

# HEALTH CAPITAL

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Topics

Anne Sharamitaro, Esq. - Vice President of Research • Kelly Gordon - Editor

## OIG and HHS Turn On The HEAT

Several recent events have highlighted the Office of the Inspector General's (OIG) and the Department of Health & Human Services' (HHS) increased scrutiny of fraudulent healthcare activities.

At the American Bar Association's 19<sup>th</sup> annual National Institute on Healthcare Fraud, OIG Chief Counsel, Lewis Morris stated the OIG's intention to increase its monitoring of physician financial activities, including both physician referral and billing patterns.<sup>1</sup> The ABA's conference also included discussions of the recent expansion of the False Claims Act (FCA) and the Fraud Enforcement and Recovery Act (FERA).<sup>1</sup>

As mentioned in the May 2009 issue of *Health Capital Topics*, FERA expands the scope of the False Claims Act by redefining the definition of "knowingly," thereby reducing the government's burden of proof and allowing for easier conviction for violation of the FCA.<sup>1</sup> One amendment to FERA, which was signed by President Obama on May 20, 2009, involved civil investigative demands (CIDs). CIDS are "*subpoenas to compel documents and testimony*,"<sup>1</sup> and are currently approved by the attorney general. The amendment to FERA allows other top officials in the Department of Justice (DOJ) to approve CIDs. Further, the amendment requires information obtained from a CID that is determined to be necessary to the FCA investigation to be shared with the qui tam relator. The amendment also expands the definition of "*official use*" to allow the government to use the information in communications with other government departments and counsel for other parties.<sup>1</sup>

During the week of May 18, 2009, newly-appointed HHS Secretary Kathleen Sebelius discussed the creation or expansion of several HHS antifraud programs. First, Sebelius announced the establishment of the HHS' *Healthcare Fraud Prevention and Enforcement Action Team* (HEAT), a team composed of both DOJ and HHS members. The team, funded by allocations in President Obama's budget for increasing fraud prevention, will focus on fraud prevention and elimination. Additionally, HEAT will increase site visits to Durable Medical Equipment (DME) providers to ensure only Medicare-approved contractors are providing necessary services.<sup>1</sup>

Sebelius also announced the expansion of the *Medicare Fraud Strike Forces*. Previously focused in South Florida and Los Angeles, CA, the expanded Strike

Forces will focus efforts on Detroit, MI and Houston, TX. Sebelius additionally announced the expansion of government funding for: (1) Medicare Integrity monitors to ensure compliance under Medicare Parts C & D; (2) Medicaid provider audit program; (3) information-sharing among government organizations; (4) implementation of technology to assist in combating fraud; and, (5) training on Medicare compliance.<sup>1</sup> The HHS has also stated its intent to roll-out additional antifraud initiatives in the coming weeks, as well as to create a website to track the progress of the above antifraud initiatives.<sup>1</sup>

Thus far, the HHS and the OIG have demonstrated that government investment in fraud investigation and prevention programs is a prudent investment as the government has recovered four dollars for every one dollar spent on antifraud programs.<sup>1</sup> Additionally, in 2008, the government's antifraud programs helped secure 337 civil administrative actions, 588 criminal convictions and recovered over one billion dollars for the Medicare Trust Fund. Antifraud efforts in 2009 will likely surpass those of 2008 as joint efforts between the HSS and the OIG have already secured over 300 convictions and have recovered over one billion dollars.<sup>1</sup>

<sup>1</sup> "Physicians Under Increased Scrutiny in Health Fraud Cases, OIG Official Says," by William H. Carlile, Bureau of National Affairs Health Law Reporter, 18 HLR 654, May 21, 2009

<sup>2</sup> Sec. 4 Clarifications to the False Claims Act to Reflect the Original Intent of the law, United States Senate, Fraud Enforcement and Recovery Act S.386, April 2009, <http://thomas.loc.gov/cgi-bin/query/F?c111:3:/temp/~c111f3yFGF:e10867>: (Accessed 5/01/09)

<sup>3</sup> Sec. 4 Clarifications to the False Claims Act to Reflect the Original Intent of the law, United States Senate, Fraud Enforcement and Recovery Act S.386, April 2009, <http://thomas.loc.gov/cgi-bin/query/F?c111:3:/temp/~c111f3yFGF:e10867>: (Accessed 5/01/09)

<sup>4</sup> "Obama Signs Law That Redefines False Claims Act Terms," By Ben Amirault, Health Leaders Media, May 26, 2009; "Senate Unanimously Agrees to Include FCA Amendments in Fraud Bill Passed by House," Bureau of National Affairs Health Law Reporter, 18 HLR 656, May 21, 2009

<sup>5</sup> "Physicians Under Increased Scrutiny in Health Fraud Cases, OIG Official Says," by William H. Carlile, Bureau of National Affairs Health Law Reporter, 18 HLR 654, May 21, 2009; "Senate Unanimously Agrees to Include FCA Amendments in Fraud Bill Passed by House," Bureau of National Affairs Health Law Reporter, 18 HLR 656, May 21, 2009

<sup>6</sup> "Sebelius: New Fraud Prevention Team Will Turn Up Heat," By Ben Amirault, Health Leaders Media, May 21, 2009, [http://www.healthleadersmedia.com/content/233446/topic/WS\\_HL](http://www.healthleadersmedia.com/content/233446/topic/WS_HL)

