



# EMPHASIZING FEDERAL COMPLIANCE ENFORCEMENT TO ENSURE HEALTHCARE FUNDING IN INDIAN COUNTRY

NATIONAL INDIAN HEALTH BOARD

NATIONAL  
*Tribal Health*  
CONFERENCE

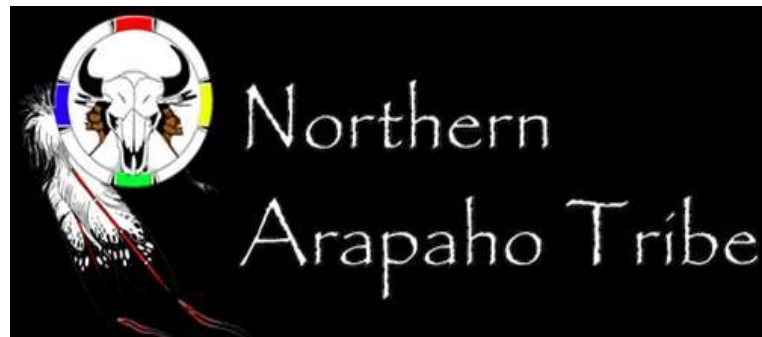
*Health = Sovereignty*



# **EMPHASIZING FEDERAL COMPLIANCE ENFORCEMENT TO ENSURE HEALTHCARE FUNDING IN INDIAN COUNTRY**



**Tim Pederson (Oglala Lakota), Principal**  
1719 W. Main Street  
Rapid City, SD 57702  
605-381-1511  
[tpederson@nativeamericanhg.com](mailto:tpederson@nativeamericanhg.com)



**Carlton Underwood, Chief Compliance Officer**  
Northern Arapaho Tribe  
Ft Washakie, WY 82514  
307-438-0104  
[carlton.underwood@northernarapaho.com](mailto:carlton.underwood@northernarapaho.com)

# OPENING THOUGHTS

- **What we are sharing with you today is not new.**
- **Has been in federal law since 2009.**
- **It feels new because the federal government is now enforcing the law in Indian Country.**
- **Some of this information is downright scary.**
- **Please don't let fear of enforcement cause you to ignore the problem.**
- **You can survive this threat to our funding.**

# THREE FEDERAL ENFORCEMENT ENTITIES



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

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**OFFICE FOR  
CIVIL RIGHTS**

# HOW DO WE ENHANCE HEALTHCARE FUNDING IN INDIAN COUNTRY?



- **We have shifted to a market-based system to increase funding.**
- **This brings CMS into the equation. Relationship between CMS and IHS—equal agencies under HHS.**
- **Compliance with CMS rules then becomes the major issue affecting healthcare funding.**
- **We must build a “Culture of Compliance” in Tribal Health systems.**

# FEDERAL AUDIT RESULTS

**With increased funding through CMS programs (Medicare/Medicaid) and Private Insurance comes Federal Audits.**

- **Results of Compliance Enforcement in Indian Country have been Abysmal.**
  - **Winnebago IHS and Pine Ridge IHS—Excluded from Medicare/Medicaid**
  - **Rosebud—Immediate Jeopardy on and off.**
  - **Tribal Programs—Colville, Rocky Boy, CRIHB**
- **What is Next?**
  - **Expanded Audits from the Inspector General, CMS, and the Office for Civil Rights!**

# FEDERAL AUDIT RESULTS

With increased  
(Medicare/Medicaid)  
Federal Audit

**The OIG has found that Indian Country is not compliant! The OIG is now focused on healthcare providers in Indian Country!**

programs  
ance comes  
in Indian

- Results of Country have
- Winnebago from Medicare
- Rosebud
- Tribal Programs
- What is Next
- Expanded CMS, and

- Excluded
- and off.
- by, CRIHB
- Inspector General,
- Office for Civil Rights!

