

Managing the Day to Day

COVID-19 Essentials

for Healthcare Compliance Programs

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Margaret Hambleton, MBA, CHC, CHPC

President, Hambleton Compliance

David Lane


Chief Compliance Officer, Providence St. Joseph Health

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Agenda

- Adjusting your program in response to the explosion of telehealth and new methods of serving patients
- Effectively auditing and monitoring your programs
- Revisiting your policies and procedures to meet the new reality
- Maintaining lines of communication with remote workers


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Adjusting Your Compliance Program

- ▶ Given the multiple changes, some retrospective, expect gaps in your controls, guidance, policies, procedures and areas of vulnerability
- ▶ Reevaluate your risk assessment and work plan
 - ▶ New and emerging risks
 - ▶ Resources – Staff, budget, resources
 - ▶ Update work plan, audit plan, and education plan

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Adjusting Your Compliance Program

- ▶ Documentation
 - ▶ Maintain documentation of the guidance/authority you are relying on for changes made during the Public Health Experience (PHE)
 - ▶ Policies, procedures, bylaws, rules, and regulations may need temporary changes – be clear what documents are suspended and what is current
 - ▶ Management and governance approvals
 - ▶ Maintain documentation of changes, including dates of changes and distribution

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Adjusting Your Compliance Program

Resources

- ▶ Don't try doing everything yourself!
- ▶ Use other functions to make sense of the rapidly changing regulations with expertise in clinical documentation, coding, billing, patient care, human resources, long-term care, etc.
- ▶ Get information from trusted sources

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Examples of Compliance Risk Areas Changing as a result of COVID-19


The FY20 Compliance Plan has been reassessed to address emerging risks in a post-COVID-19 environment.

All fiscal and regulated areas have increased risk of outside audit and potential for payback/fines.

PRIVACY	TELEHEALTH	CONFLICT OF INTEREST	BUSINESS CONTINUITY	REVENUE CYCLE
<ul style="list-style-type: none"> • Workforce perception – “Relaxed” privacy laws • Consumer Perception (research, surveillance, etc.)– Increased volume of Request for Restriction • Modernized technology aligns with privacy laws/“public health” • Privacy awareness - reconfigured & remote work/telehealth • Emergent vendor onboarding • Data collection notices/policies updated 	<ul style="list-style-type: none"> • Caregiver & patient education tech and vulnerabilities. • Deployment of virtual health creates cyber risks • Coding & Billing requirement Changes (daily regulation changes) • Set up of new tele-providers 	<ul style="list-style-type: none"> • Logging / documentation/ disposition of gifts • Compliance with ERD/tax status- new policy awareness 	<ul style="list-style-type: none"> • Compliance Pressure due to expediency needed to address the crisis • Unknown new critical compliance dependencies • Pressure to resume operational levels putting pressure on traditional compliance activities 	<ul style="list-style-type: none"> • Increased Governmental scrutiny anticipated • Daily regulatory billing/coding requirement changes since March 1 2020. • Instability in CMS requirements
	GRANT/FEDERAL FUNDING	AMBULATORY CARE NETWORK	PATIENT/CAREGIVER	AUDITING AND MONITORING
	<ul style="list-style-type: none"> • Limited expertise in understanding/applying of emergency funds and CMS Waivers • Challenges in documentation and reporting • Unknown impact of regulatory waivers and compliance programs 	<ul style="list-style-type: none"> • Post-COVID business plan (i.e.; Change in growth models?) • ASC due diligence • Consistent compliance plans within new business models 	<ul style="list-style-type: none"> • New regulations for PPE testing and availability • Patient complaints/concerns surrounding going back into clinics • Medical malpractice and consumer claims • ADA concerns with remote work settings 	<ul style="list-style-type: none"> • Remote audit effectiveness/necessity of onsite audits • Increase in inexperienced physicians participating in research requiring increased auditing/monitoring

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Case In Point - Telehealth

- Changing Guidance
 - March 6, 2020 – Coronavirus Preparedness and Response Supplemental Appropriations Act
 - March 17, 2020 – Medicare Telehealth FAQ
 - April 6, 2020 – Interim final rule
 - April 30, 2020 – Additional waivers and regulations


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Case In Point - Telehealth

- Expanded list of services
- Two way, real-time, audio visual technology
- Added limited audio-only services
- Patient notification of privacy risks
- Consent
- Place of service that would have been used if patient was face-to-face
- Modifier 95
- Level of service 99201-99215 use time of medical decision making


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Case In Point - Telehealth

- ▶ Preparing for Telehealth
 - ▶ Understand regulations – documentation, coding, billing
 - ▶ Technology
 - ▶ Consent requirements
 - ▶ Patient communication
 - ▶ Patient selection


