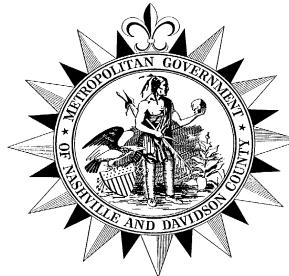


Lauren Riley  
Metropolitan Auditor



OFFICE OF INTERNAL AUDIT  
404 James Robertson Parkway, Ste. 190  
Nashville, TN 37219  
615-862-6111

## METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

December 2, 2022

Hospital Authority Board Members  
1818 Albion Street  
Nashville, TN 37208

Members of the Hospital Authority Board:

### REVISED INVESTIGATION OF ALLEGATIONS OF NASHVILLE GENERAL HOSPITAL

The Metropolitan Nashville Office of Internal Audit engaged BerryDunn to perform an investigation pertaining to complaints received between June 19, 2020, and September 11, 2020, from the Metropolitan Nashville Finance Director and multiple Nashville General Hospital employees. The investigation was issued on December 1, 2021, and presented to the Metropolitan Audit Committee on December 14, 2021.

Subsequent to the meeting, original report Allegation A.1 was reconsidered by the Office of Internal Audit. Additional information was also provided to the Office of Internal related to Allegation B.1 in the original report. The Office of Internal Audit then performed the necessary investigative work to either substantiate or unsubstantiate the allegation.

The enclosed reports provide additional details concerning BerryDunn and the Office of Internal Audit's preliminary review and investigation of these matters. The investigation concluded:

- A.1** The allegation that NGH did not report the receipt of \$9.4 million COVID-19 funding in a timely manner was **unsubstantiated**. NGH reported the receipt of the fund seven days after the receipt.
- A.2** The allegation that the delay in the receipt of \$9.4 million COVID-19 funding by NGH was a violation of laws or rules was **unsubstantiated**.
- A.3** The allegation that NGH withheld the information about its receipt of \$9.4 million funding with an intention to affect the Metro's budgetary decisions was **unsubstantiated**.
- B.1** The allegation that NGH inappropriately used non-credentialed providers and misrepresented provider of services by falsifying a credentialed worker's sign-off without consent was **unsubstantiated**.

- B.2** The allegation that NGH charged an incorrect amount to patients for stress tests was **unsubstantiated**. We identified that the stress test billing support provided by NGH included an incorrect billing code; however, it was at a disadvantage to NGH and, because the stress test service is bundled, it does not charge separately for regadenoson.
- B.3** The allegation that NGH's Chief Compliance and Privacy Officer did not appropriately address reported complaints was **substantiated**, but the allegation that NGH's leadership retaliated against its employees who submitted complaints was **unsubstantiated**.

Work for this request is closed. Please contact me should you have any further question concerning this matter.

Sincerely,



Lauren Riley

Enclosure

cc: Honorable Mayor John Cooper, Metropolitan Nashville  
Wallace Dietz, Director, Metropolitan Nashville Department of Law  
Dr. Joseph Webb, Chief Executive Officer, Nashville General Hospital  
Metropolitan Nashville Audit Committee  
John Crosslin, Crosslin and Associates, P.C. (Metropolitan Nashville External Auditor)  
Nicki Eke, Attorney, Metropolitan Nashville Department of Law  
Julie Groves, Chief Compliance Officer, Nashville General Hospital  
Bruce Naremore, Chief Financial Officer, Nashville General Hospital  
William Walker, Audit Manager, Metropolitan Nashville Office of Internal Audit



**Date:** December 2, 2022

**To:** Metropolitan Audit Committee

**From:** Lauren Riley, Metropolitan Auditor

**Subject:** Updated Investigation Report on Allegations of Nashville General Hospital

#### **Source of Allegations and Background**

The Metropolitan Nashville Office of Internal Audit engaged BerryDunn to perform an investigation pertaining to complaints received between June 19, 2020, and September 11, 2020, from the Metropolitan Nashville Finance Director and multiple Nashville General Hospital employees. The investigation was issued on December 1, 2021, and presented to the Metropolitan Audit Committee on December 14, 2021.

