation System, Family Medical Leave Act (FMLA), Oregon Family Medical Leave Act (OFMLA), or Paid Leave Oregon (PLO).
General Integrity	These include any dishonest and/or unethical behavior, the unethical handling of actual and apparent conflicts of interest, not making disclosures required by the Code, not following laws, rules and regulations, and not promptly and properly reporting violations of the Code.
Harassment	These include concerns about being harassed or exposed to offensive conduct due to any of the following: age, pregnancy, childbirth, or a related medical condition, disability, race/color, religion, gender, marital status, sex, sexual orientation, gender identity or expression, misgendering military/reserve status, veteran's status, national origin, and use of the Worker Compensation System, Family Medical Leave Act (FMLA), Oregon Family Medical Leave Act (OFMLA), or Paid Leave Oregon (PLO).

Types of reports received (Issue Types)

Issue Type	Description
Impairment/Health	These are concerns about Drug & Alcohol Policy violations, such as a member being under the influence of any unlawful drug, alcohol, or misused prescription drug; the use, possession, sale, manufacture, or distribution of drugs or alcohols; or a concern of an OHSU member being unfit for duty due to illness or injury.
Information Privacy and Security Concern	Reports of suspected or known information privacy and security incidents.
Interpersonal Violence	Concerns about Domestic Violence, Dating Violence, and Stalking.
Misconduct	These include Code of Conduct violations and other behavior that violates OHSU policies, such as bullying or intimidation, threats of violence, inappropriate communication, sabotage, abuse of power, theft, disrespect in the workplace, or retaliation for reporting any concerns or participating in an investigation.
Other	This is a miscellaneous category for reports that do not fit into any of the other issue types and may include patient concerns, concerns about students or academics and other issues.
Other HR Issue (internal use):	This issue includes miscellaneous issues to Human Resources that do not fit into the other HR issue types. For example, employee concerns about job classification, compensation, leave management, certification, or licensure issues, or to request a temporary work adjustment.

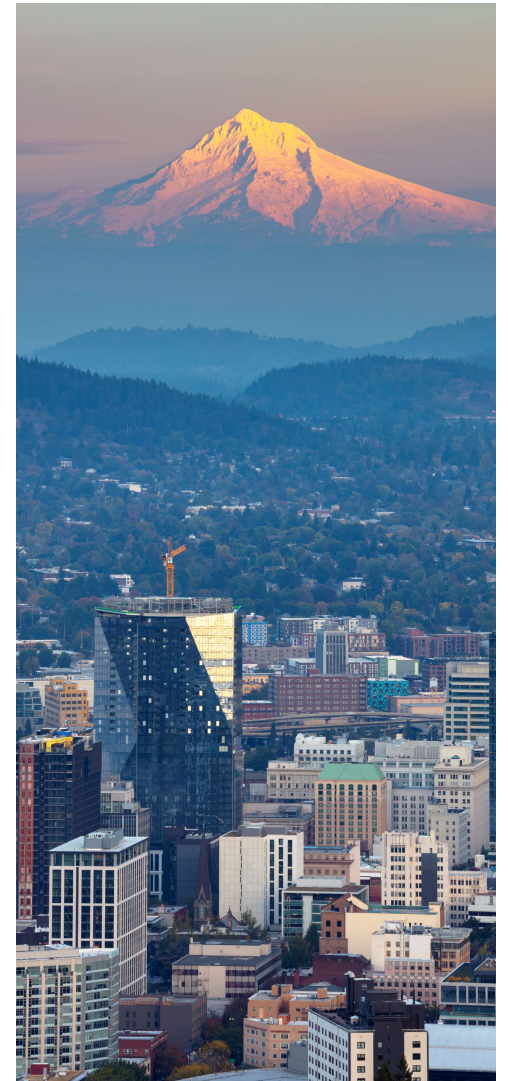
Types of reports received (Issue Types)

Issue Type	Description
Performance	This issue type includes concerns about how an OHSU member behaves when carrying out duties, such as dishonesty, negligence, unsatisfactory attendance or abandoning the work station, lack of adherence to professional standards, low productivity, poor quality, reckless behavior, sleeping on the job, or breaches of confidential work-related information.
Question	The Integrity Helpline allows people to ask questions and Central Integrity works on providing a response to the reporter.
Research Integrity	Concerns related to human subject research, animal research, biosafety, and research misconduct including research plagiarism, and falsification and fabrication of research documentation.
Retaliation	Concerns about being retaliated against for reporting discrimination or harassment, filing a complaint of prohibited discrimination or harassment, or taking part in an investigation of such a complaint. Retaliation includes intimidation, threats, coercion, and adverse employment or educational actions taken against a person. Retaliation can be committed by complainants, respondents or any other person or groups.
Sexual Harassment	Concerns about sexual harassment, which is defined as unwelcome conduct of a sexual nature. It includes unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature. concerns about sexual harassment, which is defined as unwelcome conduct of a sexual nature. It includes unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature.
Title IX	Concerns of discrimination or harassment based on gender. This can include sexual harassment, sexual misconduct, stalking, and intimate partner violence in an educational setting, concerns of discrimination or harassment based on gender. This can include sexual harassment, sexual misconduct, stalking, and intimate partner violence in an educational setting.

Location information

This dashboard shows, at a high level, the locations where the reported incident took place as detailed in the 510 reports received during the quarter. The most frequent locations were as follows:

- **Central Campus:** 257 reports, representing 50% of report volume over this quarter.
- **South Waterfront:** 98 reports, representing 19% of report volume over this quarter.
- **Virtual:** 44 reports, representing 9% of report volume over this quarter.
- **OHSU Clinics:** 38 reports, representing 7% of report volume over this quarter.