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Case In Point - Telehealth

- ▶ Moving information to action
 - ▶ Records March – April will likely have errors
 - ▶ Review for POS 02 (telehealth)
 - ▶ Review for documentation supporting E/M level of service
 - ▶ Review documentation supporting two-way communication (where required)
 - ▶ Review for consent and notice of privacy risk
 - ▶ Other virtual services – Telephone, Virtual Check-ins, E-Visits

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Effectively Audit/Monitor Your Compliance Program

- ▶ Monitor correct claims development, submission, reimbursement, and denials – pay attention to effective dates of guidance
- ▶ Concurrent and retrospective audits for evidence of proper documentation and coding
- ▶ Focus areas:
 - ▶ Diagnostic Coding
 - ▶ Telehealth
 - ▶ Testing and specimen collection
 - ▶ Waivers and cost sharing

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Policies, Procedures, and Training

- ▶ Policy inventory – which policies to suspend, require temporary change, or require permanent change
- ▶ Considerations for development, approval, distribution, communication and training
 - ▶ Expedited approval process
 - ▶ Targeted communication and training
 - ▶ Documentation
- ▶ Rules and Regulations and bylaws changes

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Policies, Procedures, and Training Example Policies

- ▶ Clinical/Patient Care Policies:
 - ▶ Testing Criteria
 - ▶ Sample collection
 - ▶ RN phone triage
 - ▶ Staff training for floating to units not trained for
 - ▶ Alternate care delivery options
 - ▶ COVID-19 patient transfers
 - ▶ Discharge instruction for patients with COVID-19 or suspected COVID-19

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Policies, Procedures, and Training Example Policies

- ▶ Employees:
 - ▶ Testing for employees
 - ▶ COVID-19 Workers Compensation claims
 - ▶ Employee self-attestation
 - ▶ Triage for exposed staff
 - ▶ Telework
 - ▶ Social distancing
 - ▶ Remote Working

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Policies, Procedures, and Training Example Policies

- ▀ Operations
 - ▀ Visitor restrictions
 - ▀ Student clinical rotations
 - ▀ Room cleaning
 - ▀ Volunteer program
 - ▀ Supervisor policy for staff testing positive
 - ▀ Valet parking

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Policies, Procedures, and Training Example Policies

- ▀ Coding, billing, and Revenue Cycle
 - ▀ Diagnostic coding for COVID-19
 - ▀ Documentation requirements for Telehealth services
 - ▀ Billing Telehealth services
 - ▀ Documentation, coding and billing for COVID-19 testing
 - ▀ Use of CS modifier
- ▀ Excellent resource:
 - ▀ [COVID-19.uwmedicine.org](https://www.covid-19.uwmedicine.org)


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Investigations

- Be prepared for more hotline reports
 - Unclear and rapidly changing guidance
 - Employee, patient, and others, misunderstanding rules, policies, and guidance
- Be prepared for different types of calls
 - Finance
 - Employment and personal health concerns
 - Patient concerns
- Engage appropriate experts
- Use all techniques which support and document an unbiased, thorough, and credible investigation

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Proactive Culture Practices in the "new normal"

- Re-visit reporting methods through multiple reporting channels, including anonymous reports
- Recognize retaliation and understand their obligation
- Maintain strict confidentiality given remote workers
- Investigations conducted "virtually" rather than in-person
- Include emerging issues and those that do not move to formal investigations in reporting and trending
- Add measures to performance reviews that support a transparent workplace
- Code of Conduct becomes even more important with remote working

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Tactics for Maintaining Lines of Communication with Remote Staff

- ▶ Checking in more regularly
- ▶ Use of video
- ▶ Social/connections
- ▶ Individual preferences may increase differences in communication
- ▶ Helping staff balance work/life
- ▶ Written communication becomes more important
- ▶ Remote working policies, practices, and opportunities

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Final Thoughts

- ▶ Ease the burden on clinicians by providing guidance on correct documentation
- ▶ Appoint people to make sense of rapidly changing regulation
- ▶ Ensure (to the extent possible) correct claim development, submission, and reimbursement
- ▶ Maintain documentation on what guidance you are relying on

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Final Thoughts

- Rely on authority - CMS, AHIMA, AHA, CDC, etc.
- [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus) – Ten ways Healthcare Systems Can Operate Effectively During the Pandemic
- Be careful about blogs, opinion, crowd-sourced guidance, and unknown internet sources
- Leverage organizational expertise - Skilled Nursing, Clinical Documentation Improvement, etc.
- Convert information to action – Monitoring, Training, Policy Revisions, etc.
- Concurrent and retrospective audits
- Mistakes will be made – prepare to demonstrate good-faith compliance

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Questions

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