Subsequent to the meeting, original report Allegation A1 was reconsidered by the Office of Internal Audit. Additional information was also provided to the Office of Internal related to Allegation B1 in the original report. The Office of Internal Audit then performed the necessary investigative work to either substantiate or unsubstantiate the allegation.

#### **Investigators Assigned**

Lauren Riley, CFE

#### **Purpose of Investigation**

The Metropolitan Nashville Office of Internal Audit conducts internal investigations of potential violation of governance policies established for the Metropolitan Nashville Government or investigations of potential fraud, waste, and abuse. Investigation requests are received from the management of the Metropolitan Nashville Government or tips received from the Metropolitan Nashville Government fraud, waste, and abuse hotline.

Any findings or observations of potential fraud and other criminal acts would be referred to the 20th Judicial District Attorney Office, Metropolitan Nashville Police Department, or other appropriate agency. Any findings related to employee misconduct, waste, abuse, as well as process inefficiencies and deficient internal controls, would be forwarded to the management of the Metropolitan Nashville Government for corrective action.

We conduct investigations and create reports using the Standards of the Association of Certified Fraud Examiners as a guide. The standard of “preponderance of the evidence” is used as a basis for substantiating or not substantiating an allegation. Key definitions used during investigations include:

- Preponderance of Evidence – A certain set of facts “more likely than not” occurred.
- Substantiated – The preponderance of the evidence collected during the investigation indicates that the incident occurred.

- Unsubstantiated - The evidence collected during the investigation indicates there was not a preponderance of the evidence to support the allegation or that the evidence collected during the investigation was conflicting or inconclusive.

The Metropolitan Nashville Office of Internal Audit discovery of evidence is primarily from Metropolitan Nashville Government's personnel testimonial statements, financial and operations records, and information assets (computers, email, mobile phone, and so forth). Personal private information assets and financial and operations records will be reviewed when voluntarily provided by parties involved in an investigation or contractual audit clauses facilitate such reviews.

#### **Allegation A1 Reviewed**

NGH did not report the receipt of \$9.4 million COVID-19 funding in a timely manner.

#### **Work Performed**

The Office of Internal Audit engaged BerryDunn to complete an investigation of the related allegation. BerryDunn performed the following steps during their investigation:

- 1) Examined Board of Trustees monthly meeting minutes.
- 2) Reviewed bank statements, financial statements, weekly expenditure reports, and relevant email communications.
- 3) Interviewed key individuals including members of the Board of Trustees, Metro Finance Director, Metro Department of Finance team members, the Chief Financial Officer of NGH, and the Chief Compliance and Privacy Officer of NGH.
- 4) Details of all the work performed may be seen within the original BerryDunn investigation report.

The Office of Internal Audit re-evaluated all the work performed by BerryDunn. The Office of Internal Audit reviewed supporting documentation and notes from interviews.

#### **Facts**

As stated in the original BerryDunn investigation report:

- 1) According to the NGH's bank statements, a deposit of \$9,440,650.01 was made in the NGH's business checking account on Friday, June 12, 2020. It was deposited into the NGH's "payroll account" on Monday, June 15, 2020. The NGH later reported that their bank statement erroneously labels this account as payroll account, but it is in fact their main operating account. The funds were moved to the NGH's investment account the following day.
- 2) According to the Weekly Cash Flow Reports NGH submits to the Metro, the receipt of \$9.4 million COVID-19 funding was not reported in the June 15, 2020, report, but it was reported in the June 22, 2020, report.
- 3) According to the meeting minutes of the Board of Trustees, a discussion about the \$9.4 million COVID-19 funding first took place at the June 26, 2020, meeting. At this meeting, the NGH's CFO reported that NGH received a \$9.4 million payment from the CARES Act on June 15, 2020.

#### **Discussion and Analysis**

The NGH's CFO explained that the NGH did not report the receipt of the \$9.4 million fund immediately because of the following uncertainties:

## Investigation into Allegations at Nashville General Hospital

- 1) Because NGH did not apply for the additional COVID-19 fund, it was not sure whether the fund was for NGH to keep.
- 2) NGH did not know the restrictions on how the fund could be used.