# NEWS STORIES FROM INDIAN COUNTRY



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



## Center for Clinical Standards and Quality/Survey & Certification Group

### **PUBLIC NOTICE OF TERMINATION OF MEDICARE PROVIDER AGREEMENT**

Pine Ridge Indian Health Service Hospital  
East Highway 18  
Pine Ridge, South Dakota 57770

Notice is hereby given that on November 18, 2017, the agreement between the Secretary of Health and Human Services and Pine Ridge Indian Health Service Hospital, a provider of acute care hospital services in the Health Insurance Benefits Program of the Aged and Disabled (Medicare), will be terminated.

# NEWS STORIES FROM INDIAN COUNTRY



Department of Justice  
U.S. Attorney's Office  
Eastern District of Washington

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FOR IMMEDIATE RELEASE  
Thursday, January 12, 2017

## **Confederated Tribes of the Colville Reservation Enter Into False Claims Act and Voluntary Compliance Agreements Regarding Challenged Youth Counseling Services**

Spokane, WA – Today, the Confederated Tribes of the Colville Reservation (CCT) and the United States of America, acting through the U.S. Department of Justice (DOJ) and on behalf of the Office of Inspector General of the Department of Health and Human Services (OIG-HHS), announced a voluntary settlement agreement reached by the parties relative to allegations that the Colville Tribes submitted false claims to Medicaid seeking the reimbursement of mental health counseling services that was purportedly provided by the Tribe's Behavioral Health Unit – Youth Counseling services.

# TRIBAL VIEWPOINT



## Northern Arapaho Tribe—Background

- **Went through 638 Process for clinic in 2016.**
- **Compliance with CMS was never a consideration by the tribe or by IHS.**
- **IHS was unsupportive in the tribe's process in the compact.**
- **Tribal Health Director and dept. heads attended Compliance Training in 2017 and learned about the threat from HHS OIG.**
- **Tribe arranged financing to design and implement a Compliance Program and to hire a Compliance Officer.**

# TRIBAL VIEWPOINT

## Challenges Involved in Building Support in Tribe

- **The concept of Compliance can sound threatening to tribal leadership.**
- **Based on our history and culture, some in leadership see Compliance as a game of “Gotcha”.**
- **Education to council and leadership is necessary for them to understand the real meaning of Compliance from CMS/OIG viewpoint.**
- **Confusion exists between a formal Corporate Compliance Program and the mandatory single audits of tribal finances.**
- **Perception that successful single audits mean we are compliant. This is not accurate.**

# WHY COMPLIANCE?

## All 3<sup>rd</sup> Party Revenue Starts with CMS!

- **IHS resources typically cover around 50% of healthcare funding requirements in Indian Country.**
- **Medicare, Medicaid, Private Insurance typically provide around 50% of healthcare funding in Indian Country.**
- **What would happen to your health system if you lost this funding tomorrow?**
- **Remember the Government shutdown? Similar results.**
- **We must be able to demonstrate to OIG Auditors that we have a functioning Compliance Program to prevent exclusion from third party funding.**

# INDIAN HEALTHCARE FUNDING HISTORY



## Historical Acts of Congress

- **ISDEAA—Self-Determination Act of 1975**
  - **Genesis of tribes operating their own healthcare under contract with IHS.**
  - **3<sup>rd</sup> Party Revenue treated as supplemental funds.**
  - **Recognized Contract Support Costs—indirect costs covered.**
  - **More than half of IHS Budget is now 638.**
  - **IHS appears to be moving toward transitioning all funding to 638 over time.**

# INDIAN HEALTHCARE FUNDING HISTORY



## Historical Acts of Congress

- **Indian Healthcare Improvement Act (IHCIA)  
1976**
  - **IHS can bill Medicare, Medicaid, CHIP**
  - **3<sup>rd</sup> Party Funds exceed IHS funds in many tribes.**
  - **IHS and FQHC “All Inclusive Rate”**
    - **Tremendous improvement for Indian Country**
    - **Medicaid Rate is \$455 per encounter**
    - **Medicare Rate is \$405 per encounter**

