The Tale of Two Health Care Providers

*Making the Most of Your Compliance Resources*

South Shore Hospital

Yale New Haven Health

Health Care Compliance Association
September 9, 2013

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**Agenda**

- The Tale of Two Health Care Providers:
  1. Evaluating and maximizing your compliance resources
  2. Using technology and data to support compliance efforts
  3. Tapping into your entire organization for compliance resources

- Polling: How Do Your Compliance Resources Compare to Peers?
  1. Academic medical centers / large health systems
  2. Community hospitals
  3. Physician organizations, post-acute providers, payers, other healthcare

- Question/Answer Session
South Shore Hospital

A Community Hospital Experience

Identifying Resource Needs

• Clarification of Roles & Responsibilities: What Risks Do I Own?

*Every Compliance Program is a Little Bit Different...*

<table>
<thead>
<tr>
<th>Topics</th>
<th>Functions</th>
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<tbody>
<tr>
<td>Billing/Coding/Documentation</td>
<td>Hospital</td>
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<tr>
<td>Privacy</td>
<td>Ambulance</td>
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<tr>
<td>Conflicts of Interest</td>
<td>Foundation</td>
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<tr>
<td>Research</td>
<td>Home Health</td>
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</tbody>
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Others Could Include:

- Security? TJC? Environmental? 
- Physician Organization?
Resource Benchmarking: Community Hospital

Benchmarking should tie back into the analysis of what risks you own. For example, Compliance Departments in this comparison do not own Privacy, while SSH Compliance does. That difference was illustrated when presenting this comparative analysis.

Using Data to Identify Resource Needs or Shortfalls

Note: all data is fictitious and for illustrative purposes only
Redefining Focus based on a Changing Risk Landscape

- Engagement with Organizational Leaders to Define/Redeﬁne Risk
- Prioritization of Risks Based on:
  1. Likelihood of adverse event
  2. Potential impact of adverse event
  3. “Controllability” of the risk

Focus Areas
- Privacy
- Security
- Ethics
- Coding

Evaluation of Current Resources

- Infrastructure Assessment
- Clarification of Roles & Responsibilities
- Risk Inventory and Prioritization
- Establishment of a Work Plan
- Identification of Existing Resources Outside the Department
  1. Multi-disciplinary OIG compliance review follow-up work group
  2. Privacy/security steering committee
Mapping the Right Number and Type of Resources to Your Compliance Program

- Defining the Architecture of Your Program
  - Response and Prevention: Ongoing
  - OIG Follow Up
  - Risk Inventory and Prioritization
  - Departmental Risk Assessments

- Establishment of a Detailed Work Plan
- Mapping Work Plan Items to Resources and Identifying Gaps

Identifying the “Right” Resources

<table>
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<tr>
<th>Example: Risk Prioritization 2013</th>
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<tbody>
<tr>
<td>Maintenance of Templates/Controls for Electronic Medical Records</td>
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<tr>
<td>Medical Necessity of Services Rendered (including admissions)</td>
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<tr>
<td>Privacy/Security</td>
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<tr>
<td>ICD-10</td>
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<tr>
<td>Inpatient Coding/DRG Accuracy</td>
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</tbody>
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Current risk profile made an inpatient coding resource a top priority
Using Technology and Data to Support Compliance

• Data Analysis in Compliance
  1. Tracking and reporting of compliance/privacy statistics
  2. Mimicking OIG compliance reviews to identify risk areas
  3. Monitoring trends in data for root cause/reasonableness (e.g., denials, appeals success, PEPPER trends)

• Data Analyst Position in Compliance
  1. Applies new and different techniques as data and systems evolve
  2. Evaluates data sources available and limitations of data and systems
  3. Position can be combined with other responsibilities (e.g., privacy)

Tapping into Your Entire Organization for Resources

• Multi-disciplinary Team to Assess Processes/Audits
• OIG Compliance Review Group:
  1. Coding, CDI, Pt. Accts, Registration, Rev. Integrity, Case Mgmt, Compliance
  2. Weekly meeting to assess OIG compliance topics (past/present/future)
  3. Processes to mitigate risks, billing/coding/documentation - improvement areas
  4. Reports to the Compliance and Executive Compliance committees

• Data Analysts from Other Departments/Usable Data
• Committees to Cascade Education Throughout the Organization
• Existing Communication Channels (e.g., daily emails, newsletters)
• Leadership Input for Creative Solutions
Yale New Haven Health System

Health Care Delivery Network
Academic Medical Center

Evaluating Priority Compliance Risks

WHERE TO BEGIN?