The original BerryDunn investigation report notes that timeliness is a subjective term. The Office of Internal Audit states given the uncertainty of whether NGH could keep the funds and the uncertainty of their use, reporting the funds after seven days seems reasonable. Time was taken to determine if the funds were NGH's and how they should be recorded. A week to do these activities and report the funds is appropriate.

### **Conclusion**

The allegation that NGH did not report the receipt of \$9.4 million of COVID-19 funding in a timely manner was **unsubstantiated**.

### **Allegation B1 Reviewed**

NGH inappropriately used non-credentialed providers and misrepresented the provider of services by falsifying a credentialed worker's sign-off without consent.

### **Work Performed**

The Office of Internal Audit engaged BerryDunn to complete an investigation of the related allegation. BerryDunn was unable to perform the work required to conclude on the allegation. BerryDunn began the following steps during their investigation:

- 5) Interviewed applicable staff members and reviewed relevant documentation to gain an understanding of provider scheduling, provider credentialing, and patient sign-off for billing.
- 6) Obtained partial list of credentialed providers for June 2019 and June 2020.
- 7) Reviewed billing data for 60 providers, both NGH and non-NGH, for June 2019 and June 2020.
- 8) Obtained and reviewed scheduling information for all providers during June 2019 and June 2020.

The Office of Internal Audit completed the work BerryDunn started by performing the following:

- 1) Obtained financial credentialing dates for all NGH providers during June 2019 and June 2020. Determined which providers were non-Nashville General Hospital and verified credentialing would be done by the third-party employer.
- 2) Obtained scheduling information for all NGH providers for the months June 2019 and June 2020.
- 3) Obtained all charges submitted to carriers from NGH providers for the months June 2019 and June 2020. Charges included all locations of NGH providers.
- 4) Compared provider schedules for June 2019 and June 2020 to patient charges submitted to carriers. Selected a sample of providers to review charges on both days the provider was scheduled and days the provider was not scheduled to verify the provider worked on the date.

### **Facts**

- 1) In June 2019, NGH billed 2,569 claims for 54 providers. In June 2020, NGH billed 2,603 claims for 60 providers.

## Investigation into Allegations at Nashville General Hospital

- 2) NGH is only required to financially credential providers employed directly with NGH or providers who NGH is responsible for billing. All NGH financially credentialed providers reviewed were financially credentialed before billing charges occurred in June 2019 and June 2020.
- 3) All non-NGH providers in June 2019 and June 2020 were verified to be working for a third-party who ensured financial credentialing.
- 4) NGH furnished the schedules for NGH providers scheduled by NGH in June 2019 and June 2020.
- 5) Claim admission dates for NGH providers were compared to the providers' schedules. When comparing the billing charge dates to provider schedules, 19 providers in June 2019 had billings on dates the provider was not scheduled. In June 2020, 23 providers billed on dates not originally scheduled.
- 6) A sample of six providers was selected for review of dates within 2019 and 2020 where the provider was not scheduled. All dates where each provider saw patients but was not scheduled were included for review. One claim was selected from each date per provider to review documentation.
- 7) Patient claim documentation was provided from the OneContent or eCW systems to show the selected provider signed off on services provided. A total of 38 patient claims were reviewed.
- 8) All selected providers and patient claims were verified as valid.

### **Discussion and Analysis**

Credentialing of providers was completed prior to the provider starting at NGH. NGH relies on third parties to ensure non-NGH employed providers are credentialed prior to their start date. Logins to complete patient visit notes and documentation are prohibited from being shared amongst providers. If login and sign off information is shared, the action would not be caught within the medical records system. The only person who could share provider login information is the provider.

The review of patient claim documentation showed that all providers billed for claims were also the providers to sign off on the patient services. Though providers follow a schedule, changes and adjustments may take place to accommodate patients or other provider scheduling changes.

