Corporate Integrity Agreements Snapshot

A Corporate Integrity Agreement (CIA) is a document outlining the obligations a corporate provider agrees to as part of a civil settlement.[1] CIAs are an effective enforcement tool used by the U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG), and the Department of Justice (DOJ) to fight health care fraud, waste, and abuse.

CIAs are often part of a civil settlement involving a corporate health care provider, HHS-OIG, the DOJ, and State government (Medicaid). The government can use CIAs to address quality of care[2] and program integrity issues. This E-Bulletin focuses on program integrity issues.

CIAs promote compliance with Federal health care program requirements. They create a framework a corporate provider and its officers, directors, employees, and contractors must operate within to avoid exclusion from participation in Federal health care programs. States use CIAs as part of their anti-fraud efforts.[3, 4]

CIAs often attempt to accommodate and recognize many of the elements of preexisting voluntary compliance programs. By entering into a CIA, a provider agrees to the obligations in the CIA in exchange for HHS-OIG’s agreement not to exclude the provider from participating in Medicare, Medicaid, or other Federal health care programs.[5]

CIAs generally last 5 years. During this time the provider is usually required to implement or expand a comprehensive employee training program, a confidential disclosure program, written standards and policies, and designate a compliance officer and committee if these things are not already done.[6]

CIAs also mandate establishing processes for managing and reporting “reportable events.” Reportable events include overpayments, ongoing investigations or legal proceedings, potential violation of criminal, civil, or administrative laws applicable to any Federal health care program for which penalties or exclusion may be authorized, and employing or contracting with an ineligible person.[7]

Some CIAs require an Independent Review Organization to review and monitor compliance with the terms and conditions of the CIA. Most CIAs require claims reviews to identify errors and their underlying causes.[8, 9] HHS-OIG takes a number of steps to ensure compliance with the terms of the CIA. These include site visits[10] and breach and default provisions. The breach and default provisions allow HHS-OIG to impose certain monetary penalties (Stipulated Penalties) for failure to comply with certain obligations in the CIA. A material breach of the CIA constitutes an independent basis for the provider’s exclusion from participation in Federal health care programs.[11]
For More Information

To see the electronic version of this E-Bulletin and E-Bulletins on other topics posted to the Medicaid Program Integrity Education page, visit https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html on the CMS website. Providers should consult the Corporate Integrity Agreement FAQ posted to https://oig.hhs.gov/faqs/corporate-integrity-agreements-faq.asp on the HHS-OIG website.

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References


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