The Compliance Department of the Future: Driving growth and managing risk as a strategic advisor

Introductions

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Agenda

1. Current Market Landscape
2. Defining Compliance in Today’s Changing Environment
3. Case Study: Transforming the Role of Compliance
4. Compliance Enablers: Tools & Methodologies
5. Q&A
Current Market Landscape: Emerging Macro Trends

The emergence of a new health economy

The US healthcare system is facing unprecedented market disruptions, as market and policy forces are propelling a new health economy.

### Altered Funds Flow
- Individuals’ behavior is driving value.
- New financial partnerships are forming.
- Rapidly evolving reimbursement (e.g., pay for performance).
- Money will follow the risk.
- Managing the rising cost of care.

### New Care Delivery Models
- Clients are challenged to articulate value in an outcomes-driven world.
- Strategies should consider alternative settings, new talent models, and changes of physician (e.g., physician extenders).
- Technology advances signal constant change (e.g., HIT/EMRs, Cybersecurity enabled apps, Virtual health solutions).

### Background of Patient Owner
- Collaborative and consumer-centric “health” Rx (e.g., leveraging clinical trial and research data on which drug works and why).
- Transparency of price and quality.
- Bility businesses aging into behalfers.
- Growth of consumerism.

### Strategies to Balance
- Opportunities to align technologies and stakeholders (e.g., alignment of employers and insurers).
- Opportunity to translate retail and consumer packaged goods (CPG) insights into healthcare.
- Emerging entrants create a new competitive industry landscape, market consolidation, and partnerships.

Implications of a new health economy

Healthcare organizations are dealing with fundamental threats to their business and profit model, as changes in the new health economy are intensifying the enterprise risk environment.
**Anticipated impacts of emerging risks**

Emerging risks can create shocks across the industry and at the enterprise level, from strategy through operations.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Regulatory Change</th>
<th>Growth</th>
<th>Talent</th>
<th>Technology</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare reforms</td>
<td>Competitive Medical &amp; Medical Reform (CMS) and Human Services (HHS) regulations</td>
<td>Behavioral Innovation</td>
<td>Talents</td>
<td>Risk of technology in consumer experience</td>
<td>Quality of care</td>
</tr>
<tr>
<td>Value models</td>
<td>Information protection laws</td>
<td>Market differentiation</td>
<td>Labor Relations</td>
<td>Healthcare</td>
<td>Patient safety</td>
</tr>
<tr>
<td>Business mix</td>
<td>Alternative payer plans</td>
<td>Profitability measurements/ Partnership</td>
<td>Mobile and wearable devices</td>
<td>Specialty</td>
<td>Member and Patient Experience</td>
</tr>
<tr>
<td>Competition</td>
<td>Revenue management</td>
<td>Alternative revenue</td>
<td>Social media</td>
<td>Supply chain integrity</td>
<td>Alternative talent pools</td>
</tr>
<tr>
<td>Disrupters</td>
<td>Innovation</td>
<td>Strategic alliances/ Partnerships</td>
<td>Revenue</td>
<td>Clinical</td>
<td>Succession planning</td>
</tr>
<tr>
<td>Pricing</td>
<td>Payer loyalty</td>
<td>Executive</td>
<td>Technology</td>
<td>Clinical</td>
<td>Role of technology in consumer experience</td>
</tr>
<tr>
<td>Population demographics</td>
<td>Provider loyalty</td>
<td>Executive</td>
<td>Technology</td>
<td>Clinical</td>
<td>Data integrity</td>
</tr>
</tbody>
</table>

**Trends in recent regulatory actions**

Regulators are using inter-agency coordination across federal and state levels to drive process improvement and operational (performance) consistency, with a distinct focus on ensuring delivery of care and quality outcomes.

**Actions by regulators**

- Highlighting focus on impacts to the beneficiaries/members, with a specific focus on quality outcomes and delivery of care
- Using expansive data sets (e.g., Healthcare Effectiveness Data and Information Set (HEDIS) + claims + credentialing) to conduct performance-focused outcomes monitoring and auditing
- Aligning oversight approaches and techniques across products (Medicare, Medicaid, Duals and Health Insurance Exchange (HIX))
- Increasing Federal and State coordination including partnering among regulatory agencies

**Impacts to oversight of health plans**

- **Medicare**: Updating audit protocols (added Model of Care); adjusting Stars rating methodology
- **Medicaid**: Contract language changes to influence behavior; increased CMS oversight
- **Duals**: Applying Medicare protocols with an emphasis on Model of Care and quality
- **Exchanges**: Increased CMS oversight of State-sponsored HIX; applying Medicare protocols

**Three healthcare payer risk trends**

Health plans in today’s marketplace face emerging risks with implications to enterprise-wide strategy, payer operations and regulatory compliance.