### **Conclusion**

The allegation that NGH inappropriately used non-credentialed providers and misrepresented provider of services by falsifying a credentialed worker's sign-off without consent was **unsubstantiated**.

END OF REPORT



# Investigation Report on Allegations of Nashville General Hospital

FINAL

Submitted on: 11/15/2021

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## 1.0 Background

### Nashville General Hospital Overview

Nashville General Hospital at Meharry (NGH), an enterprise fund of the Hospital Authority and a component unit of the Metropolitan Government of Nashville and Davidson County (the Metro), is located in Meharry Medical College (MMC) campus at 1818 Albion St, Nashville, TN 37208. It receives an annual budget of approximately \$45 million from the Metro. The NGH operates a 150-bed acute-care hospital, extensive hospital-based medical, and surgical subspecialty clinics. It also supports Our Kids Clinic, a renowned clinic for victims of child sexual abuse. The NGH works closely with MMC to accomplish its safety net mission while also serving as the primary index teaching hospital for Meharry's School of Medicine.

The NGH is governed by Trustees of the Hospital Authority appointed by the Mayor of the Primary Government. The Hospital Authority of the Metropolitan Government of Nashville and Davidson County statute, codified at Tenn. Code Ann. 7-57-101, et seq. (Metropolitan Hospital Authority Act), authorizes the Board of Trustees to administer and control hospitals owned and/or operated by the Hospital Authority of the Metropolitan Government. The Board of Trustees exercises all the administrative functions pertaining to the operation of NGH and its related facilities through the Chief Executive Officer of the Hospital Authority. The Hospital Authority owns, maintains, and operates NGH and the related facilities for the examination and treatment of individuals who are sick or injured.

A mission of the hospital is to improve the health and wellness of Nashville community by providing equitable access to comprehensive, coordinated, patient-centered care. Fulfilling this mission required the support and subsidy of the Metro over the years.

### Our Investigation Background

The Metropolitan Nashville Office of Internal Auditor (OIA) tasked BerryDunn to conduct investigations on several NGH-related allegations reported to the OIA. Those allegations were reported by various sources and are largely classified into two categories.

#### A. Potential Fraudulent Financial Reporting

The Metro monitors how the NGH expends money allocated to it through due annual budgetary processes as required by the Metro budget ordinance. The Metro Finance Department conducts weekly check-in meetings with the NGH where the NGH reports updates on its financial status. The Code of Metropolitan Government of Nashville and Davidson County, Charter Part 1, Section 6.06, "Action by council on operating budget" stipulates: the council shall finally adopt an operating budget for the ensuing fiscal year not later than the 30<sup>th</sup> day of June, and it shall be effective for the fiscal year beginning on the following July 1.

On June 23, 2020, the Metro Director of Finance reported to the OIA his concerns relating to NGH's financial reporting. The issues raised were:

- Completeness of reports
- Accuracy of the reported amounts
- Timeliness of information provided
- Overall integrity of financial reporting

The OIA tasked BerryDunn to further obtain information to determine whether the NGH intentionally withheld the fact it received about \$9.4 million under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) in order to avoid potential impact on the Metro's budgetary decision for the NGH.

## B. Potential Fraudulent or Noncompliant Operational Procedures

The OIA received complaints and/or reporting of potential fraud by the NGH from various sources, and it interviewed five individuals during July through October 2020 to gain more information. Although the interviews revealed many concerns related to the NGH's operational integrity and compliance, no physical evidence of fraud was provided. Since the allegations mentioned during the interview covered a wide range of operational areas, the OIA tasked BerryDunn to gather further information and substantiate or unsubstantiate allegations.

BerryDunn contacted 13 individuals whom the OIA informed might have some information to share with us. Five of them did not respond to our multiple attempts to connect, one responded and expressed interest in talking with us but did not follow up, and seven of them talked with us. Although various areas of concern related to the NGH's operations were raised during these interviews, we determined that many of the concerns did not rise to the material level to be further investigated as potential fraudulent activities because of the following reasons:

- There was no one specific fraudulent or inappropriate activity identified by more than one individual.
- No evidence that would support a reported allegation was provided.
- The observations reported could be ethically challenged, but they might not necessarily be fraudulent or noncompliant.