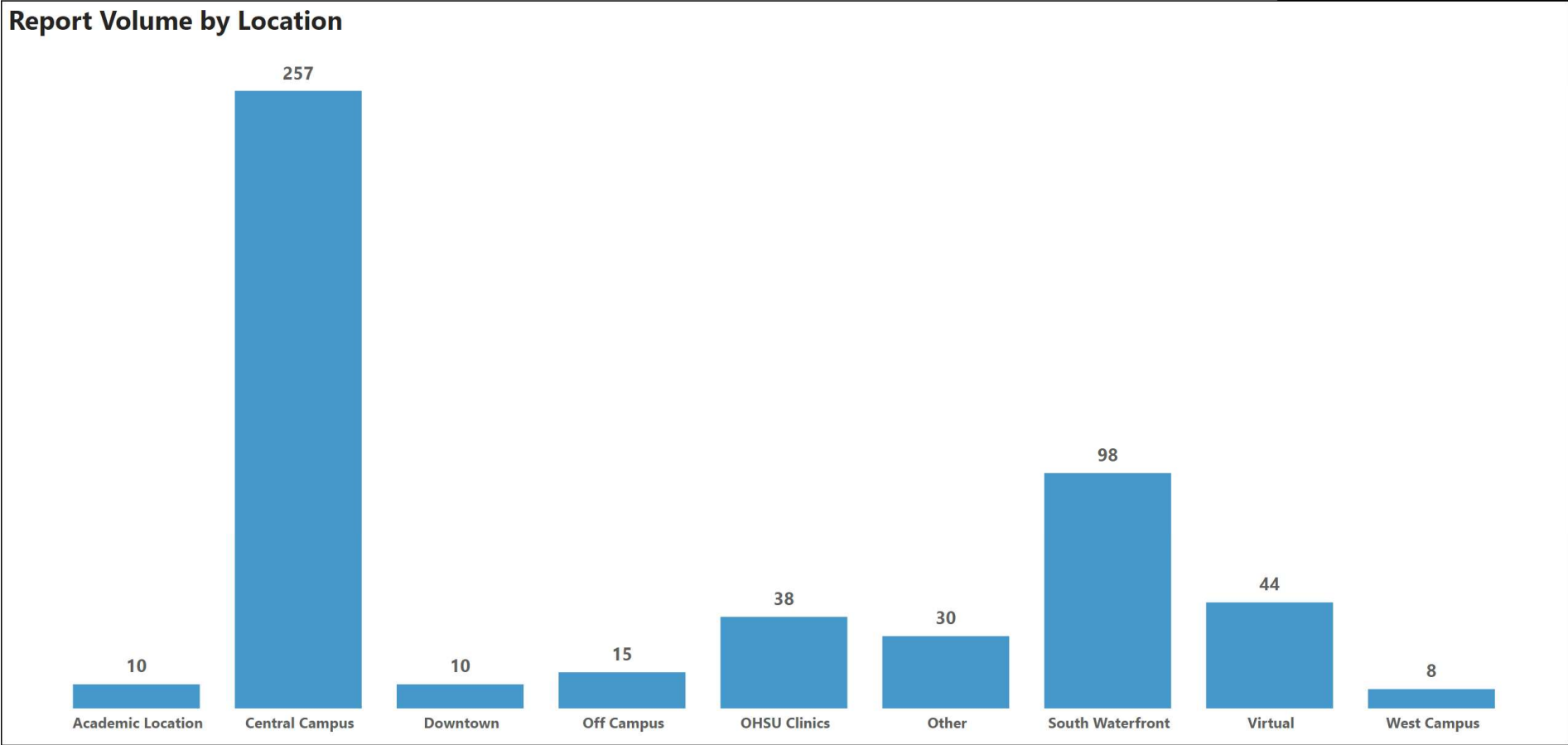
Date Range

7/1/2024 
9/30/2024 

Location information

Total Reports Received
510

Report Volume by Location



Location Information

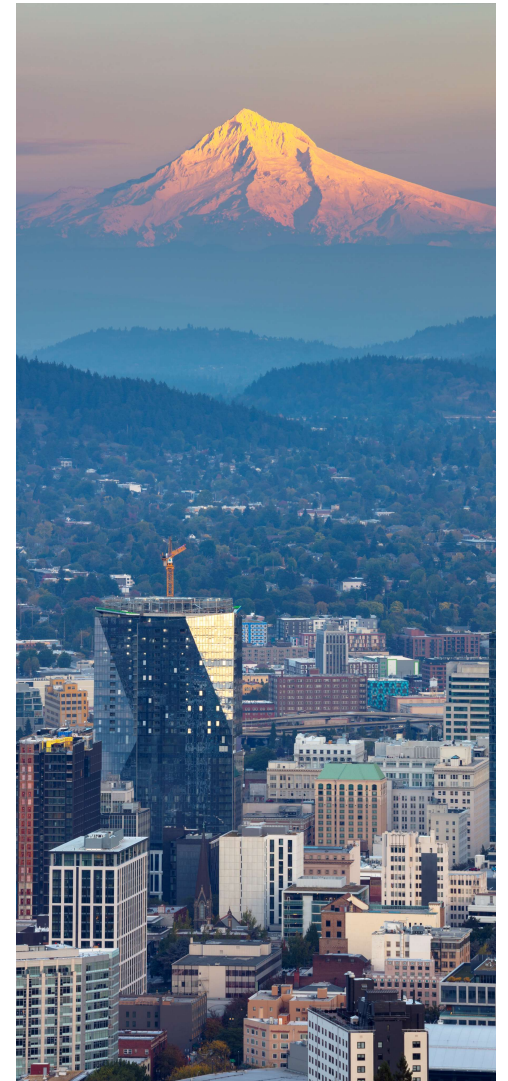
Location information is presented in an aggregate format, which includes the following:

Location	Description
Academic Location	This location includes OHSU's academic areas such as the School of Medicine, School of Nursing (throughout the state of Oregon), School of Dentistry, OHSU/OSU College of Pharmacy, and clinical rotations.
Central Campus	This location represents all buildings on Marquam Hill, including (but not limited to) the OHSU Main Hospital, Doernbecher Children's Hospital, Hatfield Research Center, Casey Eye Institute, Kohler Pavilion, and Physicians Pavilion.
Downtown	This location includes ADP Plaza, Market Square Building, Marquam II and Marquam Plaza.
Off Campus	This location represents incidents that do not occur on regular OHSU properties, though may impact OHSU.
OHSU Clinics	This represents all OHSU and OHSU Health Partner Clinics, including (but not limited to) Casey Eye Clinic locations, Richmond Clinic, Beaverton Primary Care Clinic, Doernbecher Pediatrics Clinic, Gabriel Park Primary Care, OHSU Center for Women's Health and South Waterfront Primary Care Clinic.
Other	This location represents reports where location information was not available or where reporters did not wish to disclose a location or know the location.
South Waterfront	This location represents all buildings on the South Waterfront, including (but not limited to) the Center for Health and Healing Buildings 1 & 2, Knight Cancer Research Building, Macadam Warehouse, 3030 Moody Building, Robertson Life Sciences Building and the Skourtes Tower.
Virtual	This location represents reports where the incident took place in one of OHSU's virtual spaces, including (but not limited to) remote meetings, telework, social media and telehealth.
West Campus	This location includes the Administrative Building, Vaccine and Gene Therapy Institute (VGTI), or any other building or space at West Campus.

Time to resolve reports

This dashboard shows a breakdown of reports closed during Q3 and the average time (in days) the report took to be resolved:

- **442** reports were closed from July 1 to September 30, 2024. The reports closed during this period may have been opened at any time prior to September 30, 2024.
- On average, it took **44 days** to close a report.
- The dashboard also shows the average number of days that it took each department to resolve their assigned reports which includes all report types.