<table>
<thead>
<tr>
<th>Access to Care and Operational Performance</th>
<th>Operational Model/ Governance</th>
<th>Regulatory Compliance</th>
</tr>
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<tbody>
<tr>
<td>Quality = Compliance</td>
<td>Changing business models: plan-of-care to value-based care</td>
<td>BHI (CoE) procurement</td>
</tr>
<tr>
<td>Risk management models for new lines of business (e.g., HIX)</td>
<td>Increasing regulatory processes: including fines and sanctions</td>
<td>Regulatory organizational/ blaming</td>
</tr>
<tr>
<td>Challenges with balancing quality performance and true cost productivity data and transparency</td>
<td>New market (e.g., HIX) requiring business and clinical management of consumer expectations</td>
<td>Intense delegated entity targeting by regulators (e.g., PBMs, Behavioral Health)</td>
</tr>
<tr>
<td>Increasing regulatory processes: including fines and sanctions</td>
<td>Enhanced use of data to measure compliance performance</td>
<td>Drive operational change</td>
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</table>
Defining Compliance roles and responsibilities

Emerging risks underscore the urgency for Compliance to not only change how it partners with the business but also clarify roles and responsibilities between its function and that of Operations

- Big "C" Compliance and little "c" operational compliance: Roles and responsibilities are clearly defined where Operation "owns" (accountable, responsible for) day-to-day compliance and the Compliance Department "owns" the infrastructure to drive compliance behavior throughout the organization.

- Centralized vs. Decentralized vs. Hybrid Structures: Organizational models are designed to align with the business organization's strategy, while providing flexibility as the organization grows and changes.

- Convergent and Business Diversification: Continuous growth of the organization's business requires new skill sets, different approaches to coordinating across stakeholders and refined capabilities to look at data and process impacts differently.

- Implementing Member-Centric Risk Management: Playing at the intersection of Compliance, Customer Experience and Operations, the Compliance function can use its view across the entire value chain in playing the role of a strategic advisor to the business.

- Evolving Analytics: Compliance needs to be at the forefront of transforming data into information and of leveraging analytics for monitoring, auditing and advising the Board and Strategy

- Achilles Heel: Delegated entity / vendor management oversight becomes increasingly difficult with the diversification of products, thus requiring Compliance to take a more hands-on role in risk-based oversight and collaborating with vendor/entity owners.

Compliance as a strategic advisor

As healthcare organizations attempt to develop strategies for growth and expansion in the new health economy, Compliance is in a unique position to offer key stakeholders strategic support in making informed decisions

- The Compliance function serves as a strategic partner to the Board, C-Suite and business by sharing risk and compliance insights based on information gathered across the value chain.

- Regular, consistent engagement with a range of departments better equips Risk and Compliance executives with more global insight into the company's operations, associated risks and implications.

- With an end-to-end view across the enterprise, Compliance is positioned to offer valuable observations that have the potential to impact strategic business decisions.

- Compliance assists in achieving good business.

Compliance as a competitive advantage

Leading healthcare organizations utilize compliance as a competitive advantage and as an enabler to achieving its strategic growth objectives

- The appropriate tone and commitment to compliance starts with the Board and C-Suite and drives a culture that fosters accountability, and results in a better customer experience.

- Compliance with regulatory and contractual requirements is leveraged as a driver for influencing key functional areas execute day-to-day operations, and ultimately, in maintaining its reputation with customers (patients / beneficiaries) and regulators alike.

- Industry leaders and their boards are gaining new appreciation for the market advantage they can gain by integrating risk and compliance into the development and execution of their overall corporate strategy.

- Compliance is shifting its role to one in which it partners with the business, as stakeholders work together to drive product diversification and deployment, allocate resources appropriately, and introduce new ways to cut organizational costs while managing risk.

- The Compliance Department is privy to data analytics and information across the value chain that is used to make informed business decisions in developing strategic growth strategies, re-defining operating models and addressing organizational challenges.
**Case Study: Transforming the Role of Compliance**

Centene is a leading, multi-line healthcare enterprise that provides access to quality care for under-insured and uninsured individuals.