We determined that the following allegations were either out of scope or were already under investigation by TennCare's Office of Civil Rights Compliance.

1. Improper billing to patients with hardship, including 100% charity care patients
  - a. \$10 copay requirement
  - b. \$100 down payment requirement for any surgery

- c. Large medical bills charged to 100% charity patients
- d. \$60 charge for a financial consulting appointment from self-pay patients
- e. \$60 charge for an initial doctor appointment from patients with no insurance regardless of income level

During our investigation, NGH discovered refunds were owed to both patients and insurers. As of February 2021, NGH had identified 747 cases for which it owed a total of \$300,677 broken down as below. Some of the refunds seemed for a refund of \$10 copayment.

**Table 2: Breakdown of Refund NGH Owed**

Owed to	Number of cases	Total owed
<b>Insurance companies</b>	149	-\$239,787
<b>Individual patients</b>	598	-\$60,890
<b>Grand Total</b>	<b>747</b>	<b>-\$300,677</b>

2. Lack of appropriate actions to prevent spread of COVID and to protect employees
  - a. A worker tested COVID-positive on Friday, and the NGH let the worker come back to work within five days without requiring a COVID-negative test result
  - b. NGH did not provide any masks to the workers for months under the pandemic
  - c. NGH provided one disposable mask per week to each worker
  - d. NGH would not place a protective glass because it did not match the hospital's décor

## 2.0 Allegations

The general theme of A group allegations is whether NGH intentionally delayed the reporting of its receipt of \$9.4 million CARES Act funding to the Metro for a purpose of gaining more funding from the Metro. Specific allegations include:

**A1** NGH did not report the receipt of \$9.4 million COVID-19 funding in a timely manner.

**A2** The delay in the receipt of \$9.4 million COVID-19 funding by NGH, if substantiated, was a violation of laws or rules.

**A3** NGH withheld the information about its receipt of \$9.4 million funding with an intention to affect the Metro's budgetary decisions.

The general theme of B group allegations is the compliance of NGH's general operational procedures. Specific allegations include:

**B1** NGH inappropriately used non-credentialed providers and misrepresented provider of services by falsifying a credentialed worker's sign-off without consent.

**B2** NGH charged an incorrect amount to patients for stress tests. Specifically, the amount of regadenoson was overcharged to patients.

**B3** NGH's Chief Compliance and Privacy Officer did not appropriately address reported complaints, and NGH's leadership retaliated against their employees who submitted complaints.

## 3.0 Summary and Outcomes

### Investigative Standard

BerryDunn conducted investigations and created this report using the Standards of the Association of Certified Fraud Examiners as a guide. The standard of “preponderance of the evidence” is used as a basis for substantiating or not substantiating an allegation. Key definitions used during investigations include:

- Preponderance of Evidence – A certain set of facts “more likely than not” occurred.
- Substantiated – The preponderance of the evidence collected during the investigation indicates that the incident occurred.
- Unsubstantiated – The evidence collected during the investigation indicates there was not a preponderance of the evidence to support the allegation or that the evidence collected during the investigation was conflicting or inconclusive.
- Unable to Be Determined – Sufficient evidence to make a conclusion either did not exist or was not made available to us.

The outcomes of the allegations received and determined to be within scope are documented below.

A1 [REDACTED]

[REDACTED] See revised investigation report memo.

A2 The allegation that the delay in the receipt of \$9.4 million COVID-19 funding by NGH was a violation of laws or rules was **unsubstantiated**.

A3 The allegation that NGH withheld the information about its receipt of \$9.4 million funding with an intention to affect the Metro’s budgetary decisions was **unsubstantiated**.

B1 [REDACTED]

[REDACTED] See revised investigation report memo.

B2 The allegation that NGH charged an incorrect amount to patients for stress tests was **unsubstantiated**. We identified that the stress test billing support provided by NGH included an incorrect billing code; however, it was at a disadvantage to NGH and, because the stress test service is bundled, it does not charge separately for regadenoson.