# INDIAN HEALTHCARE FUNDING HISTORY



## Historical Acts of Congress

- **Affordable Care Act of 2009**
  - **Made permanent the ability to bill 3<sup>rd</sup> Party for outpatient services (Ambulance, Home Health, DME, etc.)**
  - **Allowed Tribes to fund Hospice, Assisted Living, and Long Term Care**
  - **Permitted tribes to purchase healthcare insurance for tribal members using 638 funds.**
  - **Permitted IHS to share federal facilities and resources—VA and Dept. of Defense facilities.**

# INDIAN HEALTHCARE FUNDING HISTORY



## Historical Acts of Congress

- **Affordable Care Act of 2009**
  - **Compliance Programs are *REQUIRED* under the ACA for all healthcare providers.**
- **Indian Healthcare Improvement Act Reauthorization of 2010**
  - **Compliance Programs are *REQUIRED* under the IHClA for any IHS or Tribal program billing Medicare or Medicaid!**

**(More on this later)**

# INDIAN COUNTRY ISSUES



For Immediate Release  
November 24, 2014

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## OIG ALERT

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Office of Inspector General  
330 Independence Ave., SW  
Washington, DC 20201  
News Media: (202) 619-0088

# OIG ALERT

## 11/24/2014

### 638 Compliance

- “Tribes that enter into ISDEAA contracts and Self-Governance compacts with IHS must protect IHS funds from misuse.”
- “Further, all tribes that receive Medicare, Medicaid, and (CHIP) reimbursements must ensure that those funds are used in accordance with applicable Federal law, including the ISDEAA and the *INDIAN HEALTH CARE IMPROVEMENT ACT.*”

**OIG ALERT**



**11/24/2014**

**638 Compliance**


- **“Those who commit fraud involving HHS programs are subject to possible criminal, civil, and/or administrative sanctions.”**

# OIG WORK PLAN FOR FY 2019

REPORT FRAUD

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## Review of Federal Programs Administered by American Indian and Alaska Native Tribes

HHS provides Federal funds to American Indian and Alaska Native (AI/AN) tribes for various programs, including Head Start, Child Care and Development Block Grant, and Indian Self-Determination programs. There are approximately 6.6 million AI/ANs who are members of the 567 federally recognized tribes located in 36 States. OIG has identified as one of HHS's top management challenges ensuring the effective delivery of crucial services to AI/ANs and protecting funds from fraud, waste, and abuse. Prior OIG audits found that grantees did not always operate Federal programs, including Head Start, in accordance with Federal regulations and did not always manage and account for Federal funds in accordance with Federal requirements. We will audit tribal programs serving AI/AN communities to determine whether the tribes operated these programs and managed HHS funds in accordance with Federal requirements.

Announced or Revised	Agency	Title	Component	Report Number(s)	Expected Issue Date (FY)
August 2018	Administration for Children and Families	Review of Federal Programs Administered by American Indian and Alaska Native Tribes	Office of Audit Services	W-00-18-25062	2019

# OIG WORK PLAN FOR FY 2019



**EXTREME CAUTION!—The way this notice is written can cause some to believe that health programs are not targeted. OIG personnel indicate that health programs are the main target.**

- **“HHS provides Federal funds to American Indian and Alaska Native (AI/AN) tribes for various programs, including Head Start, Child Care and Development Block Grant, and...**

**INDIAN SELF-DETERMINATION PROGRAMS.”**

# OIG WORK PLAN FOR FY 2019

- **“We will audit tribal programs serving AI/AN communities to determine whether the tribes operated these programs and managed HHS funds in accordance with Federal requirements.”**
- **EVERY 638 program in the US will be audited. Will remain on the work plan until task is completed. Several year process.**

# OIG WORK PLAN FOR FY 2019



**CONFIRMED by OIG at the IHS PARTNERSHIP CONFERENCE!**

- **ALL TRIBAL 638 HEALTH PROGRAMS WILL BE AUDITED FOR EVIDENCE OF A COMPLIANCE PROGRAM.**
- **If you don't have clear evidence of a functioning Compliance Program during the audit, the only penalty available is TERMINATION FROM MEDICARE AND MEDICAID AND CIVIL MONETARY PENALTIES.**
- **OIG is encouraging tribes to Self Disclose non compliance prior to their audit and be subject to a Corporate Integrity Agreement (VTCA) instead of immediate exclusion.**
- **Not a good option and will likely lead to exclusion.**