**Centene Company Profile**

Centene offers unique, cost-effective coverage solutions for low-income populations through locally-based health plans and a wide range of specialty services.

**Facts At-A-Glance**

- Membership of more than 4 million.
- Revenue in excess of $3.3B (2014), 49% increase year-over-year.
- Market presence across 21 states.
- Climbed higher in 2014 Fortune 500 ranking to #251, up from #303 prior year.
- Broad range of healthcare coverage products including Medicare, Medicaid, CHIP, Aged, Blind, and Disabled (ABD); Long-Term Services and Supports (LTSS); Health Insurance Marketplace.
- Diverse portfolio of specialty companies in behavioral care, pharmacy benefits management, life and health, vision, dental, tele-health, in-home health services and care management software.

**Centene: 30 years...and growing**

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<thead>
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</thead>
<tbody>
<tr>
<td>Started as a non-profit in Milwaukee, WI</td>
<td>Revenue: $325M</td>
<td>Membership: 235k</td>
<td>States: 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue: $1.0B</td>
<td>Membership: 700k</td>
<td>States: 7</td>
<td></td>
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<tr>
<td>Revenue: $3.3B</td>
<td>Membership: 1.2M</td>
<td>States: 8</td>
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<tr>
<td>Revenue: $15.7B</td>
<td>Membership*: 4.1M</td>
<td>States*: 21</td>
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</tbody>
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* Including 0.3M non-risk members and the state of Michigan.
Centene solutions

<table>
<thead>
<tr>
<th>Service</th>
<th>Historical State (As of 2012)</th>
<th>Future State (In Flight)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Organizational Structure</td>
<td>Reflect the broader enterprise operations strategy, decentralized at the state level.</td>
<td>Shifting from decentralized to federal model (e.g., Medicare centralized at corporate level, Medicaid decentralized at state level).</td>
</tr>
<tr>
<td>Headcount (FTEs)</td>
<td>Corporate Compliance FTEs totaled 30 FTEs, as of 2012 year-end.</td>
<td>Growth of Corporate Compliance FTEs to 55 (budgeted for 2015), with goals to increase to 80 by 2016.</td>
</tr>
<tr>
<td>Scope of Responsibilities</td>
<td>Dedicated Compliance leadership and personnel at the Corporate and business unit levels for Medicare, Medicaid, and specialty services.</td>
<td>Expansion in scope of responsibilities to include new areas such as specialty pharmacy, in-home primary care, correctional health care.</td>
</tr>
<tr>
<td>Risk of Compliance Relative to the Enterprise</td>
<td>Compliance Department serves as the “catch-all” for responsibilities with no clear functional owner.</td>
<td>Increased stature of Compliance within the organization.</td>
</tr>
</tbody>
</table>

Evolving Centene’s Compliance organization

Centene’s Compliance Department expanded to keep pace with its enterprise-wide market strategy and accelerated growth objectives.

<table>
<thead>
<tr>
<th>Category</th>
<th>Historical State (As of 2012)</th>
<th>Future State (In Flight)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tendency of the Compliance Department to serve as the “catch-all” for responsibilities with no clear functional owner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased demand for Compliance personnel with the implementation of 11 health plans in Q4 of 2012.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition of responsibilities for health plan operations to the business.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Shift in mind sets towards risks

The new health economy necessitates a shift in the way that healthcare organizations think about and manage risks.

<table>
<thead>
<tr>
<th>Old risk mind set</th>
<th>New risk mind set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk = Red light</td>
<td>Risk = Green light</td>
</tr>
<tr>
<td>Protection</td>
<td>Success</td>
</tr>
<tr>
<td>Checklist</td>
<td>Precision, analytics, rigor, smarte</td>
</tr>
<tr>
<td>Event driven</td>
<td>Mission driven</td>
</tr>
<tr>
<td>Impediment to progress</td>
<td>Business accelerator</td>
</tr>
<tr>
<td>Question everything</td>
<td>Consider everything</td>
</tr>
<tr>
<td>Risk aware</td>
<td>Risk agile</td>
</tr>
<tr>
<td>Reactive</td>
<td>Proactive, dynamic, innovative</td>
</tr>
<tr>
<td>Fear</td>
<td>Confidence</td>
</tr>
</tbody>
</table>
Compliance organization assessment and design

Compliance leadership recognized that changes were needed to keep up with the organization’s growth strategy and to shift its mind set in addressing and managing risks in the new health economy.