B3 The allegation that NGH’s Chief Compliance and Privacy Officer did not appropriately address reported complaints was **substantiated**, but the allegation that NGH’s leadership retaliated against its employees who submitted complaints was **unsubstantiated**.

## 4.0 Work Performed

### Allegations A1 – A3

We examined documents regarding the receipt of \$9.4 million COVID-19 funding to verify whether the receipt was reported on time. We also interviewed selected individuals with the knowledge surrounding the receipt of the fund and the reporting related to this receipt.

The documents we reviewed:

- The Minutes of the Meeting of the Board of Trustees

The board's meetings are held the last Thursday of each month at 4:30 p.m. in the NGH Board Room. As part of our investigation into the allegation that there might have been inappropriate reporting by NGH, we examined the minutes of the board's meeting for calendar year 2020 (January 1, 2020 – December 31, 2020) obtained from the Chief Compliance and Privacy Officer. There were two months in which the meeting was not held (March, 2020, and December 2020).

- NGH's financial statements

We examined NGH's financial statements for the years ending June 30, 2020, and June 30, 2019.

- NGH's bank statements

We examined NGH's bank accounts to determine the timing of the \$9.4 million COVID-19 funding and the subsequent treatment of it. Information observed by examining the bank statements is then compared to information gathered elsewhere (weekly/monthly reports, correspondence among officers, and interviews conducted). Receipt of the \$9.4 million was verified by our review of NGH's banking records.

- Weekly expenditure reports submitted to Metro Finance

Our examination of the weekly reports was focused on the scope of the investigation; determining whether the COVID-19 funding received was reported and whether that report was timely. We identified the reports submitted on June 15, 2020, and June 22, 2020, for the subsequent Wednesday calls, as the reports with pertinent information for the investigation. Based on our examination of those documents, we verified that the \$9.4 million COVID-19 funding was not reported on the June 15, 2020, report, but it was reported in the June 22, 2020, report as a restricted fund.

- Relevant email communication between individuals who shared responsibilities or are involved in the receipt or reporting of the fund

Our review of correspondences between:

- Metro Finance Director and Metropolitan Auditor

- Metro Finance Director and Chairman of the board of NGH
- The report of the Chairman of NGH to the board members at large
- Other email correspondences

The individuals we interviewed:

- The Chairman of the board of trustees
- A member of the board of trustees
- The Director of Finance of Metro Government
- Three members of the team working with the Director of Finance
- The Chief Financial Officer of NGH
- The Chief Compliance and Privacy Officer of NGH

## **Allegation A1**

NGH did not report the receipt of \$9.4 million COVID-19 funding in a timely manner.

### **Facts**

1. According to the NGH's bank statements, a deposit of \$9,440,650.01 was made in the NGH's business checking account on Friday, June 12, 2020. It was deposited into the NGH's "payroll account" on Monday, June 15, 2020. The NGH later reported that their bank statement erroneously labels this account as payroll account but it is in fact their main operating account. The funds were moved to the NGH's investment account the following day.
2. According to the Weekly Cash Flow Reports NGH submits to the Metro, the receipt of \$9.4 million COVID-19 funding was not reported in the June 15, 2020, report, but it was reported in the June 22, 2020, report.
3. According to the meeting minutes of the Board of Trustees, a discussion about the \$9.4 million COVID-19 funding first took place at the June 26, 2020, meeting. At this meeting, the NGH's CFO reported that NGH received a \$9.4 million payment from the CARES Act on June 15, 2020.

### **Discussion and analysis**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] See revised investigation report memo.

## Conclusion

[REDACTED]

[REDACTED] See revised investigation report memo.

## Allegation A2

The delay in the receipt of \$9.4 million COVID-19 funding by NGH was a violation of laws or rules.

### Discussion and Analysis

We did not observe or identify any regulatory requirements or policies and procedures that stipulates a specific timeline for financial reporting, specifically, for a reporting of fund receipt, by NGH. We recommend to create a clear policy on timeliness of financial reporting in order to prevent a future reoccurrence.