Date Range

7/1/2024 

9/30/2024 

Time to resolve reports

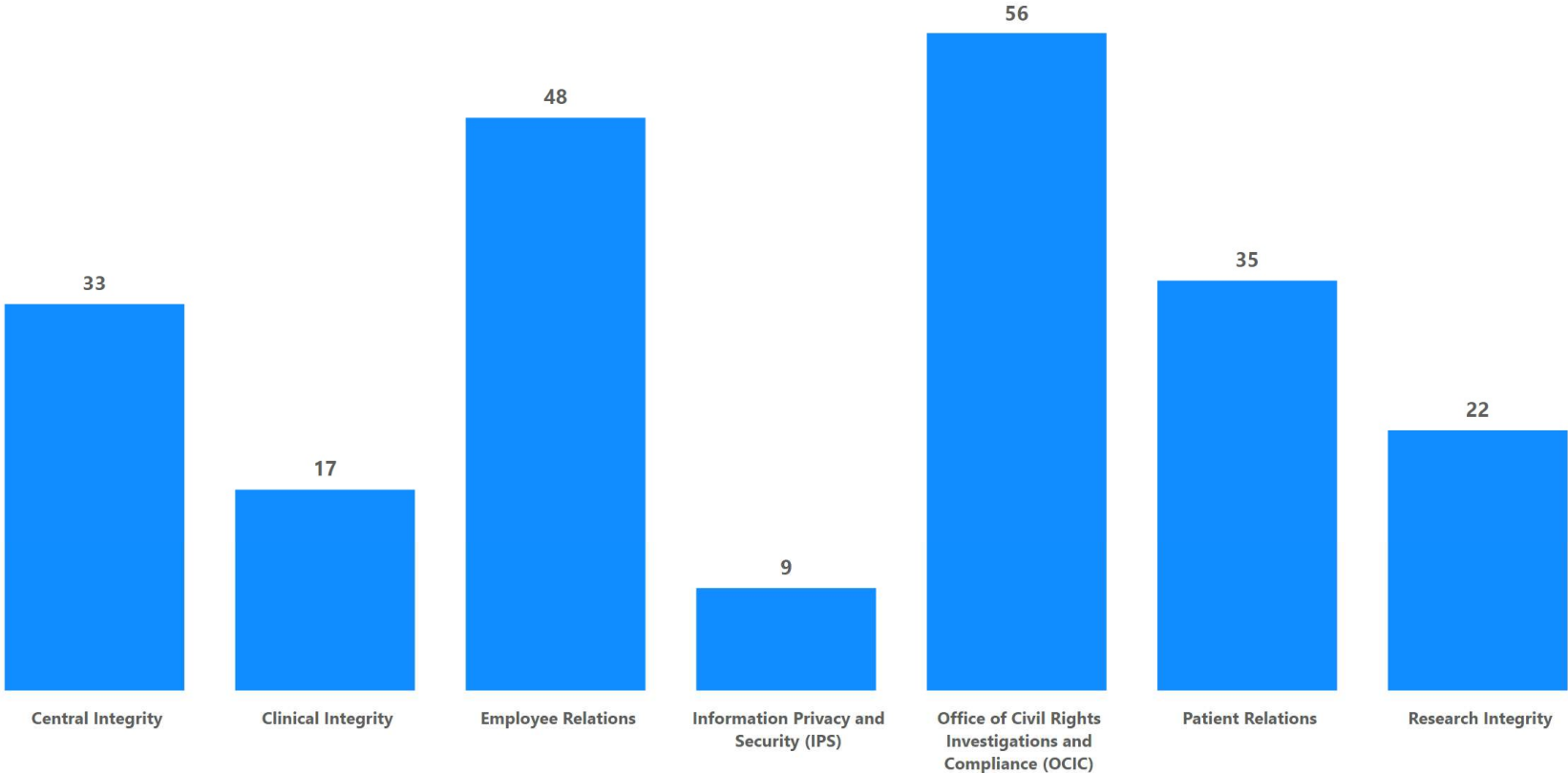
Reports Closed During This Period

442

Average Days to Close

44

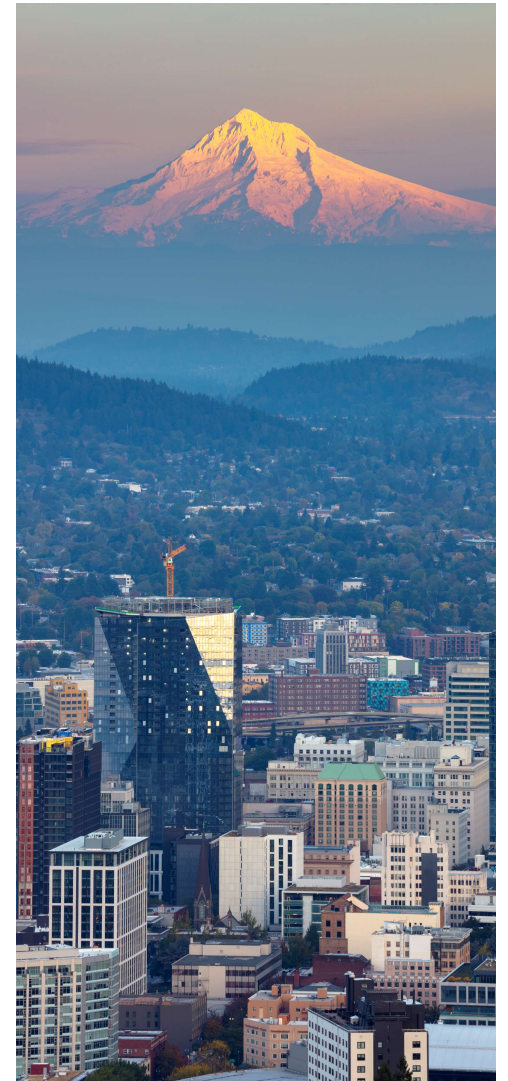
Average Number of Days to Close Reports by Department



Results: Outcomes and Actions Taken

Of the **442** reports that were closed during this reporting period, there were various outcomes and actions taken.

- With respect to report outcomes: 130 (29%) reports were substantiated, 205 (46%) reports were determined to be unsubstantiated, 74 (17%) reports were referred to other departments for review and follow up, 32 (7%) reports were resolved informally, and 1 (>1%) report was pending determination at the time of this report.
- With respect to actions taken: 189 (43%) of the reports had a formal resolution, 95 (21%) had an informal resolution, 147 (33%) did not require further action to be taken, and 11 (2%) were pending further action at the time of this report.



Date Range

7/1/2024



9/30/2024



Results: Outcomes and Actions Taken

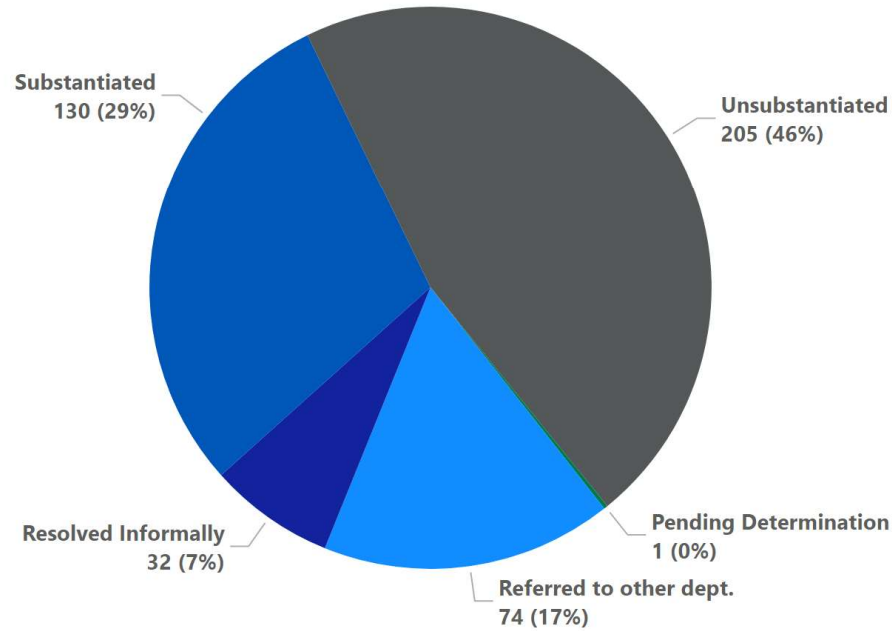
Reports Closed During This Period

442

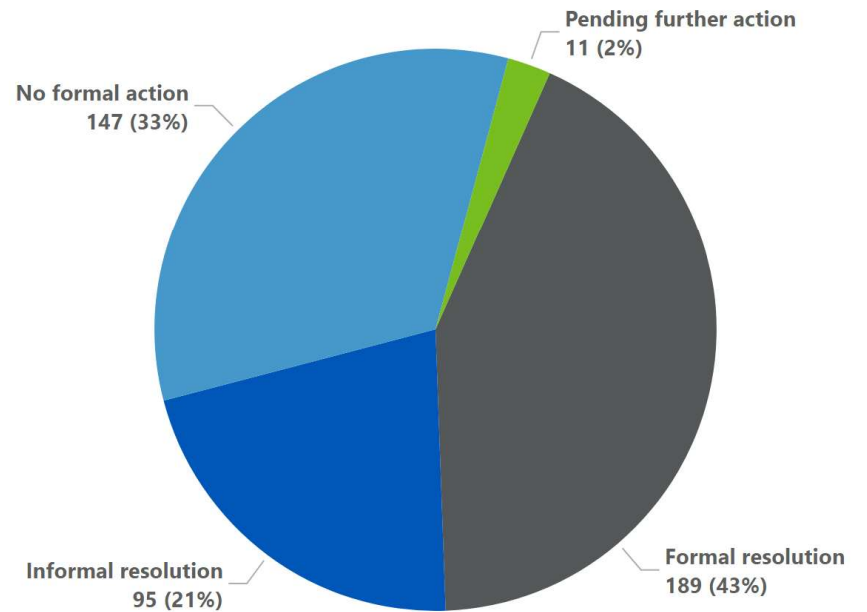
Average Days to Close

44

Report Outcomes



Actions Taken



Results: Outcomes and Actions Taken

Outcomes show what the determinations or referrals were for closed reports, including:

Outcome	Description
Pending determination	For some types of reports and investigations the investigation and determining outcomes are separate. These reports have been investigated, however, determinations on responsibility are still being made. These reports will be updated when determinations have been made.
Referred to other department or system	Some departments like Information Privacy and Security, Patient Relations, Public Safety, and others use different systems to manage their cases and the Integrity Helpline is not their primary intake method. Integrity Helpline reports managed by departments which do not use the Helpline as their primary case management tool may be referred to those systems and managed by their department process. These cases may also include reports where the Reporting or other party have been referred the Ombuds, Confidential Advocacy or to other departments for resources and support.
Resolved informally	These reports were reviewed and had an informal resolution, these resolutions can be any alternative dispute resolution including but not limited to mediation, restorative justice, facilitated conversations or training. These reports do not have a formal determination of responsibility.
Substantiated	All or some allegations in these reports have been found to have occurred and found (in full or in part) to be a violation of OHSU policy.
Unsubstantiated	We were not able to substantiate all or some of the facts alleged in the report or the facts established were not found to be a violation of OHSU policy. This can be for several reasons including there was insufficient information provided (and attempts to gather more information were unsuccessful, therefore the report could not be investigated or followed-up on. These reports may also include reports where parties or the reporter declines to engage with the process and the report is closed. Reports where after investigation or response we were still unable to validate the allegations or conclude there was a violation of OHSU policy or reports that do not allege a violation of OHSU policy.

Results: Outcomes and Actions Taken

Actions Taken shows what was done to address the concern, including:

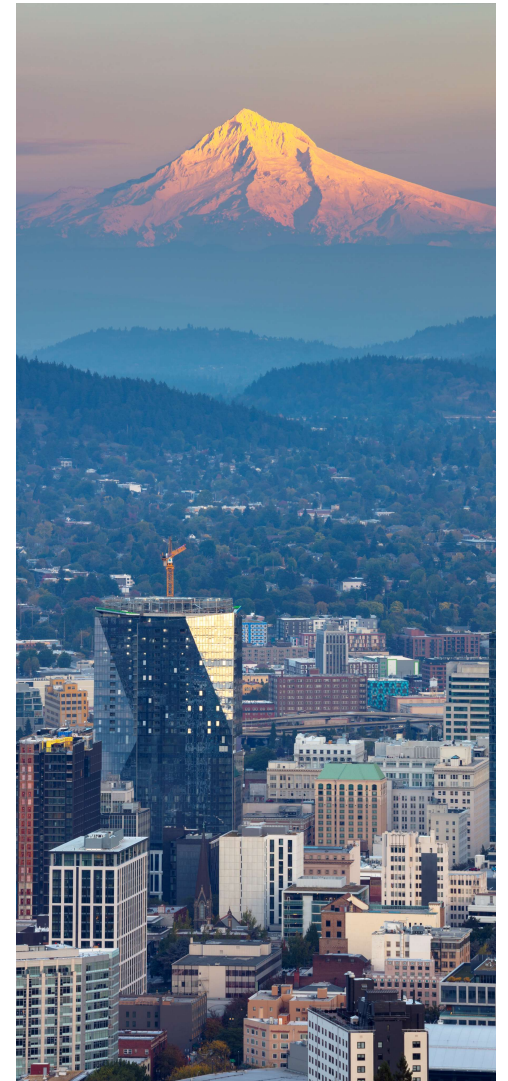
Action Taken	Description
Formal resolution	These reports have been resolved through a formal investigation or other formal review process
Informal resolution	These reports were resolved by alternative dispute resolution (including mediation, restorative justice, or other alternative dispute resolution process) and did not receive a formal investigation or review process.
No formal action	No additional actions to address the concern were necessary or appropriate. This could be for several reasons including insufficient information in the report so it could not be investigated or followed-up on, parties or the reporter may have declined to engage with the process, or after investigation or response we were still unable to validate the allegations or conclude there was a violation of OHSU policy or reports that do not allege a violation of OHSU policy.
Pending further action	For some types of reports and investigations the investigation and determinations may be complete, however, some additional actions may be needed to fully address the concern.

INTEGRITY HELPLINE:

Leveraging data to
better understand the
experiences of OHSU

Case Study:

What if we wanted to better understand the volume of substantiated cases of performance concerns at the Main Hospital during Q3 of 2024?



Date Range

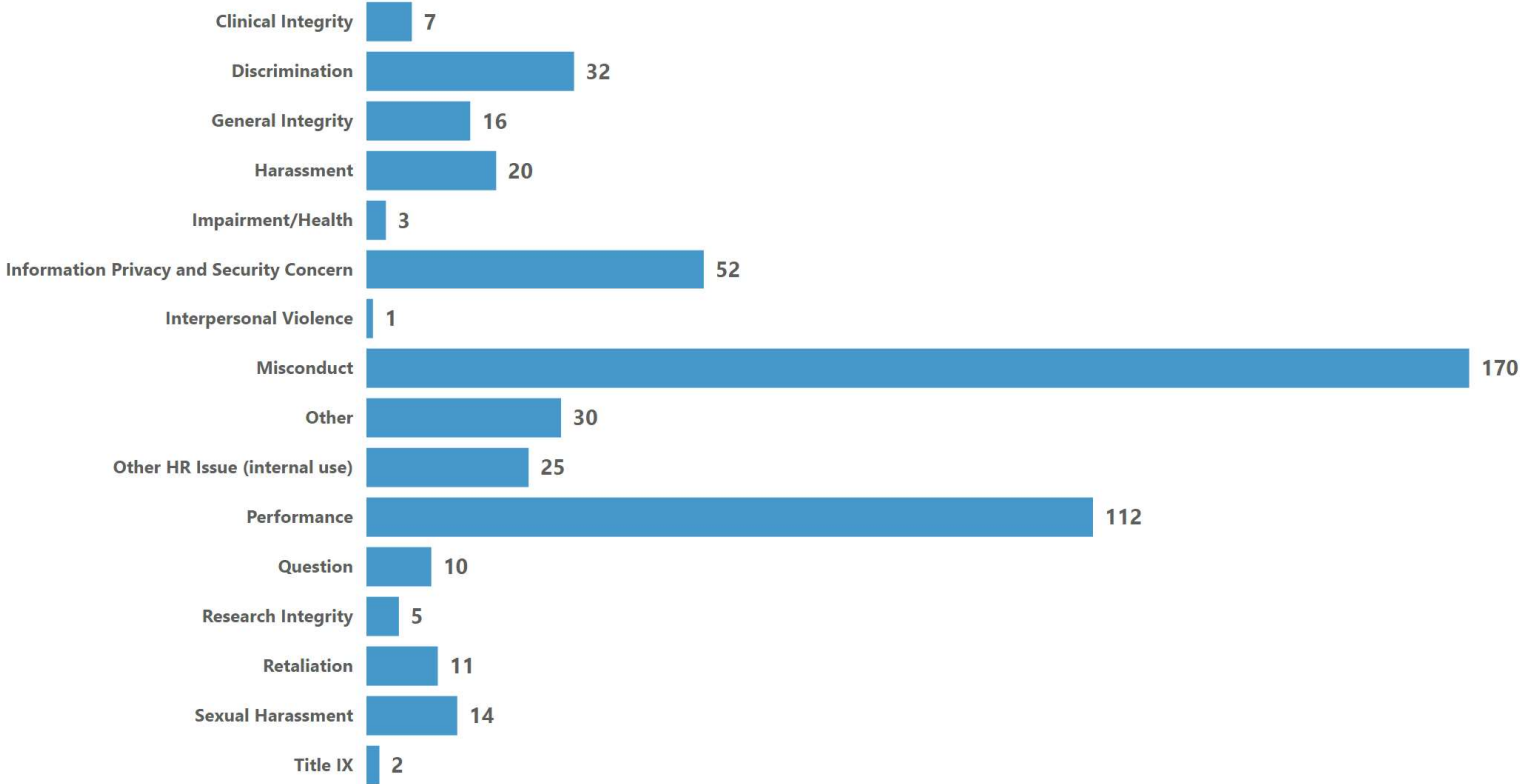
7/1/2024 
9/30/2024 

Types of reports received (Issue Types)