Key Objectives
- Identify opportunities to enhance Centene’s Compliance governance structure, roles and responsibilities, and management practices to motivate, measure, monitor and achieve compliance with regulatory and contractual requirements.
- Design the “blueprint” to transform how Centene addresses compliance to the enterprise, with a focused effort to transition from the “red light” to “green light” mind set.
- Determine how to strengthen the Compliance Department’s position to:
  - Drive value as a strategic advisor;
  - Facilitate growth across the enterprise; and
  - Enable flexibility to respond to market changes.
- Review current skill sets and workload distribution for appropriateness in supporting the growth of the business and identification of development needs.
- Design and align a proposed future state organization structure and staffing model with the corporate growth strategy.
- Identify opportunities to improve the organizational culture toward compliance.

Compliance operating model

Centene’s Compliance structures have grown over the years based on growth objectives to support new business and products (e.g., Medicare, Duals, Health Insurance Marketplaces).

Strengths of Centene’s Compliance Department
- Centene’s Compliance operating model is not a “one-size-fits-all”, where Centene has adapted a hybrid model to fit the needs of its diverse set of businesses and products.
- Centene’s Compliance organization is built such that each business unit has the appropriate leadership and support.
- Centene’s Compliance governance model is aligned with the organization’s growth strategy, allowing for the appropriate oversight and efficiencies in escalating issues to leadership.
- Corporate Compliance provides consistent processes and tools for the different Compliance operating models (e.g., Committee reporting, escalation processes, others, CAP processes).

Opportunities for Centene’s Compliance Department
- Build upon the existing governance model to establish more consistent oversight mechanisms, risk identification and escalation protocols to the executive leadership level (Chief Executive Officer and Chair of the Board).
- Continue to enhance the Compliance operating model at the business unit level, with the intent to drive the business to be more self-sufficient and proficient with regulatory and contractual obligations.
- Further refine escalation protocols, where Compliance elevates the right risks at the right time to the appropriate leadership level(s) for resolution.

Centene’s Compliance structures have grown over the years based on growth objectives to support new business and products (e.g., Medicare, Duals, Health Insurance Marketplaces).

Strengths of Centene’s Compliance Department
- Centene’s Compliance personnel’s array of expertise, compliance tools and risk identification mechanisms allow for proactive monitoring of regulatory and contractual compliance.
- Centene’s Compliance structures have grown over the years based on growth objectives to support new business and products (e.g., Medicare, Duals, Health Insurance Marketplaces).

Opportunities for Centene’s Compliance Department
- Invest in recruiting talent to serve as “hybrid” Compliance function trained to have deeper expertise in regulatory compliance and to serve as subject matter specialists to the Compliance function itself.
- Continue to periodically assess and align Compliance personnel with the appropriate roles and responsibilities, while considering career development, succession planning and the company’s growth objectives.
- Conduct an annual enterprise-wide compliance risk assessment for all products based on input received from impacted stakeholders.
- Continue to enhance and evolve the compliance monitoring program and reporting dashboards.
**Compliance as a strategic advisor**

Centene’s Compliance Department has enjoyed success in being engaged by the business in the strategic planning process; leadership looks to utilize its regulatory expertise to identify further operational improvements.

**Strengths of Centene’s Compliance Department**

- Compliance is positioned as a strategic partner to senior leadership and business in mitigating enterprise risks.
- Compliance is engaged upfront by Corporate and business leadership in strategic planning, business development, and implementation efforts.
- Compliance has positioned itself to be consulted by senior leadership in identifying opportunities for streamlining operations.
- Compliance expertise of contractual requirements has identified cost savings initiatives for the business (e.g., standardization of Medicaid claims forms).

**Opportunities for Centene’s Compliance Department**

- Continue to leverage Compliance’s expertise of regulatory requirements to advise the business on operational efficiencies across multiple functional areas (e.g., encounter data collection and submission processes).
- Apply knowledge of regulations across both operations and IT to drive decisions affecting key processes (e.g., HIPAA transaction rule sets applied to coordination of benefits).
- Expand Compliance’s role as a strategic advisor to include the Board and C-suite leadership at the corporate level.
- Continue to transition the role of Compliance away from “doing it all” for the business to one in which it serves in a more consultative and trusted advisor capacity.