**MANDATED BY  
FEDERAL LAW!**



# Contained in Black and White in the Federal Register!

- **2010—Indian Healthcare Improvement Act—US Code Title 25—Indians—Chapter 18, Subchapter III-A—Access to Health Services**
- **2009—Affordable Care Act—Social Security Act Section 1866 (j)**

# INDIAN HEALTHCARE IMPROVEMENT ACT



## Section 1641 (c) Use of Funds

(1) Special fund

(B) Use of funds

**AMOUNTS RECEIVED...by reason of a provision of title XVIII or XIX of the Social Security Act SHALL FIRST BE USED...FOR THE PURPOSE OF MAKING ANY IMPROVEMENTS in the programs of the Service operated by or through such facility WHICH MAY BE NECESSARY TO ACHIEVE OR MAINTAIN COMPLIANCE with the applicable conditions and requirements of such respective title.**

# INDIAN HEALTHCARE IMPROVEMENT ACT



## Section 1641 (d) Direct Billing

(2) Direct Reimbursement

(A) Use of funds

**Each tribal health program (electing to direct bill)...under a title of the Social Security Act...shall be reimbursed directly by that program...except that ALL AMOUNTS SO REIMBURSED SHALL BE USED by the tribal health program FOR THE PURPOSE OF MAKING ANY IMPROVEMENTS...TO ACHIEVE OR MAINTAIN COMPLIANCE with the conditions and requirements applicable generally to such items and services UNDER THE PROGRAM UNDER SUCH TITLE...**

# INDIAN HEALTHCARE IMPROVEMENT ACT



## Section 1641 (d) Direct Billing

(2) Direct Reimbursement

(B) Audits

**The amounts paid to a tribal health program making the election described in paragraph (1)...shall be subject to all auditing requirements applicable to the program under such title, as well as all auditing requirements applicable to programs administered by an Indian health program. NOTHING IN THE PRECEDING SENTENCE SHALL BE CONSTRUED AS LIMITING THE APPLICATION OF AUDITING REQUIREMENTS APPLICABLE TO AMOUNTS PAID UNDER TITLE XVIII, XIX, OR XXI OF THE SOCIAL SECURITY ACT.**

# INDIAN HEALTHCARE IMPROVEMENT ACT



## Section 1641 (d) Direct Billing

(5) Termination for failure to comply with requirements

**The (HHS) Secretary may\* terminate the participation of a tribal health program...if the Secretary determines that the program has failed to comply with the requirements of paragraph (2).**

**\* The word "MAY" is misleading. It should be interpreted as "WILL".**

# AFFORDABLE CARE ACT

***(j) ENROLLMENT PROCESS FOR PROVIDERS OF SERVICES AND SUPPLIERS.—***

***(1) ENROLLMENT PROCESS.—***

***(A) IN GENERAL.—The Secretary shall establish by regulation a process for the enrollment of providers of services and suppliers under this title.***

**SUCH PROCESS SHALL INCLUDE...THE ESTABLISHMENT OF COMPLIANCE PROGRAMS IN ACCORDANCE WITH PARAGRAPH (9).**

# AFFORDABLE CARE ACT

## ***(9) COMPLIANCE PROGRAMS.—***

**(A)...A PROVIDER of medical or other items or services or supplier within a particular industry sector or category SHALL, AS A CONDITION OF ENROLLMENT in the program under this title (XVIII), title XIX, or title XXI, ESTABLISH A COMPLIANCE PROGRAM that contains the core elements established under subparagraph (B)...**

# AFFORDABLE CARE ACT

## ***(9) COMPLIANCE PROGRAMS.—***

**(B) ESTABLISHMENT OF CORE ELEMENTS.—**The Secretary, in consultation with the INSPECTOR GENERAL (OIG) of the Department of Health and Human Services, SHALL ESTABLISH CORE ELEMENTS FOR A COMPLIANCE PROGRAM UNDER SUBPARAGRAPH (A).