Total Reports Received
510


- Central Integrity
- Clinical Integrity
- Employee Relations
- Information Privacy and Security (IPS)
- Office of Civil Rights Investigations and Compliance (OCIC)
- Patient Relations
- Research Integrity

Report Volume by Issue Type



Focus: Q3 2024 Issue Types for all areas

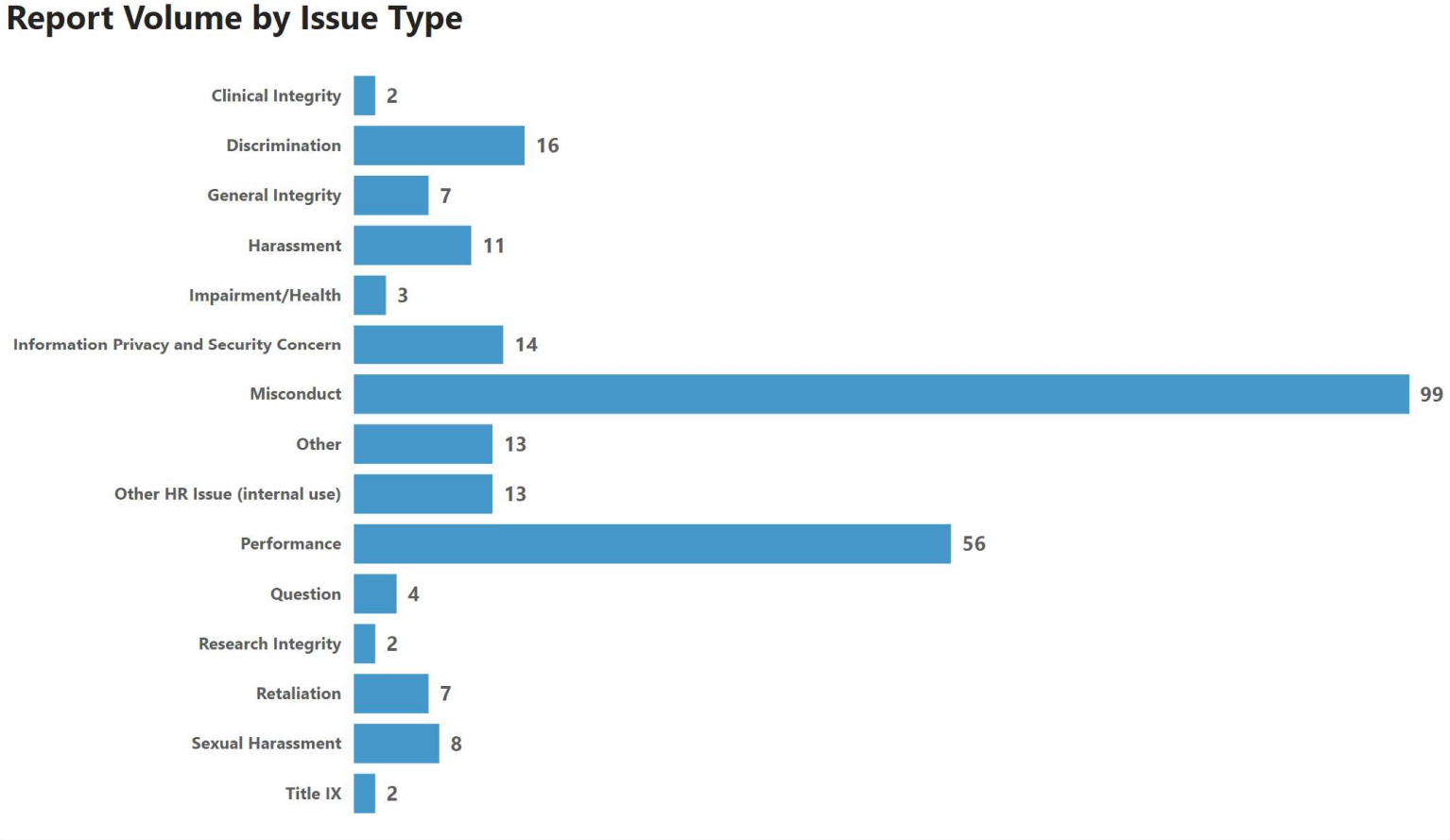
Date Range

7/1/2024 
9/30/2024 

Types of reports received (Issue Types)

Total Reports Received
257

- Central Integrity
- Clinical Integrity
- Employee Relations
- Information Privacy and Security (IPS)
- Office of Civil Rights Investigations and Compliance (OCIC)
- Patient Relations
- Research Integrity