Centene’s Compliance Department has enjoyed success in being engaged by the business in the strategic planning process; leadership looks to utilize its regulatory expertise to identify further operational improvements.

**Centene’s continued path forward**

Centene has identified several key priorities to drive forward in the continued evolution of its Compliance Department and its expanded role across the enterprise.

- Strengthen Compliance’s established role as a trusted strategic advisor and partner to the business, at the Corporate and business unit levels.
- Maintain the momentum established to date in promoting transparency of compliance risks and issues at the C-suite level.
- Educate the business stakeholders regarding the types of risks and issues which warrant attention and escalation.
- Continue to be engaged early on by its business counterparts in the strategic planning and decision-making process.
- Promote a culture of accountability by the business to embrace and own compliance in day-to-day operations.
- Refine the type and level of detailed information reflected in compliance monitoring reports distributed to executive and senior leadership.

**Compliance Enablers: Tools & Methodologies**

- Strengthen Compliance’s established role as a trusted strategic advisor and partner to the business, at the Corporate and business unit levels.
- Maintain the momentum established to date in promoting transparency of compliance risks and issues at the C-suite level.
- Educate the business stakeholders regarding the types of risks and issues which warrant attention and escalation.
- Continue to be engaged early on by its business counterparts in the strategic planning and decision-making process.
- Promote a culture of accountability by the business to embrace and own compliance in day-to-day operations.
- Refine the type and level of detailed information reflected in compliance monitoring reports distributed to executive and senior leadership.
Turning data into information

Leading healthcare organizations are making significant investments in enhancing tools and methodologies to turn data into information.

<table>
<thead>
<tr>
<th>Description</th>
<th>Results Achieved</th>
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<tbody>
<tr>
<td>Improved operational performance</td>
<td>Implemented proactive approaches to managing both compliance and operational performance</td>
</tr>
<tr>
<td>Increased regulatory compliance</td>
<td>Increased regulatory compliance</td>
</tr>
<tr>
<td>Reduced level of effort related to organizational compliance</td>
<td>Reduced effort by business areas to conduct audits</td>
</tr>
</tbody>
</table>

Focus Area Description

- Improved operational performance
- Increased regulatory compliance
- Reduced level of effort related to organizational compliance

Profile of providers to link compliance, care management and quality together

Companies are comparing quality measures across providers with relevant data (HEDIS, claims) to look at the end-to-end care management value chain.

- Enhanced view into the linkage of quality performance to outcomes, down to provider level
- Remaining on pace with direction regulators are headed

Compliance risk assessments

Leading Compliance Departments are using risk assessments as the foundation for driving monitoring and auditing plans.

Risk assessments will help an organization:

1. Algae and prioritize limited resources to address high risk areas and coordinate efforts across the various risk management functions and operations.
2. Provide the Compliance Office with a foundation on which to build and enhance the compliance program (e.g., structure, policies and procedures, training, monitoring, auditing, etc.).
3. Establish a structured and disciplined approach to collaborating and working with the business in performing subsequent compliance risk assessments which can be utilized to mitigate emerging risks and the impact of changing business models.

Risk Assessment Considerations:
- Strategic, operational, regulatory and financial risks
- Historical levels of scrutiny
- Regulatory changes
- Type and breadth of impact
- Reputational implications
- Delegated / contract provider

Anchor point for Compliance strategy

Perform Risk Assessment

1. Gauge risk exposure
2. Support / monitor / mitigate risk
3. Enhance program
4. Enhance performance

Compliance Risk Profile

Leading healthcare organizations partner with the business in utilizing risk assessment tools to identify and mitigate risks in the enterprise strategy and operations.
### Leveraging technology

Technology systems and applications can be used to capture and report metrics for evaluating and monitoring performance against regulatory requirements.

To improve the use of technology:
- Core source systems need to be configured appropriately to capture data representative of operational performance and to allow for the extraction of data sets.
- Extracted data needs to be stored in and readily accessible through the designated data warehouse.
- Historical data must be maintained to enable trending and the comparison of data across different time periods.

### Data analytics applied to operational reporting

Leading healthcare organizations utilize data analytics in their reporting tools to transform data into information that can help decision-makers focus on the appropriate areas warranting their attention.