# **OIG COMPLIANCE GUIDANCE PUBLISHED IN THE FEDERAL REGISTER**



- **Hospitals**
- **Home Health**
- **Clinical Laboratories**
- **Third Party Billing Companies**
- **DMEPOS (DME, Prosthetics, Orthotics, and Supplies)**
- **Hospice**
- **Medicare+ Choice**
- **Individual and Small Group Practice**
- **Nursing Facilities**
- **Ambulance Providers**
- **Pharmaceutical Manufacturers**

# FACTORS COMPLICATING COMPLIANCE IN INDIAN COUNTRY

- **OIG Compliance Guidance for Comprehensive Outpatient Indian Health Facilities has not been published and is not scheduled to be published—  
but compliance is still being enforced!**
- **These types of providers must create their own compliance program utilizing elements from similar types of providers:  
Hospitals, Home Health, Individual and Small Group Practice Guidance.**

# WHAT IS IT LIKE TO GO THROUGH A FEDERAL INVESTIGATION?

- Unpleasant is an UNDERSTATEMENT!
- Was director of Social Services at the time.
- No advance notice of audit.
- Secretary notified that “there is a guy with a badge here that wants to talk to the man in charge.”
- 2 OIG agents from separate offices came in and presented credentials unbeknownst to the other—A Double Whammy!
- Spent the entire day being interrogated. One showed up the next day for more interrogation.
- They searched everything all day to find something non compliant.

# WHAT IS COMPLIANCE?

## ❖ Definition according to Webster:

**A WILLINGNESS to follow all of the rules and regulations of all Payer sources and any Federal, State or Local Municipality and any other contractual party.**

- **Must also follow Tribal laws, rules, and regulations in Indian Country.**

# COMPLIANCE

## Who Sets Our Regulations?

- **IHS—638 Contract/Compact**
- **CMS—Medicare/Medicaid**
- **Patient/Client**
- **Private Insurance**
- **State**
- **Employer (Self-Insured Plans)**
- **Federal Grants—new emphasis on this from OIG.**

# COMPLIANCE PROGRAMS

## Provide Safeguards for:

- Profitability/Cash Flow
- 3<sup>rd</sup> Party Revenue
- Management
- Employees
- Contractors
- Minimizing billing mistakes
- Improve audit survival by OIG/CMS/OCR
- Speeding and optimizing payment of claims

# **COMPLIANCE PROMOTES INTEGRITY**



- Integrity is determined by our behavior when we think that nobody is watching us—we either have it or we don't.
- If we have a program that promotes “doing the right thing”, then integrity will improve.
- Does our staff know the federal guidelines and requirements?
- Do we have internal auditing and monitoring trails?

# HOW COMPLIANCE IMPROVES QUALITY



- Sustainable Quality Improvement for healthcare is rare in Indian Country.
- Sustainable Quality Improvement is only possible with a foundation and “Culture” of compliance.
- Pride in our work comes from a culture of compliance.
- Pride in our work leads to improved Quality.

# **8 ELEMENTS OF A COMPLIANCE PROGRAM (OIG GUIDANCE)**

- **Written Policies and Procedures**
- **Designation of Compliance Officer and Compliance Committee**
- **Education and Training Policy**
- **Conflict of Interest Policy**
- **Communication Policy**
- **Auditing and Monitoring Procedures**
- **Corrective Action Policy**
- **Non-Employment or Retention of Sanctioned Individuals—OIG Exclusion List**

# 8 ELEMENTS OF A COMPLIANCE PROGRAM (OIG GUIDANCE)

- Written Policies and Procedures
- Designation of a Compliance Officer and a Compliance Committee
- Education and Training
- Conflict of Interest Policy
- Community Benefit
- Auditing and Monitoring
- Corrective Action
- Non-Employment or Retention of Sanctioned Individuals—OIG Exclusion List

According to the OIG, if you are missing ANY of these you don't have a compliance program!

