HCCA Quality of Care Compliance Conference

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Quality of Care Conference
MEDICARE CONDITIONS OF PARTICIPATION, QUALITY, and SCOPE OF PRACTICE

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Key Principles Related to Compliance, Quality and Scope of Practice

Governance Roles and Responsibilities

- A sound compliance program should provide a reasonable basis and a level of assurance to officers and directors in fulfilling their fiduciary duties.
- In the healthcare industry, we are in an era with more emphasis on quality and patient safety; oversight of quality also is becoming recognized as a fiduciary responsibility of directors.
Governance Roles and Responsibilities

- The Medicare Conditions of Participation, National Patient Safety Goals, and laws that regulate health care providers may affect quality.
- “Quality” can briefly be described and validated through programs and procedures to identify and reduce risks:
  - Credentialing programs
  - Performance measures
  - Compliance indicators, including:
    - Accuracy of coding and completeness of documentation
    - Adherence to ‘medical necessity’ guidance from payors

Medicare Conditions of Participation and Quality

- The “Conditions of Participation” (COP) are imposed on participating Medicare providers by the agreement signed between a provider and the Centers for Medicare and Medicaid Services (CMS)
- Thus, the COPs are the primary method for ensuring provider compliance with numerous requirements
• This session will focus on quality and techniques for compliance with quality related conditions and events.

• Among those requirements are Core Measures and National Patient Safety Goals (built into the Joint Commission on Accreditation of Hospitals program)
• NPSGs have become more specific and detailed over time
• Elements of Performance (Eps) are tied to each NSPG

Examples:
NPSG .01.01.01
Use at least two patient identifiers when providing care, treatment, and services

NPSG .01.03.01
Eliminate transfusion errors related to patient misidentification

NPSG .02.03.01
Report critical results of tests and diagnostic procedures on a timely basis
Policies and Procedures Related to Quality Requirements

Compliance and Quality Related Activities Under Current Structures

SILO Approach
Recommended Solutions

- Integrate Quality and Compliance

**Be careful to maintain the privilege**

- Bill holds are critical
- Quality and risk management, compliance officer and legal determine accounts to write-off; use a case-by-case approach
- Write-off transaction codes for hospital acquired conditions (HACs) and “never events” should be unique in order to tract the amounts individually and as a combination
- Demonstrates impact quality has on bottom line
Present on Admission (POA) Reporting and Monitoring

• Develop a report that tracks all indicators from claims – include all payors

• Audit and monitor those with “N” and those with “U”

• Develop documentation improvement strategies for “U”

• Compare cases with “N” status indicators and “Y” indicators to identify best practices in prevention

POA Link to Never Events (cont.)

• POA indicators signify if a diagnosis or condition was present upon the patients admission to the hospital

• Medicare will not pay for conditions reported with N or U, if it is the only CC or MCC on the claim

Y = Present at time of inpatient admission
N* = Not present at time of inpatient admission
U* = Unable to determine based upon documentation
W = Condition is clinically undetermined
1 = Unreported/Exempt from POA
Process Improvements

Proactive steps to prevent an event:
• Designate “never events” response team; include physician leadership, compliance officer, nursing leadership, operations management, quality and risk management, legal, HIM and Finance (allow for ad hoc involvement)
• Revisit sentinel events policies; assure all “never events” are included
• Assure policy addresses record security and confidentiality and places a hold or flag on the patient’s account

Process Improvements (cont.)

• Post policies and response team contacts on nursing units/OR areas, etc.
• Increase awareness of “never events,” POA, HACs among all staff – include as part of new hire orientation – focus on patient safety and prevention
• Assure all associates are aware of reporting “never events,” as soon as possible, to enact “never event” response team
• Assure appropriate forms or occurrence reports are updated and available for use pursuant to policies and procedures
### Process Improvements (cont.)

If event occurs:
- Establish time frames for investigation and report completion
- Perform a root cause analysis
- Assure event is documented in the medical record
- Have a discussion with the patient
- Develop action plan to avoid recurrence

### Scope of Practice

<table>
<thead>
<tr>
<th>Practitioner Type</th>
<th>Credentials</th>
<th>Educational/Background</th>
<th>Certification</th>
<th>Licensed Y or N</th>
<th>Licensure Renewal Requirements</th>
<th>Approving Organization</th>
<th>CEU and Recertification Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Doctor</td>
<td>MD</td>
<td>Doctor of Medicine</td>
<td>Exam thru ECFMG (Educational Commission for Foreign Medical Graduates) or USMLE (United States Medical Licensing Examination)</td>
<td>Y</td>
<td>Annually</td>
<td>KY Board of Medical Licensure</td>
<td>KY Board of Medical Licensure</td>
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<tr>
<td>2. Doctor of Osteopathy</td>
<td>DO</td>
<td>Doctor of Osteopathic Medicine</td>
<td>Exam thru NBO (National Board of Osteopathic Medicine)</td>
<td>Y</td>
<td>Annually</td>
<td>KY Board of Medical Licensure</td>
<td>KY Board of Medical Licensure</td>
</tr>
<tr>
<td>3. Dentist</td>
<td>DDS</td>
<td>Doctor of Dental Surgery</td>
<td>Specialty varies depending on scope of practice</td>
<td>Y</td>
<td>Annually</td>
<td>KY Board of Dentistry</td>
<td>KY Board of Dentistry</td>
</tr>
<tr>
<td>4. Advanced Registered Nurse Practitioner</td>
<td>ARNP</td>
<td>Masters or Post-Masters Certificate (those who were grandfathered in)</td>
<td>Exam thru a national certifying organization such as ANCC (American Nurses Credentialing Center)</td>
<td>Y (RN)</td>
<td>Maintain current RN license (renew every year, ARNP may be renewed annually along with RN)</td>
<td>KY Board of Nursing</td>
<td>KY Board of Nursing</td>
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<tr>
<td>5. Certified Nurse Specialist</td>
<td>CNS</td>
<td>Masters or Post-Masters Certificate</td>
<td>Exam thru ANCC (American Nurses Credentialing Center)</td>
<td>Y (RN)</td>
<td>Maintain current RN license (renew every year, CNS may be renewed annually along with RN)</td>
<td>KY Board of Nursing</td>
<td>KY Board of Nursing</td>
</tr>
<tr>
<td>6. Certified Registered Nurse Anesthetist</td>
<td>CRNA</td>
<td>Masters or Post-Masters Certificate</td>
<td>Exam thru CRNA (Certification of Nurse Anesthetists)</td>
<td>Y (RN)</td>
<td>Maintain current RN license (renew every year, CRNA may be renewed annually along with RN)</td>
<td>KY Board of Nursing</td>
<td>KY Board of Nursing</td>
</tr>
</tbody>
</table>
Thank you!

Questions?