- Leading organizations are able to use operational data analytics to obtain real-time results for producing compliance monitoring results.
- Proactive analysis of data enables organizations to assess current operations against predetermined measurement bands and to detect trends that may indicate the potential for non-compliance.
- When used appropriately, data analytics offer organizations the ability to maintain and/or course-correct operations in alignment with regulatory requirements, and in turn, the power to drive health outcomes.

#### Data analytics methodology

**Data Sample**
- Identifies operational data ensuring the appropriate data elements are captured for analysis.
- Validates data elements and associated with Data Governance.

**Defining Risk**
- Identifies operational data and monitoring and auditing measurements.
- Evaluates data to determine operational risks.

**Risk Mitigation**
- Implement controls to mitigate risks.
- Monitor trends to determine whether risks are increasing or decreasing.

**Risk Mitigation**
- Establish implementation plan.
- Monitor and assess operational risks.

### Data analytics applied to targeted auditing

Leading healthcare organizations utilize data analytics to inform targeted auditing efforts, which in turn, allows for additional benefits to be realized.

While risk assessments drive monitoring and auditing plans, data analytics can be used to inform auditing efforts by identifying the areas of highest risk warranting further investigation and testing.

#### Applied Data Analytics Defined

- Identifies operational data by targeted risk scoring tools to identify high-risk areas, statistically valid sampling.
- Reductions in sampling size.
- Specific identification of risk areas.
- Specific representation of data.

#### Benefits Realized

- Proactively identifies risk areas that are pre-determined, statistically valid sampling.
- Decreases dramatically the level of operational risk through targeted and compliance-oriented, Audit to perform (benchmark by discussed sampling).
- Identifies the number of areas that can be performed during the year without losing risk-based outcomes.
- Provides real-time feedback to the teams on areas requiring additional review with specific considerations identified.
Changing how data is presented

Leading healthcare organizations are altering their approach and execution in presenting data to decision-makers at varying levels within the organization:

- Leading risk and compliance functions are strategic in the manner in which they present data to the organization’s board.
- Clear translation and presentation of significant data provides focus for strategic planning, operational performance, risk management and compliance.

### Presenting Data

<table>
<thead>
<tr>
<th>Not Actionable</th>
<th>Actionable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training joe</td>
<td>Timely</td>
</tr>
<tr>
<td>Fraud</td>
<td>Visually Engaging</td>
</tr>
<tr>
<td>Not Meaningful</td>
<td>Informative</td>
</tr>
<tr>
<td>Not Timely</td>
<td>Actionable</td>
</tr>
<tr>
<td>Not Visible</td>
<td>Relevant to Business Operations</td>
</tr>
<tr>
<td>Not Organized</td>
<td>Strategic Compliance</td>
</tr>
</tbody>
</table>

Operational performance monitoring

Leading healthcare organizations utilize analytics and dashboard reporting to identify trends and outliers that are indicative of non-compliant performance.

- Effective dashboards turn data into information.
- An effective visual dashboard report provides a real-time picture of an organization’s compliance activities and their reference to business operations as a whole.
- Dashboards provide a visual overview of the core results stemming from data analytics, including compliance metrics and potential risks that should be top of mind for board members (e.g., enumeration of current and anticipated internal, regulatory, and emergent risk issues).
- New data analytics and visualization tools are changing the nature of reporting by providing dynamic, drill-down capabilities that enable a more interactive relationship with data.

Executive-level reporting

Leading healthcare organizations blend operational reporting, data analytics and targeted auditing into quality information for decision-making.

- Effective executive reports turn data into information.
- An executive visual dashboard report provides an overview of key enterprise risk and compliance issues of interest to board members.

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This illustrative example of a compliance dashboard provides an overview of key enterprise risk and compliance issues of interest to board members.
Final Remarks

Key takeaways
Leading healthcare organizations are leveraging compliance to help drive growth and accountability throughout the enterprise and to gain a competitive advantage in the marketplace.

- The new health economy is driving major changes to the way organizations deliver care and services to patients/beneficiaries and to the approaches they take to compete in the marketplace.
- The Board of Directors and C-suite are looking to risk management personnel, in particular Compliance Officers, to enable and drive growth strategies with flexibility.
- The Compliance Office of the future needs to incorporate new operating models, enhanced skill sets and innovative tools and technology in how it engages with the business, provide insights to senior leadership and influence compliance management across the enterprise.

Analysis

Risk

Questions?
Thank you!

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