# MAJOR RISK AREAS ACCORDING TO OIG

- **Billing for services not rendered or submitting claims for non-medically necessary services**
- **Double Billing**
- **Billing non-covered services as if covered**
- **Under Billing! This is called enticement.**
- **Knowingly misusing NPI numbers**
- **Unbundling**
- **Misuse of modifiers**
- **Up-coding**

# **COMPLIANCE OFFICER AND COMMITTEE**

## ➤ **According to OIG**

- **Must formally designate a Compliance Officer.**
- **Must formally designate a Compliance Committee.**
- **If you don't have a Compliance Officer AND a Compliance Committee with documented work product, OIG says you don't have a compliance program.**

# VIEWPOINT OF OIG INVESTIGATORS



**OIG has been concerned with Compliance in Indian Country since 2008.**

- **The Inspector General made a personal visit to the Cheyenne River Reservation to better understand the challenges faced by healthcare providers serving Indian Country**
- **The IG was interested in the best way to move forward to find a solution to Non Compliance in IHS and Tribal 638 Programs.**
- **It was determined at that time that they could not utilize traditional enforcement until some groundwork was completed.**

# VIEWPOINT OF OIG INVESTIGATORS

**The OIG determined that their clear direction is to move to zero tolerance for Non Compliance (just like private sector).**

- **It was recognized that this will take time to get this done.**
  - **November of 2014—Tribal Alert was issued.**
  - **April of 2017—IHS and Tribal Health Compliance Outreach Summit at Crazy Horse Mountain, SD.**
  - **May of 2018—IHS and Tribal Health Compliance Outreach Summit in Edmond, OK.**

# VIEWPOINT OF OIG INVESTIGATORS



**The situation at Pine Ridge and Rosebud IHS gave them some pause.**

- **Feds were not prepared for what they found (and didn't find) during the audits at these facilities.**
- **They determined that they needed more staff to properly audit providers in Indian Country.**
- **OIG Audit Services now has as many FTE's as OIG Investigations.**
- **OIG is now moving to hire more investigators focused on tribal health systems and grants. Their goal is to increase assessments of Civil Monetary Penalties from the tribes.**

# REMEMBER OUR OPENING THOUGHTS?



- **What we are sharing with you today is not new.**
- **Has been in federal law since 2009.**
- **It feels new because the federal government is now enforcing the law in Indian Country.**
- **Some of this information is downright scary.**
- **Please don't let fear of enforcement cause you to ignore the problem.**
- **You can survive this threat!**

# IT IS MORE THAN EXCLUSION!



## Civil Monetary Penalties are Enormous and Will Consume Your Budget for Years!

42 CFR § 1003.200(b)(7)

**This section is interpreted to mean that if you are a Medicare/Medicaid provider you are claiming to have a Compliance Program as is required under the IHCIA and the ACA.**

- **Penalty—The OIG may impose a penalty of not more than \$50,000 for each false statement, omission, or misrepresentation of a material fact in violation of § 1003.200(b)(7).**

# IT IS MORE THAN EXCLUSION!



**Civil Monetary Penalties are Enormous and  
Will Consume Your Budget for Years!**

**42 CFR § 1003.200(b)(9)—False Claims**

**This applies to any claim filed where you claim to  
have a Compliance Program in place...essentially  
all of your claims are False Claims.**

- Penalty—The OIG may impose a penalty of not  
more than \$50,000 for each false record or  
statement in violation of § 1003.200(b)(9).**

# IT IS MORE THAN EXCLUSION!



## Civil Monetary Penalties are Enormous and Will Consume Your Budget for Years!

**42 CFR § 1003.200(b)(8)—Not refunding overpayments.**

**Any reimbursement received under a False Claim is an overpayment and cannot be kept by the provider.**

- **Penalty—The OIG may impose a penalty of not more than \$10,000 for each item or service related to an overpayment that is not reported and returned in accordance with section 1128J(d) of the Act in violation of § 1003.200(b)(8).**

# IT IS MORE THAN EXCLUSION!



## Assessments—These are in addition to Civil Monetary Penalties!

**42 CFR § 1003.210(b)(1)—the OIG may impose an assessment for each individual violation of § 1003.200, of not more than 3 times the amount claimed for each item or service.**

