Beyond The 4 Walls Of The Hospital – Assessing The Effectiveness Of Your Compliance Program – Within Specialty Services

Presented By:

Mary Ann Levesque RN BS
Lisa M. Silveria RN BSN

Catholic Healthcare West
CHW
INTRODUCTION

• Initial Focus – Acute hospital setting
• Shifting Focus - Hospital programs/services and growth (development of new programs, existing inpatient specialty services and outpatient programs)
• Main concern – managerial awareness and competence related to regulations, laws, etc.
Objectives of Assessments

- Ascertain compliance with applicable policies, plans, procedures and laws
- Access to resources
- Adequacy of internal controls
- Provide senior management with assurance that program operating with referral, billing, and clinical documentation integrity
• Acute Care – 40 hospitals, 3 States (CA, AZ, NV)
• Clinics / Physician Services (80+)
• Behavioral Health (9)
• DPSNF/LTC/Medicaid Sub-Acute (20)
• Home Care - HHC/Hospice (17)
• Acute Inpatient Rehab (6+)
• Wound Care Clinics/HBO (15+)
• Corporate VP Audit and Compliance
  – System Directors (geographic/hospitals)
    * Facility Compliance Liaisons
  – Coding/ HIM Compliance
  – Physician Practice
  – Home Care
  – CIA, SNF, BH, Program Development
• Where are services located / how many?
• Significance of risks
  Facility view / Compliance view
• Push back – time commitment / lack of resources
• Clinical vs. business mentality
• Turnover
Initial Surveys

- Communication system-wide announcing development of compliance activities and focus
- Who are you, where located, describe program
- Examples (SNF, Physician Referral, Behavioral Health)
- Development of data base
Date: January 27, 2003

To: Michael Blaszyk, Michael Erne, Bill Hunt, Karl Silberstein, Bill Fuchs, John Orsini, Jeff Winter, Steve Hargett

From: Mary Ann LeVesque, CIA Implementation Manager & Compliance Program Development

Subject: Skilled Nursing Compliance Program Development

As a component of the development of a comprehensive Compliance Program for CHW, we are now in the process of assessing compliance in the context of CHW’s Skilled Nursing environment.

The objectives of this assessment are as follows:

• Ascertain whether the SNF is in compliance with applicable policies, plans, procedures, laws and regulations
• Determine the adequacy of internal controls designed to minimize the risk of exposure related to regulatory and non-regulatory compliance issues; and
• Provide management with basic assurance that the SNF is being operated with referral, billing and clinical documentation integrity.

Our first step in the assessment was to develop a database of basic information about each of our SNF’s, which was accomplished through a brief survey.

CHW has 24 SNF’s, most of which are hospital based and ranging in bed capacity from 15 to 150. Over 95% of the SNF’s have completed CHW’s Integrity Program training, have implemented CHW’s Compliance related policies and have conducted training programs for designated staff in areas such as Medicare participation requirements, clinical documentation and prohibition of inducement of referrals.

The next step was the development of a comprehensive Self-Audit tool. The Self-Audit contains 62 line items which ask for a Yes or No answer and additionally requires that each facility review 10 medical records of current patients and answer 6 questions for each of the medical records reviewed. These Self-Audits were sent out January 15th with a requested completion date of February 10th.

Subsequent steps will include compiling the results of the Self-Audits throughout February and March. During the months of April and May we will be working with the facilities to develop and implement corrective action plans in response to their specific audit findings. At that point, we will be prepared to better estimate any potential costs (hours and dollars) to the facilities as a result of implementation of their corrective action plans. These costs may include: education and training on specific topics for SNF and/or SNF government billing staff, a review of their MDS accuracy, policy development and additional self-audits.

Thank you for your continued support of our efforts to ensure compliance in CHW’s business units. Please don’t hesitate to contact either Dan Roach or me if you have any questions or would like additional information.
Skilled Nursing Facility Compliance Program Questionnaire

Please provide the following:

Name of your facility:
Number of licensed SNF beds:
Any other type of non-acute care licensed beds in your facility:

1. Is your facility licensed as a freestanding SNF or are you licensed as a hospital based SNF?
   _____Free-Standing  _____Hospital based

2. If hospital based, are you on the same campus as the hospital?
   _____Yes  _____No

3. Is your facility accredited by JCAHO?
   _____Yes  _____No

4. Do you have a Compliance Committee?
   _____Yes  _____No

5. If hospital based, is there SNF representation on the hospital Compliance Committee?
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Compliance Department

Behavioral Health Compliance Program Questionnaire

1. Who provides the Human Resource function for your program/unit?

2. Which CHW attorney provides Legal counsel for your program/unit?

3. Did your employees receive training on CHW Integrity Program and the Standards of Conduct in 2001?
   _____Yes    _____No