Focus: Q3 2024 Issue Types/Central Campus

Date Range

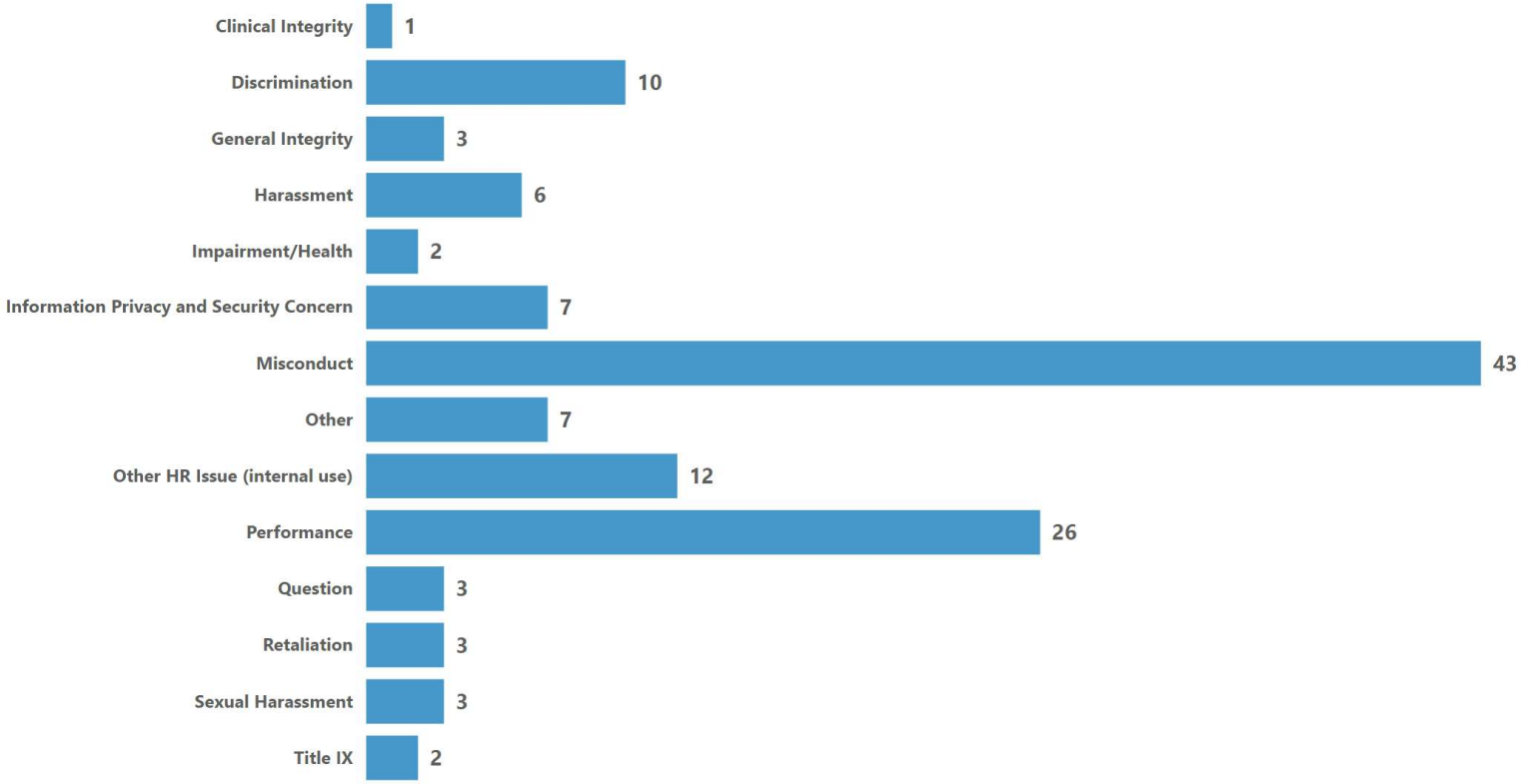
7/1/2024 
9/30/2024 

Types of reports received (Issue Types)

Total Reports Received
128

- Central Integrity
- Clinical Integrity
- Employee Relations
- Information Privacy and Security (IPS)
- Office of Civil Rights Investigations and Compliance (OCIC)
- Patient Relations

Report Volume by Issue Type



Focus: Q3 2024 Issue Types/Central Campus/Main Hospital

Date Range

7/1/2024 

9/30/2024 

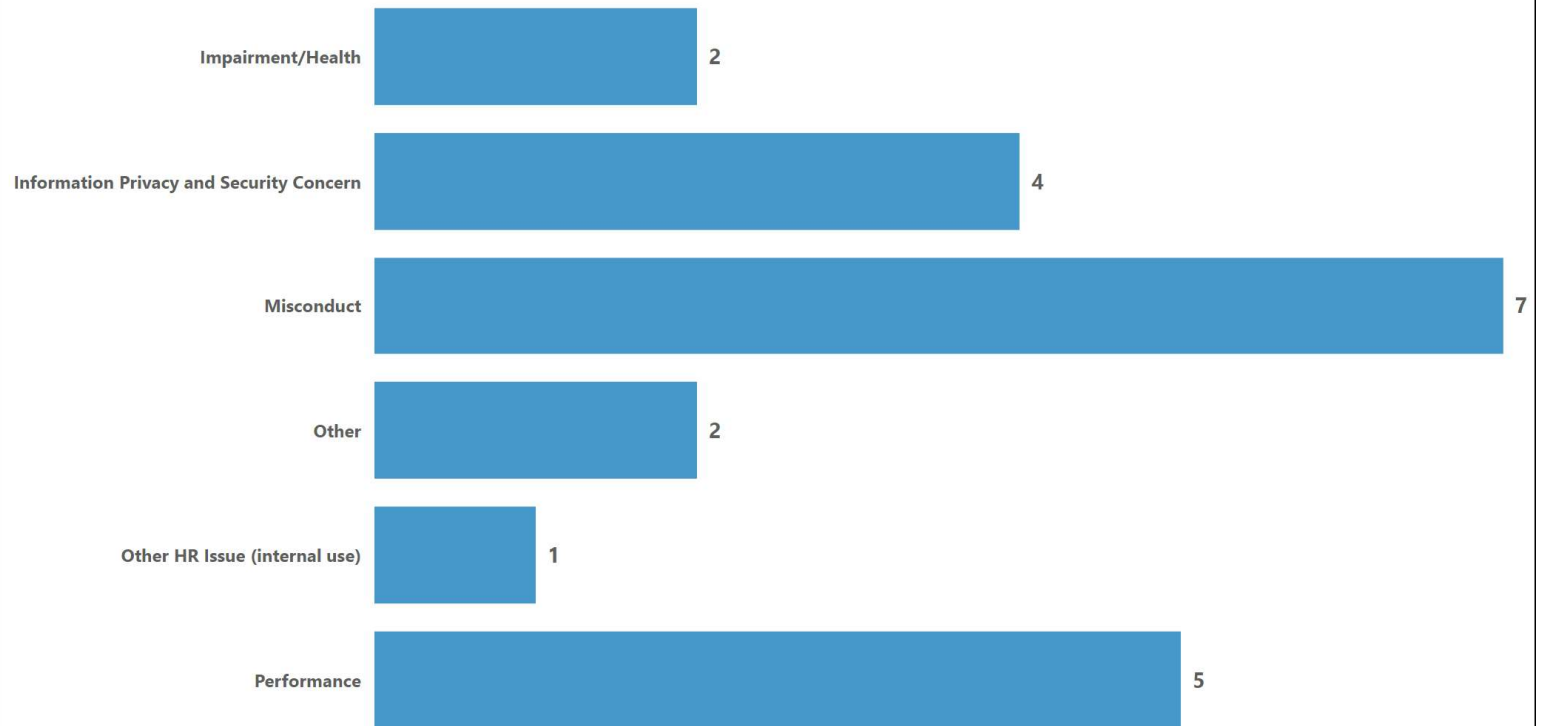
Types of reports received (Issue Types)

Total Reports Received

21

Central Integrity	Information Privacy and Security (IPS)
Employee Relations	Patient Relations