### Conclusion

The allegation that the delay in the receipt of \$9.4 million COVID-19 funding by NGH was a violation of laws or rules was **unsubstantiated**.

## Allegation A3

NGH withheld the information about its receipt of \$9.4 million funding with an intention to affect the Metro's budgetary decisions.

### Discussion and Analysis

We did not observe or identify any evidence that indicated the NGH withheld this information with an intention to affect the Metro's budgetary decisions. We also did not observe any evidence that the delay in reporting the receipt caused the NGH to receive more budget than it would have otherwise.

### Conclusion

The allegation that NGH withheld the information about their receipt of \$9.4 million funding with an intention to affect the Metro's budgetary decisions was **unsubstantiated**.

## Allegations B1 – B3

The individuals we interviewed:

Seven witnesses (anonymous)

## NGH staff:

- Administrative Director of Provider Services
  - Chief Compliance and Privacy Officer
  - Director of Human Resources (HR)
  - Director of Revenue Cycle
  - Chief Ambulatory Services Officer

## Allegation B1

NGH inappropriately used non-credentialed providers and misrepresented provider of services by falsifying a credentialed worker's sign-off without consent.

## Facts

A horizontal bar chart illustrating the percentage of respondents who have heard of different topics. The y-axis lists the topics, and the x-axis represents the percentage from 0% to 100%. The bars are black and ordered from highest percentage at the top to lowest at the bottom.

Topic	Percentage
Healthcare	98%
Technology	95%
Finance	92%
Politics	88%
Entertainment	85%
Science	82%
Art	78%
Sports	75%
Culture	72%
Food	68%
Travel	65%
Business	62%
Environment	58%
History	55%
Geography	52%
Mathematics	48%
Physics	45%
Chemistry	42%
Biology	38%
Medicine	35%
Engineering	32%
Astronomy	28%
Physics	25%
Chemistry	22%
Biology	18%
Medicine	15%
Engineering	12%
Astronomy	8%
Physics	5%
Chemistry	3%
Biology	2%
Medicine	1%
Engineering	1%
Astronomy	1%

**Discussion and Analysis** See revised investigation report memo.

 BerryDunn

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Conclusion** See revised investigation report memo.

[REDACTED]

[REDACTED]

[REDACTED]

## Allegation B2

NGH charged an incorrect amount to patients for stress tests. Specifically, the amount of regadenoson was overcharged to patients.

### Facts

- BerryDunn interviewed individuals who discussed the allegation to obtain information regarding charging for stress tests. We asked for support from the witnesses who could support the allegation of overcharging for regadenoson.
- Two witnesses stated that they believed regadenoson was overcharged when patients received stress tests.
- We requested all stress tests performed for the first week of June 2020 so that a review of billing for regadenoson and stress tests could be performed.
- We received one patient's stress test billing support, which occurred during the week of June 2020, but it was not a complete list of all stress tests performed. Based on the review of this one patient's stress test billing records, the stress test services are a bundled service and the charge includes the regadenoson amount.

### Discussion and analysis

Our examination plan for allegation B2 was to:

1. Receive all stress tests that were performed during the first week of June 2020
2. Compare all bill records to determine the charge for stress tests and regadenoson aligned with the service performed
3. Follow up on irregularities

We only received one patient's stress test information; therefore, we reviewed the billing support and concluded on this patient's billing.

Based on the one patient's information that was received, it was identified that NGH should have billed a 93015 (cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation, and report) along with the 78452. The 93306 should not have been billed. Because we only received support for one patient, our conclusion is based on the one patient's billing records. The regadenoson (Lexiscan) injection is included in the payment for the procedure and is not separately reimbursable for the facility.

## Conclusion

The allegation that NGH charged an incorrect amount to patients for stress tests was **unsubstantiated**. We identified that the stress test billing support provided by NGH included an incorrect billing code; however, it was at a disadvantage to NGH, and because the stress test service is bundled, it does not charge separately for regadenoson. Even though we were only able to review billing for one patient's stress test, it is a practice to bundle the stress test services and we would not expect to see regadenoson billed separately for other patients.