4. Who performs the billing function for your program/unit?
   _____Central Business Office (PFS)    _____On-site

5. Have you implemented the use of Refund Logs to refund overpayments?
   (Reference CHW Policy # 9.007, titled “Government Refunds and Voluntary Disclosure”)
   _____Yes    _____No
<table>
<thead>
<tr>
<th>Facility:</th>
<th>Is your Physician Locator Program on the CHW web portal the only means utilized to maintain current information on each physician?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility contact:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Contact number:</td>
<td></td>
</tr>
<tr>
<td>Is hospital participating in CHW web Physician Locator Program on the new portal?</td>
<td>Does hospital offer or participate in any other physician referral services such as Call Centers or Phone Referral Service?</td>
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<tr>
<td>If yes, name of Primary Publisher (PP)</td>
<td>Name of Limited Publisher (LP)</td>
</tr>
<tr>
<td>Is physician database additionally maintained using any other tools? If so, identify.</td>
<td></td>
</tr>
<tr>
<td>If not, is the Primary Publisher responsible for the day-to-day data input/maintenance of the Physician Locator Program?</td>
<td>Is the Medical Staff Office Manager responsible for the day-to-day data input/maintenance of the Physician Locator Programs?</td>
</tr>
<tr>
<td>If not contracted out by the hospital, where is the program/service physically located?</td>
<td>If contracted, who is the business sponsor of the contract? Please send copy of contract to Compliance (<a href="mailto:mlevesque@chw.edu">mlevesque@chw.edu</a>)</td>
</tr>
<tr>
<td>If contracted out, who is the vendor?</td>
<td>How frequently is the database updated? Who is responsible for the accuracy of the CHW web Physician Locator data?</td>
</tr>
<tr>
<td>Which database (Medical Staff roster, Physician Locator, other distinct database) is being utilized to meet the CHW Tax Exempt Bond requirements?</td>
<td></td>
</tr>
</tbody>
</table>
Guidance Resources For Tool Development

- OIG (Office of Inspector General) Guidance
- OIG Work Plan
- OIG Enforcement Activities
- Federal Register – CoPs/Reg by Program
- DHS
- JCAHO
- Corporate Integrity Agreements
- CMS website
- Transmittals
Self Assessment Tools

- BH/SNF (included clinical documentation review)
- Timelines
- Validation
- Collated by facility, topic, overall performance
- Attestation
<table>
<thead>
<tr>
<th>Item Number</th>
<th>Audit Question</th>
<th>Yes/No</th>
<th>Findings</th>
<th>Action Steps</th>
<th>Responsible Party</th>
<th>Due Date</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Protocols for use of investigational drugs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Performing medical screening examinations on patients in your hospital Emergency Department?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Transfer of a patient from the ED to the Mental Health Unit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mental Health Unit staff to accompany patient from ED to the MHU?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SNF setting

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Skilled Nursing Facility Self Audit

Skilled Nursing Facility
Compliance Self-Audit Tool

Name of Facility: _____________________________________________

Name of person completing audit: _____________________________________________

Purpose: This tool is to be used by the skilled nursing facility to establish and assess compliance with CHW’s Compliance Program guidance and federal health care program requirements, to determine the facility’s immediate needs, anticipate regulatory and/or compliance issues and to focus short and long term operational efforts as appropriate.

Instructions: Pages 1-21 of this Self-Audit Tool asks questions that require you to answer by either indicating Yes or No or by writing the requested information in the space provided. If you need more room, please use the spaces marked “Notes”. You may need to consult with PFS, HR or other departments to provide the requested information. Beginning on page 22, in the section named Medical Records Documentation, you will need to review 10 medical records of residents currently in your facility to provide the requested information. At this time, please do not write in the sections marked “Corrective Action” or “Due Date”; this will be used at a later date. Please feel free to add comments to any question.

Please return your completed Audit no later than February 10th. You may email, fax or mail your Audit to:
Mary Ann Levesque
3400 Data Drive
Rancho Cordova, CA 95670
Email: mlevesque@chw.edu
Fax: 916 851-2038
Phone: 916 851-2180
## Tally Results at a Glance

<table>
<thead>
<tr>
<th>Facility</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
<td>Bakersfield Memorial</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Bruceville Terrace (Methodist)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>California Hospital Medical Center</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Community - San Bernardino</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Dominican - Santa Cruz</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Glendale Memorial</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Marian</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td><strong>Total Yes</strong></td>
<td>23</td>
<td>7</td>
<td>21</td>
<td>24</td>
<td>24</td>
<td>21</td>
</tr>
</tbody>
</table>
Self Assessment - Categories

- Policy and Procedures
- General Compliance
- Regulatory/DHS/JCAHO
- Quality of Care
- Effectiveness of Education
- Auditing and Monitoring
- Medical Record Documentation
• Phone Conference:
  * Facility Manager and FCL
  * Reviewed all items if <95%, “No” or no response or incomplete
  * POC required within 30 days – severity driven
  * Bill hold as indicated
  * Key stakeholder communications (Hospital Presidents, CFO’s, manager’s direct supervisor etc.)
• Corrective Action Plans:
  * severity of risk
  * supportive documentation
  * high risk = site visit/Immediate intervention (including bill hold)
  * full implementation (90 day timeline)
• Site visits to validate:
  * within one year
  * implemented and approved processes
  * successful implementation
  * sustained compliance
Inherent Risk

• Manager’s/Facility’s perception:
  * compliance of an element/standard interpretation
  * operational value/benefits
  * culture of compliance – daily operations
  * admitting mistakes
  * why not found in previous audits (consultants)
• New Manager Orientation
  * culture of promoting strong clinical staff into management positions without appropriate training, education & support = HIGH RISK
  * self assessment review vs. completion (45 days)
  * utilized to help new managers assess “inherited” environment
Outcomes / Evolution (cont.)

- Quarterly conference calls
- Additional orientation tools
- Global Address Listing/Distribution lists
- Annual education conference
- Billing self-audits/POC
- Hospital President’s scorecard elements
- Policy sharing/standardization
- Group resources/contacts –sharing
- Compliance and regulatory resource availability
• Wrap up

• Comments / Questions
Contact us for copies of tools:

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mlevesque@chw.edu

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Lisa.Silveria@chw.edu