Report Volume by Issue Type



Focus: Q3 2024 Issue Types/Central Campus/Main Hospital/Substantiated Reports

Date Range

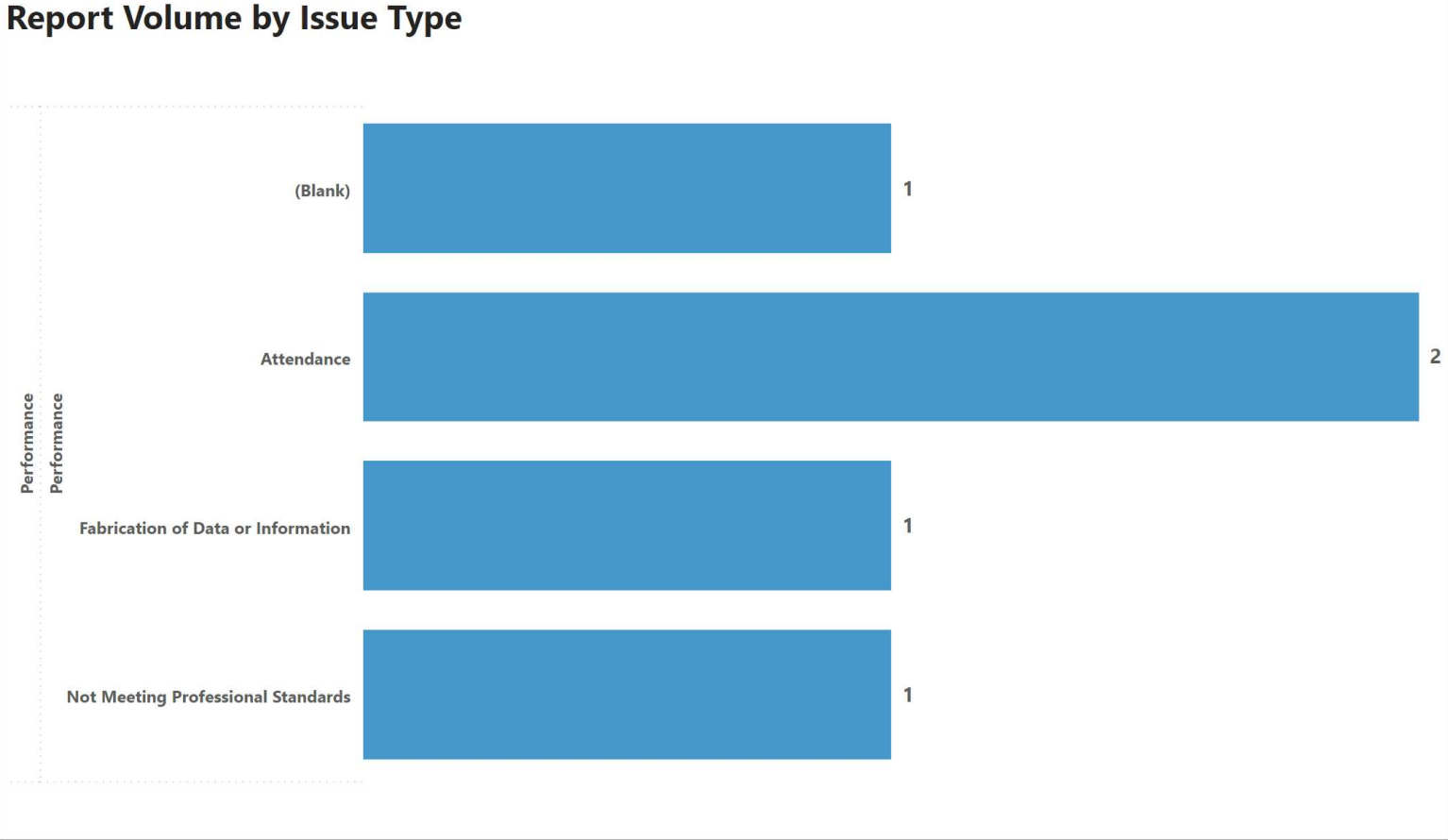
7/1/2024 

9/30/2024 

Types of reports received (Issue Types)

Total Reports Received
5

Central Integrity	Information Privacy and Security (IPS)
Employee Relations	Patient Relations



Focus: Q3 2024 Issue Types/Central Campus/Main Hospital/Substantiated Reports/Performance Concerns

Date Range

7/1/2024 

9/30/2024 

Results: Outcomes and Actions Taken

Reports Closed During This Period

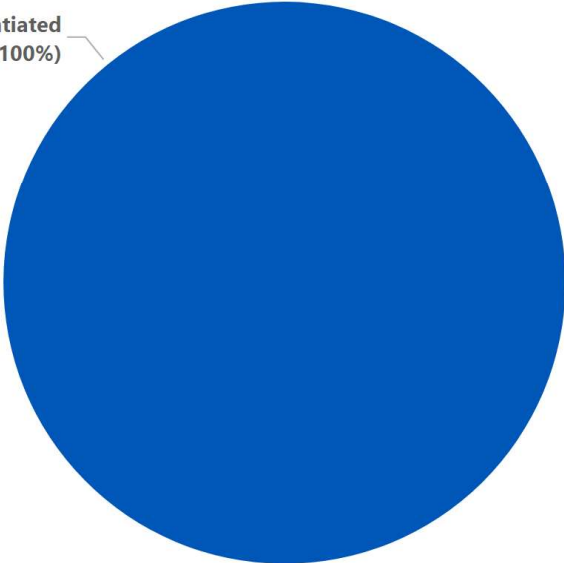
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Average Days to Close

21

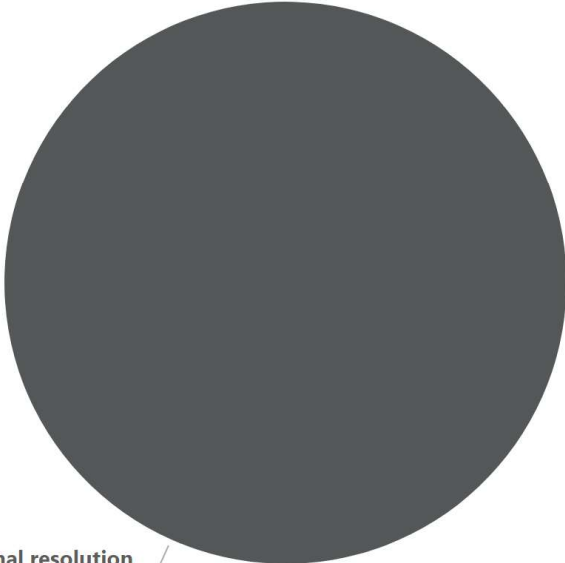
Report Outcomes

Substantiated
5 (100%)



Actions Taken

Formal resolution
5 (100%)



Focus: Q3 2024 Outcomes and Actions Taken for Substantiated Performance Concerns at the Main Hospital



Questions



Healthcare Clinical Integrity Office Report FY 2024

DATE: October 25, 2024 PRESENTED BY: Carmen Dobry, M.S., CHC, Clinical Integrity Officer

Healthcare Clinical Integrity (HCI) Agenda

- Scope of Work HCI Provides
- Current Structure of the HCI Team
- Clinical Integrity Compliance Program Seven Elements
- Workplan

Scope of Work HCI Provides

Guidance

- Charge processing, billing, coding, reimbursement
- Healthcare operations: scope of practice, licensing, Electronic Health Record content
- State and federal rules and regulations
- OHSU policies and procedures



Scope of Work HCI Provides Continued

- Coordinate responses to professional and hospital bill audits from Federal & State auditing entities and Commercial Payors
- Provide training in hospital compliance and fraud awareness
- Investigate Helpline cases provided by Central Integrity
- Check names against exclusion lists



Current Structure of the HCI Team

1. Carmen Dobry, Clinical Integrity Officer
2. Christi Lemire, Assistant Integrity Officer (AIO)
3. Jackie Gahan, Assistant Integrity Officer (AIO)
4. Kim Nash, Assistant Integrity Officer (AIO)
5. Lisa Borok, Senior Integrity Analyst
6. Vacant Integrity Auditor position



Compliance Program Seven Elements

Seven elements of a compliance program:

1. Written P&Ps and Code of Conduct
2. Compliance Officer, Clinical Integrity Compliance Committee, & Governing Body oversight
3. Effective training and education
4. Effective lines of communication
5. Well-Publicized Disciplinary Standards
6. Routine Monitoring, Auditing
7. Procedures and System for Prompt Response to Compliance Issue



I. Written P&Ps and Code of Conduct

- P&Ps – general Compliance policies to address Compliance and Fraud, Waste and Abuse (FWA) training requirements, and how suspected, detected or reported compliance and potential FWA issues are investigated and remediated
- Code of Conduct – managed in Central Integrity Office



II. Compliance Officer, Clinical Integrity Committee, & Governing Body Oversight

- Clinical Integrity Officer should be a FTE position, independent, not serving in both compliance and operational areas
- Clinical Integrity Committee (CIC) serves as the compliance committee chaired by the Clinical Integrity Officer
- Regular routine Board reports

III. Effective training and education

- HCI administers courses for employees in:
 - Hospital Compliance
 - Fraud Awareness
 - Integrity Booster
- Compliance Week