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<sup>7</sup> “Background: Turning up the Heat to Stop Medicare and Medicaid Fraud,” Department of Health and Human Services, <http://www.hhs.gov/stopmedicarefraud/background.html> (Accessed 5/21/09); “Sebelius: New Fraud Prevention Team Will Turn Up Heat,” By Ben Amirault, Health Leaders Media, May 21, 2009, [http://www.healthleadersmedia.com/content/233446/topic/WS\\_HL\\_M2\\_FIN/Sebelius-New-Fraud-Prevention-Team-will-Turn-up-Heat.html](http://www.healthleadersmedia.com/content/233446/topic/WS_HL_M2_FIN/Sebelius-New-Fraud-Prevention-Team-will-Turn-up-Heat.html) (Accessed 5/21/09); “Turning up the HEAT to Stop Medicare and Medicaid Fraud,” Department of Health and Human Services, <http://www.hhs.gov/stopmedicarefraud/> (Accessed 5/21/09)

<sup>8</sup> “Turning up the HEAT to Stop Medicare and Medicaid Fraud,” Department of Health and Human Services,

<http://www.hhs.gov/stopmedicarefraud/> (Accessed 5/21/09)

<sup>9</sup> “Sebelius: New Fraud Prevention Team Will Turn Up Heat,” By Ben Amirault, Health Leaders Media, May 21, 2009, [http://www.healthleadersmedia.com/content/233446/topic/WS\\_HL\\_M2\\_FIN/Sebelius-New-Fraud-Prevention-Team-will-Turn-up-Heat.html](http://www.healthleadersmedia.com/content/233446/topic/WS_HL_M2_FIN/Sebelius-New-Fraud-Prevention-Team-will-Turn-up-Heat.html) (Accessed 5/21/09)

<sup>10</sup> “Background: Turning up the Heat to Stop Medicare and Medicaid Fraud,” Department of Health and Human Services, <http://www.hhs.gov/stopmedicarefraud/background.html> (Accessed 5/21/09)



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**Robert James Cimasi**, MHA, ASA, FRICS, MCBA, AVA, CM&AA, serves as President of **HEALTH CAPITAL CONSULTANTS** (HCC), a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

Mr. Cimasi holds a Masters in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Intuition of Chartered Surveyors (FRICS – Royal Institute of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: “*The U.S. Healthcare Certificate of Need Sourcebook*” [2005 - Beard Books], “*An Exciting Insight into the Healthcare Industry and Medical Practice Valuation*” [2002 – AICPA], and “*A Guide to Consulting Services for Emerging Healthcare Organizations*” [1999 John Wiley and Sons].

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious “*Shannon Pratt Award in Business Valuation*” conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows.



**Todd A. Zigrang**, MBA, MHA, ASA, FACHE, is the Senior Vice President of **HEALTH CAPITAL CONSULTANTS** (HCC), where he focuses on the areas valuation and financial analysis for hospitals and other healthcare enterprises. Mr. Zigrang has significant physician integration and financial analysis experience, and has participated in the development of a physician-owned multi-specialty MSO and networks involving a wide range of specialties; physician-owned hospitals, as well as several limited liability companies for the purpose of acquiring acute care and specialty hospitals, ASCs and other ancillary facilities; participated in the evaluation and negotiation of managed care contracts, performed and assisted in the valuation of various healthcare entities and related litigation support engagements; created pro-forma financials; written business plans; conducted a range of industry research; completed due diligence practice analysis; overseen the selection process for vendors, contractors, and architects; and, worked on the arrangement of financing.

Mr. Zigrang holds a Master of Science in Health Administration and a Masters in Business Administration from the University of Missouri at Columbia, and is a Fellow of the American College of Healthcare Executives. He has co-authored “*Research and Financial Benchmarking in the Healthcare Industry*” (STP Financial Management) and “*Healthcare Industry Research and its Application in Financial Consulting*” (Aspen Publishers). He has additionally taught before the Institute of Business Appraisers and CPA Leadership Institute, and has presented healthcare industry valuation related research papers before the Healthcare Financial Management Association; the National CPA Health Care Adviser’s Association; Association for Corporate Growth; Infocast Executive Education Series; the St. Louis Business Valuation Roundtable; and, Physician Hospitals of America.



**Anne P. Sharamitaro**, Esq., is the Vice President of **HEALTH CAPITAL CONSULTANTS** (HCC), where she focuses on the areas of Certificate of Need (CON); regulatory compliance, managed care, and antitrust consulting. Ms. Sharamitaro is a member of the Missouri Bar and holds a J.D. and Health Law Certificate from Saint Louis University School of Law, where she served as an editor for the Journal of Health Law, published by the American Health Lawyers Association. She has presented healthcare industry related research papers before Physician Hospitals of America and the National Association of Certified Valuation Analysts and co-authored chapters in “*Healthcare Organizations: Financial Management Strategies*,” published in 2008.

**HEALTH CAPITAL CONSULTANTS** (HCC) is an established, nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, Missouri, with regional personnel nationwide. Founded in 1993, HCC has served clients in over 45 states, in providing services including: valuation in all healthcare sectors; financial analysis, including the development of forecasts, budgets and income distribution plans; healthcare provider related intermediary services, including integration, affiliation, acquisition and divestiture; Certificate of Need (CON) and regulatory consulting; litigation support and expert witness services; and, industry research services for healthcare providers and their advisors. HCC's accredited professionals are supported by an experienced research and library support staff to maintain a thorough and extensive knowledge of the healthcare reimbursement, regulatory, technological and competitive environment.