

# HHS-OIG & THE CIGNA GROUP

Corporate Integrity Agreement (CIA)

*10 Best Best Practice Lessons To Prevent  
& Mitigate Medicare Advantage  
Risk Adjustment Overpayments.*

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## *Background*

On July 2024, The Department of Health and Human Services Office Of Inspector General (HHS-OIG) published an IMPACT BRIEF on their work on Medicare Advantage Risk Adjustment Overpayments.

### Quotes From The BRIEF:

*“HHS-OIG has examined risks in payments made to MAOs, issuing over 40 reports since 2019. In a series of reports on HRAs and chart reviews, HHS-OIG raised concerns that MAOs could use these tools to generate \$9.2 billion in potential improper payments annually for 2017. HHS-OIG audited specific diagnosis codes submitted by MAOs and found that 70% were not supported by underlying medical records.*”

*“HHS-OIG’s work contributed to a \$172M settlement with Cigna for alleged fraud, a comprehensive Corporate Integrity Agreement, and increased oversight of managed care.”*

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## *Background*

*“To improve future compliance, HHS-OIG negotiated a comprehensive Corporate Integrity Agreement (CIA). The CIA requires Cigna to increase its internal oversight through rigorous internal monitoring and independent review. The agreement is in effect for five years and HHS-OIG will monitor Cigna’s adherence.”*

*“HHS-OIG has made oversight and enforcement of managed care a top priority.”*

Upon studying the CIA, HEALS Academy developed these brief best practices to prevent other MAOs from getting into similar situation.

I would love to know what you think!

**LINK TO SOURCE:**

<https://oig.hhs.gov/about-oig/hhs-oig-impact/medicare-advantage-fraud/>

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## *Lesson 1: Establish Robust Compliance Program*

### **Action:**

Develop and maintain a comprehensive compliance program with clear policies and procedures that address federal health care program requirements and risk adjustment data submission.

### **Key Elements:**

Appoint a Chief Compliance Officer, form a Medicare Compliance Committee, and ensure Board oversight.

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## *Lesson 2: Implement Thorough Training Programs*

### **Action:**

Provide regular, detailed training for all relevant personnel on compliance requirements, risk adjustment data protocols, and the Anti-Kickback Statute.

### **Key Elements:**

Include all owners, officers, employees, and contractors who are involved in risk adjustment activities in the training sessions.

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## *Lesson 3: Conduct Regular Internal Audits*

### **Action:**

Perform periodic internal audits to review the accuracy and integrity of risk adjustment data and the effectiveness of internal controls.

### **Key Elements:**

Develop a risk assessment process to identify and prioritize risks, create audit plans, and implement corrective actions based on audit findings.



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## *Lesson 3: Engage Independent Review Organizations (IRO)*

### **Action:**

Action: Hire an IRO to conduct independent reviews of risk adjustment data and ensure compliance with CMS's criteria for Risk Adjustment Eligible Diagnoses.

### **Key Elements:**

Ensure the IRO is qualified, independent, and has no conflicts of interest.

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## *Lesson 5: Enhance Data Accuracy and Integrity*

### **Action:**

Implement robust data validation processes to ensure that all submitted diagnoses are accurate and supported by medical records.

### **Key Elements:**

Establish protocols for regular data reviews, corrections, and updates to minimize errors and overpayments.

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## *Lesson 6: Develop a Transparent Disclosure Program*

### **Action:**

Create a Disclosure Program that allows employees and contractors to report potential violations anonymously and without fear of retaliation.

### **Key Elements:**

Publicize the program widely, maintain confidentiality, and ensure timely follow-up on reported issues.

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## *Lesson 7: Monitor and Screen for Ineligible Persons*

### **Action:**

Regularly screen all Covered Persons against exclusion lists to ensure they are eligible to participate in federal health care programs.

### **Key Elements:**

Conduct initial and monthly screenings and require immediate disclosure if a person becomes ineligible.

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## *Lesson 8: Establish Clear Reporting and Repayment Protocols*

### **Action:**

Develop protocols for the prompt identification, quantification, and repayment of overpayments in compliance with federal regulations.

### **Key Elements:**

Include detailed procedures for reporting overpayments to CMS and maintaining documentation of repayments.

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## *Lesson 9: Maintain Detailed Documentation and Records*

### **Action:**

Keep comprehensive records related to risk adjustment data, compliance activities, and overpayments for at least six years.

### **Key Elements:**

Ensure all documentation is accurate, complete, and readily available for review by oversight bodies.



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## *Lesson 10: Regularly Update Policies and Procedures*

### **Action:**

Continuously review and update compliance policies and procedures to reflect changes in federal regulations and internal practices.

### **Key Elements:**

Conduct annual reviews, incorporate feedback from audits and risk assessments, and ensure all staff are informed of updates.

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