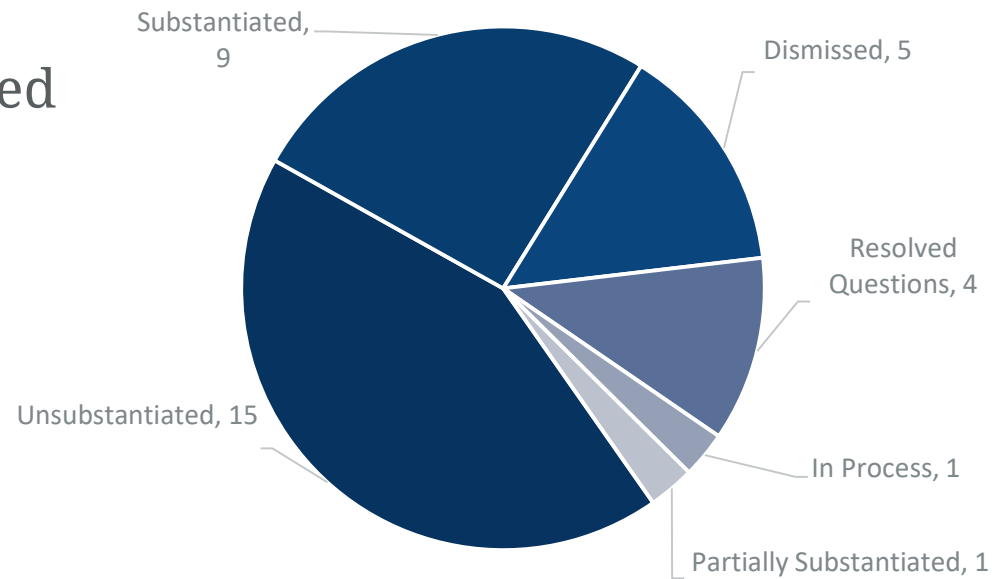
IV. Effective Lines of Communication

- Establish and implement effective lines of communication (Integrity Helpline)
- Helpline reports are directly assigned to HCI or transferred from Central Integrity
- Open line of communication between Clinical Integrity Officer and hospital personnel

Clinical Integrity Helpline Cases for FY 2024

CD

- 35 cases received



- No red flag cases that merit reporting to Federal or State regulatory agencies



V. Well-Publicized Disciplinary Standards

- Disciplinary policies that describe the expectations for the reporting of compliance issues including:
 - noncompliant, unethical or illegal behavior,
 - employees participate in required training, and
 - the expectations for assisting in the resolution of reported compliance issues.
- Disciplinary standards are enforced in a timely, consistent and effective manner.

VI. Clinical Integrity Routine Monitoring, Auditing

- Limited to the clinical activities of OHSU and are focused on the federal program regulatory compliance requirements.
- HCI coordinates responses to professional and hospital bill audits from:
 - OIG (DHHS Office of Inspector General),
 - Medicare and Medicaid RAC (Recovery Auditor),
 - MAC (Medicare Administrative Contractor), and
 - Other State and Federal auditing entities
- Assist with documentation, submissions, results and reporting to Federal and State agencies.
- A risk-based assessment is developed, reviewed by the Clinical Integrity Committee, and implemented annually based on evaluation of industry and entity risks that determines the audit workplan.

FY 24 - Federal Audit Workplan

CD

- 337 published issues by Federal auditing programs were reviewed including: Office of the Inspector General Work Plan (OIG), Regional Audit Contractors (RACs), Targeted Probe and Educate (TPE), and Supplemental Medical Review Contractor (SMRC)

Category	# of Issues
N/A – issue is for type of service not provided by facility	279
Address as audits are received– issue is determined to be low risk – low volume or low dollar	16
Analysis Complete – Low Risk– no or low risk found and mitigated	22
Previously/currently under review – at time of initial analysis, issue had already been addressed	4
Open - currently being assessed	16
TOTAL	337



Review Complete - Low Risk issues:

CD

Accuracy of Place-of-Service Codes on Claims for Medicare Part B Physician Services When Beneficiaries Are Inpatients Under Part A	Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: Medical Necessity and Documentation Requirements
Audits of Medicare Payments for Spinal Pain Management Services	LAAC & ICD National Coverage Determinations: Submit Proper Documentation
Dermatologist Claims for Evaluation and Management Services on the Same Day as Minor Surgical Procedures	OIG Facet Joint Denervation Notification of Medical Review
Medicare Part B Payments for Psychotherapy Services	Mohs Surgery Notification of Medical Review
Medicare Part B Payments for Speech-Language Pathology	Echocardiography Select Code Notification of Medical Review
Medicare Part B Payments to Physicians for Co-Surgery Procedures	Hyperbaric Oxygen (HBO) Therapy
Medicare Payments for Stelara	OIG Epidural Steroid Injections Notification of Medical Review
Review of Medicare Part B Claims for Intravitreal Injections of Eylea and Lucentis	Medical Services Authorized by the Veteran's Health Administration: Avoid Duplicate Payments
Review of Medicare Payments for Trauma Claims	CT Scan of Abdomen/Pelvis
Cataract Removal	Outpatient Therapy Services Billed with KX Modifier Targeted Probe And Educate Review Results
Outpatient Rehab Facility (ORF) Physical Therapy	Global Surgery/Modifier CO-Surgery Bill Correctly



FY25 Audits

CD

Audits of Medicare Part B Telehealth Services During the COVID-19 Public Health Emergency	Cataract Surgery Notification of Medical Review
CMS Oversight of the Two-Midnight Rule for Inpatient Admissions	Echocardiography, Transthoracic Targeted Probe and Educate Review Results
Hospital's Compliance With the Provider Relief Fund Balance Billing Requirement for Out - of - Network Patients	Audit of Medicare Claim Lines for Which Payments Exceeded Charges
Medicaid—Telehealth Expansion During COVID-19 Emergency	Joint Pain Management Therapies: Hyaluronic Acid Knee Injections
Global Surgery: Bill Correctly	Outpatient Therapy Reviews Below the Threshold Notification of Medical Review
Audit of policies and procedures for obtaining Hospital-Issued Notices of Noncoverage (HINN) and Advance Beneficiary Notice of Noncoverage (ABN); including claims and payment review	Comparative Analysis Between Medicare Payments and Hospital's Published Prices
Medicare Part B Payments for Podiatry and Ancillary Services	Medicare Inpatient Hospital Billing for Sepsis
Review of Monthly End-Stage Renal Disease (ESRD)-Related Visits Billed by Physicians or Other Qualified Healthcare Professionals	Audit of Diabetes Drugs Under Medicare Part D
Review of upcoming Office of the National Coordinator for Health Information Technology (ONC) and CMS rules around interoperability and 21st Cures Act	Audit of Medicaid Select Diabetes and Weight Loss Drugs
Consolidated Appropriations Act (CAA) Telehealth Services Notification of Medical Review	Nail Avulsions Notification of Medical Review



Exclusion List Review

- Fraud, Waste, and Abuse safeguards to identify excluded providers and entities
- Medicare payment should not be made for items or services furnished or prescribed by an excluded provider or entity
- Healthcare entities shall not use federal funds to pay for services, equipment or drugs prescribed or provided by a provider, supplier, or employee excluded by the Department of Health and Human Services (DHHS) Office of the Inspector General (OIG) or General Services Administration (GSA)
- Healthcare entities must review the DHHS OIG List of Excluded Individuals and Entities (LEIE list) and the GSA Excluded Parties Lists System (EPLS)
- Descartes (vendor) maintains a complete list of all entities and conducts the review daily

Exclusion List Audit

- Audit conducted to verify accuracy on the lists of names - Staff, Students, Vendors and Volunteers were being updated since they are being submitted to Decartes for daily review
- Audit result: after reviewing over 80K records, over 4000 missing records were added to the file
- 62,906 records removed
- 35,223 records added

Exclusion List – Moving Forward

- Create internal procedure/update Policy and Procedure outlining specific requirements for monthly data submission
- Monitor stakeholder department lists and Decartes daily reviews are being compliant with updated policies and procedures
- Perform validation audit every six months (January and July) to ensure the list is complete

VII. Procedures and System for Prompt Response to HCI Issues

- Policies and procedures designated to:
 - promptly responding to compliance issues as they are raised;
 - investigating potential compliance problems as identified in the course of self-evaluations and audits;
 - correcting such problems promptly and thoroughly to reduce the potential for recurrence; and
 - ensuring ongoing compliance with Federal and State requirements.



Thank You