Need

Supply

Demand

Audit
Education
Policy
Corporate initiatives
Departmental projects

Compliance & Privacy Department

18,500+ Employees
4 hospitals
600+ Physicians
Joint ventures, EMR, Growth
Office of Privacy & Corporate Compliance
Yale New Haven Health System

Understanding the Universe

- Meet and greets with leaders/departments
- Attend meetings/committees
- Assess current workload of compliance staff
- Evaluate existing compliance processes & systems
- Review roles and responsibilities
  - Legal
  - Information security
  - Finance
  - Etc
Technology solutions for Compliance

- Contract Management
- Policy Management
- Learning Deployment
- Issue Tracking
- Auditing results
- Conflicts of Interest
- Dashboards

Internal Resources

- Legal
- Coding
- Operations
- Finance
- Practice Managers
- Revenue Management
- Information Systems / Security
- Many Others
Complete Solution: Technology, Internal Resources, Partnering

- How to Manage Thousands of COI Disclosures?
- Compliance, IS, Medical Staff, Office, Legal, HR, University, Others
- Internal Technology
- External Software for Physician Practices
- Examining Future Solutions/Partners

Nothing stays the same

- Resource needs are changing
- Healthcare organizations are growing, merging, joining other ventures, etc.
- Compliance responsibilities are different
Take Aways for YNHHS Program

- Data Analyst resource is needed
- Privacy remains a significant volume - how to resource this effectively?
- Multiple hospitals – is it necessary to have a compliance officer at each?
- Audit programs – outpatient, inpatient and physician (can this be one program?)
- Processes established over the past several years will need to be updated, reduce redundancy and increase efficiency of process
- How do we structure our programs to have enough opportunity to engage ‘proactively’ with operations and finance versus only having time to ‘react’
- No organization is exactly the same
- Benchmarking data is always important but remember it is once piece of information... you still have to consider the services you provide, the culture, risks and resources specific to your organization

Polling Questions for Academic Medical Centers
Number of **Dedicated** FTEs in your Compliance Department?:

1. 1-2
2. 3-4
3. 5-6
4. 7-9

Resources include a Certified Coder?:

1. Yes
2. No
Resources include Data Analyst?:

1. Yes
2. No

Resources include RN/NP/PA?:

1. Yes
2. No
Compliance Program includes Outpatient Coding & Billing / Revenue Cycle Auditing?:

1. Yes
2. No

Compliance Program includes Inpatient Coding & Billing audits?:

1. Yes
2. No
Compliance Program includes Privacy?:

1. Yes
2. No

Compliance Program includes Information Security?:

1. Yes
2. No
Compliance Program includes Risk Management?:

1. Yes
2. No

Compliance Program includes Quality?:

1. Yes
2. No
Data Sources Used for Compliance?:

1. External Data (e.g. PEPPER Reports, Government Sources)
2. Internal Data (e.g. Facility Revenue Billing Data, Volume Reports)
3. Internal and External Data (e.g. about an equal mix of internal/external)

Specialty Audit Software?:

1. Vendor Purchased Audit Software
2. Internally Developed Audit Software
3. Traditional Software (Excel, Access)
Other Compliance Software Tools?:
(COI, Contract Mgmt., LMS, Policy, etc.)

1. 5+ Vendor Purchased Software
2. 2-4 Vendor Purchased Software
3. 1 Vendor Purchased Software
4. Only Internally Developed Solutions

Other Staff/Resources Helping with Compliance?:

1. Heavily Use Other Internal Departments to Assist
2. Moderately Use Internal Departments to Assist
3. Lightly Use Internal Departments to Assist
4. Don’t Use Internal Departments to Assist
Academic Medical Centers

Your top 3 areas of focus this year include:

*Please Raise Hand and Report Out*

Polling Questions for Community Hospitals
Number of Dedicated FTEs in your Compliance Department?:

1. 1
2. 2
3. 3
4. 4
5. 5+

Resources include a Certified Coder?:

1. Yes
2. No
Resources include a Data Analyst?:

1. Yes
2. No

Resources include a RN/NP/PA?:

1. Yes
2. No
Compliance Program includes Outpatient Coding & Billing / Revenue Cycle Auditing?:

1. Yes
2. No

Compliance Program includes Inpatient Coding & Billing audits?:

1. Yes
2. No
Compliance Program includes Privacy?:

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Community Hospitals

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Polling Questions for Other Health Care Organizations
Type of Facility?:

1. Physician Organization
2. Payer
3. Post-Acute Provider
4. Other Health Care
5. Consultant/Vendor

Number of dedicated FTEs in your Compliance Department?:

1. 1
2. 2
3. 3
4. 4
5. 5+
Resources include a Certified Coder?:

1. Yes
2. No

Resources include a Data Analyst?:

1. Yes
2. No
Resources include a RN/NP/PA?:

1. Yes
2. No

Compliance Program includes Privacy?:

1. Yes
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Physician Organizations, Post-Acute Providers, Payers, Other Healthcare

Your top 3 areas of focus this year include:

Please Raise Hand and Report Out

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