## Allegation B3

NGH's Chief Compliance and Privacy Officer did not appropriately address reported complaints and NGH's leadership retaliated against their employees who submitted complaints.

### Facts

- A witness reported that the NGH placed a worker on administrative leave without any explanation after they reported a complaint to the Chief Compliance and Privacy Officer.
- A witness reported that the NGH leadership suggested a worker take a few days off after they reported a complaint.
- NGH code and conduct includes a No Retaliation policy.
- We interviewed the Chief Compliance and Privacy Officer to understand the procedures taken when a complaint is received. During our interview with the Chief Compliance and Privacy Officer, we identified that employees can submit a complaint confidentially to the Compliance Department. The complaints are followed up on by the Chief Compliance and Privacy Officer. No employees are forced to go on leave because of a compliance complaint; however, they can request to be placed on leave if they feel necessary.
- The HR Department reviews the validity of the complaint and, if deemed valid, it is policy to put the employees involved on paid leave until the investigation is complete.
- BerryDunn received and reviewed the following documents related to this allegation:

- List of employees who went on administrative leave from HR during calendar year 2020 with reason
- Compliance plan
- List of all compliance complaints for calendar year 2020 and procedures for testing the allegations
- Support for all allegations categorized as billing fraud
- NGH Code and Conduct

### **Discussion and analysis**

BerryDunn interviewed staff and reviewed policies in order to better understand how complaints are handled at NGH. This included interviews with both Compliance and HR departments along with reviewing documentation for each department.

We identified the following results regarding the compliance review of the billing fraud allegation:

- The compliance plan states that supporting documentation for the conducted allegation must be maintained for seven years for all allegations at NGH. All documentation of the review of the billing fraud allegation was not maintained including the following items:
  - No support was maintained or able to be provided to show interview notes.
  - The compliance plan states that Compliance should interview all appropriate individuals as part of the allegation. A provider had recently left the hospital, and they were not interviewed as part of the allegation even though they were included in the allegation.
  - A spreadsheet was provided to support the billing fraud allegation including claim information, but the documented procedures and results of the procedures Compliance followed was not maintained or provided.
- HR would not necessarily know if there was a compliance allegation for employees that also have HR complaints. Compliance does not notify other departments of the complaint.
- The Compliance Department told BerryDunn during interviews that it does not automatically put anyone on leave, but it offers the opportunity if the employee prefers. For the allegations we looked into, there was no support to show the employees were forced to go on leave. According to the compliance plan, Compliance does have the right to remove individuals if deemed necessary to conduct a proper investigation, but it does not appear this was the case for the sampled allegation.

We identified the following results regarding the HR review:

- All HR allegations are reviewed for reason and rationale prior to any action being taken. If enough support is provided to connect an investigation, then the employee the

allegation is about is notified and told they are going on leave with pay while an investigation is conducted. If the allegation is found to not be substantiated, then it may not go to a hearing. All other allegations go to a hearing. If an employee submits a complaint to HR regarding a manager, then leadership must be engaged before the employee is put on leave.

- The allegation that was received and reviewed by the HR Department did appropriately put the employee on leave while the complaint was investigated, but the allegation was proven to be unsubstantiated.

## Conclusion

The allegation that NGH's Chief Compliance and Privacy Officer did not appropriately address reported complaints was **substantiated**, but the allegation that NGH's leadership retaliated against their employees who submitted complaints was **unsubstantiated**.

## 5.0 Recommendations

### Allegations A1 – 3

- We recommend that the Metro Finance Department develop a written policy and procedures that defines the financial reporting requirements by NGH, including a clear definition of timely reporting.

### Allegations B1 – 3

- In order to prevent future reoccurrence of misunderstanding by its employees about the NGH's conducts, we recommend that NGH improve its communication with its employees through training or clearly written policies and procedures.
- We recommend the Compliance Department document and maintain clear procedures and support for the investigations conducted.
- Based on the fact that we were not able to complete our investigation for one of the allegations due to insufficiency of information provided, we recommend NGH evaluate its resource needs to fulfill NGH's compliance responsibilities.