- **Assessment—The OIG can take back 3 times the amount of reimbursement you have received. The federal government can go back up to 10 years for this.**

# IT IS MORE THAN EXCLUSION!



## Assessments—These are in addition to Civil Monetary Penalties!

**42 CFR § 1003.210(b)(3)—For violations of § 1003.200(b)(7), the OIG may impose an assessment of not more than 3 times the total amount claimed for each item or service for which payment was made based upon the application containing the false statement, omission, or misrepresentation of material fact.**

- **Another assessment of your Medicare and Medicaid reimbursements multiplied by a factor of 3 for the preceding 10 years!**

# IMPACT OF OIG AUDIT ON YOUR SYSTEM

**If you would have a negative outcome from an audit:**

- **The most likely outcome would be Exclusion and Civil Penalties.**
  - **Civil Penalties can be TRIPLED in certain cases.**
- **Possible but less likely outcome would be a Voluntary Tribal Compliance Agreement (Corporate Integrity Agreement).**
  - **Estimated cost of \$2 Million over 5 years.**
  - **It is like being excluded but you are allowed to bill if in compliance with the Agreement.**
- **Least likely but best possible outcome would be Immediate Jeopardy status with a corrective action plan.**
  - **VTCA “Lite” 6 month plan.**
  - **May be allowed if you have a deficient but evident Compliance Program**

# CONSEQUENCES OF THE THREAT OF EXCLUSION



- **Professional Credentials can be Impacted by Exclusion.**
  - Professional licenses can be affected by facility exclusion.
  - Many obstacles must be overcome to prevent suspension and appearance on the OIG Exclusion List.
- **Threat of Facility Exclusion**
  - **Staffing Becomes a More Significant Challenge**
    - Practitioners leave.
    - Nurses leave
    - Key Administrative Staff leave
- **CMS Facility Reinstatement is Extremely Difficult.**
  - Completion of a VTCA doesn't guarantee reinstatement.
  - Perfection is required.
  - After 4 years, Winnebago remains excluded—even after 638 process to turn over to the tribe.
  - Pine Ridge failed System Improvement Agreement (CIA) after one year and wasn't renewed.

# **NORTHERN ARAPAHO COMPLIANCE PROCESS**



- **We recognized that we didn't have the expertise to do this ourselves.**
- **Tribal Resolution codifying the effort to become compliant.**
- **Engaged outside expertise.**
- **Staff and Leadership education process.**
- **Initial outside comprehensive compliance audit.**
- **Created "To Do" list to engage the staff in the process.**
- **Worked with outside consultant to draft written compliance program.**
- **Implemented program with staff education over 2 days.**

# **NORTHERN ARAPAHO CONCLUSIONS**



- **In the initial audit we found evidence of compliant activities in our health system.**
- **We did not have a system in place to prove this to the federal auditors/investigators.**
- **We had no Compliance Officer or Committee as mandated by OIG Guidance.**
- **No documented history of compliance self disclosures as required by OIG standards.**
- **After implementation, we now have all of these in place.**
- **We are ready for our audit!**

# TRIBAL LEADERSHIP CHALLENGES

- **Being a Compliance Officer can be a lonely position in tribal government.**
- **At times, it can appear that the Compliance Officer and Health CEO have conflicting priorities.**
- **Objective is to nurture a close and cooperative relationship between the CO and CEO so that priorities are not in conflict.**
- **Need to be each other's ally.**
- **It can be a red flag compliance-wise if close cooperation is not achieved.**

# QUESTIONS TO ASK OURSELVES

- **What do we do when the feds show up?**
  - **According to the OIG Work Plan they will!**
- **Every healthcare provider scheduled for HIPAA audit by Nov, 2019.**
- **Compliance is MANDATED IN FEDERAL LAW.**
- **All of our Medicare/Medicaid funding is at risk.**
- **What does healthcare in our community look like with only IHS 638 funds and no Medicare and Medicaid Money?**
  - **Many tribes had significant challenges during government shutdown—similar situation but permanent!**

**QUESTIONS OR  
COMMENTS?**



**Thank You  
for Coming!**