



**POLICY TITLE:** South Miami Hospital Corporate Integrity Agreement Reportable Events

**Responsible Department:** Audit and Compliance

**Creation Date:** 01/19/2017

**Review Date:** 01/18, 01/19, 01/20, 01/21

**Revision Date:** 03/2017

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**PUBLISHED (Released):** 2021/01/26

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## **SUMMARY & PURPOSE:**

To provide guidance on the South Miami Hospital Corporate Integrity Agreement requirement related to reportable events.

## **POLICY:**

If South Miami Hospital determines, after a reasonable opportunity to conduct an appropriate review or investigation of the allegations, that there is a Reportable Event, South Miami Hospital must notify the Office of the Inspector General, in writing, within 30 days after making the determination that the Reportable Event exists.

## **SCOPE/APPLICABILITY:**

This policy applies to South Miami Hospital.

## **PROCEDURES TO ENSURE COMPLIANCE:**

### **Definitions**

1. Covered Person –
  - a. All owners, officers, directors and employees of South Miami Hospital;
  - b. All contractors, subcontractors, agents, and other persons who furnish patient care items or services or who perform billing or coding functions on behalf of South Miami Hospital, excluding vendors whose sole connection with South Miami Hospital is selling or otherwise providing medical supplies or equipment to South Miami Hospital;
  - c. All physicians and other non-physician practitioners who are members of South Miami Hospital's active medical staff.
  - d. Does not include part-time or per diem employees, contractors, subcontractors, agents, and other persons who are not reasonably expected to work more than 160 hours annually. If such individuals work more that 160 hours at any point, they become Covered Persons.
2. Ineligible Person – An individual or entity who:
  - a. Is currently excluded from participation in any Federal health care program; or

All references to Policies must go to the BHSF Master Copy on the BHSF Intranet; do not rely on other versions / copies of the Policy.

- b. 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.
3. Reportable Event – a reportable event is 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 exclusion may be authorized;
  - c. The employment of or contracting with a Covered Person who is an Ineligible Person;
  - d. The filing of a bankruptcy petition by South Miami Hospital;
  - e. A Reportable Event may be the result of an isolated event or a series of occurrences.
4. Substantial Overpayment – Identified overpayments which occurred due to either an isolated error or a pattern of errors which total \$200,000 or more for one provider number.

**Procedure**

1. Upon discovery or notification of a potential Reportable Event, the South Miami Hospital Compliance Officer must be immediately notified.
2. The South Miami Hospital Compliance Officer must notify the Chief Compliance Officer.
3. An appropriate review or investigation will be conducted under the guidance of the Chief Compliance Officer and in accordance with *BHSF Policy 807 Compliance Audits & Investigations*.
4. Within 30 days after conclusion of the investigation and determination that a Reportable Event exists, a written report will be submitted to the Office of the Inspector General.
5. For Reportable Events defined above under 3.a and 3.b, the report will 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 healthcare programs affected by the Reportable Event;
  - d. A description of the steps taken by South Miami Hospital to identify and quantify any overpayments; and
  - e. A description of South Miami Hospital's actions taken to correct the Reportable Event and prevent it from recurring.
  - f. If the Reportable Event involves an overpayment, within 60 days of identification of the overpayment, South Miami hospital must repay the overpayment, in accordance with *BHSF Policy Reporting and Returning Overpayments Received from Federally Funded Healthcare Programs*. A copy of the notification to the Federal agency and the repayment must be provided to the Office of the Inspector General.
6. For Reportable Events defined above under 3.c., the report will 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 South Miami Hospital completed before and/or during the Ineligible Person's employment or contract and any flaw or breakdown in the screening process that led to 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.
7. For Reportable Events defined above in 3.d., the report will include documentation of the bankruptcy filing and a description of any Federal healthcare program requirements implicated.
8. For any Reportable Event that solely involves a probable violation of the Stark Law, the report should be submitted to the Centers for Medicare & Medicaid Services through the self-referral disclosure protocol, with a copy to the Office of the Inspector General. If South Miami Hospital identifies a probable violation of the Stark Law and repays the applicable overpayment directly to the CMS contractor, then South Miami Hospital is not required to submit the Reportable Event to CMS through the self-referral disclosure protocol.

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**SUPPORTING/REFERENCE DOCUMENTATION:**

- Department of Health and Human Services, Office of Inspector General, Compliance Program Guidance for Hospitals
- United States Federal Sentencing Guidelines
- Corporate Integrity Agreement between the Office of the Inspector General of the Department of Health and Human Services and South Miami Hospital, Inc.

**RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:**

- BHSF Administrative Policy 807: Compliance Audits and Investigations
- BHSF Administrative Policy 815: Background Screening to Identify Parties Excluded from Participation in Federally Funded Health Care programs
- BHSF Administrative Policy 841: Submission of Accurate Information to Government Payers- False Claims Act
- BHSF Administrative Policy 845: Compliance with Regulations Governing Third Party Billing
- BHSF Administrative Policy 851: Reporting and Returning Overpayments Received from Federally Funded Healthcare Programs.

**ENFORCEMENT & SANCTIONS:**

Enforcement of this policy is the responsibility of South Miami Hospital senior management. Failure to comply with compliance program policies and procedures can lead to disciplinary action up to and including termination of employment.