Click 2017 Compliance Institute Health Care Compliance Association (HCCA)	
Compliance Investigations 101:  CO Toolbox Essentials	
Session Speakers	
Walter E. Johnson Director of Compliance & Ethics Kforce Government Solutions	-
Dawn E. Lambert Chief Privacy/Information Security Officer IASIS Healthcare	
Cindy W. Hart, CPA, CHC, CPC, Compliance Professional	
Adam K. Weinstein Chief Operating Officer/ Compliance Best Companion Homecare Services	
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Agenda	
Interviewing Basics : Strategies to get the information you need	
from the employees; while covering privacy, security, HR and legal aspects are important during and after the interview	
Partnerships: Knowing when to engage Legal for establishing privilege and possibly IT to collect substantial evidence; HR is a	
powerful ally and often, management too!	
Tools: Using SBAR (and other tools) to document the investigation using clear, concise, and legible structure	

## The Interview Before The Interview Stages of a Complete Compliance Interview • Introduction / Rapport • Free Narrative Drawing Follow-Up Questions • Reverse Order Technique · Challenge Questions Source: Michael Johnson, CEO, Clear Law Institute **Introductory Question #1** To whom does the compliance officer report to at your organization: a. CEO b. CFO c. GC d. Board e. Other

## **Introductory Question #2** How does your organization determine compliance risks? a. Conducts a separate interview based compliance risk assessment b. Reviews the OIG Work Plan with compliance committee members c. Neither of the above d. Something other than the above **Available TOOLS** • Compliance Dashboard • GAP Assessment HIPAA Investigation Sanction Score Card • Phase 2 OCR Protocols **SESSION BREAK**

#### **Kitchen Cabinet Report**

- An Up-to-Date Report on everything regulatory
   Updated as of: MM/DD/YYYY
   All entries must have dates

Item	Date	Department	Subject	Status	Leader	Follow up	Complete
1	2/4/16	Compliance	OIG Exclusion	List for January found the following hit 1/10/16 Report	Mary Delaney	Medicine Dr Walter Johnson – see attachment 2.1 Report finds MC suspension In Review with Finance, Legal and Chairmen as of 2/5/16. Follow up meeting 2/12/16	Open with follow up meeting on 2/12/16
2	2/4/16	Department of Cardiology	Audit on top ten billing codes	List of top ten codes billed for the past twelve months for review to HIM Coder and MD Billing. 2/4/16	Keith Jacoby	List forwarded to HIM and Billing Dept on 2/4/16. Follow up meeting scheduled for 2/14/16 to review findings. Final review scheduled for 2/24/16 Presentation at Ops Meeting on 4/5/16	Open with closing date of 2/24 and presentation to Ope on 3/5/16

#### Compliance Program – 90 Day Review

	I			End Of 60 days	
Strategic Objectives	Action Step	Responsible Parties	Timeframe for Complet		
Strategic Objectives		responsible ratiles	Month 1	Month 2	Month 3
	Develop & Then Deliver Message from the CEO (all employee distribution)	CEO	×		
	Develop & Then Deliver Message from Board (perhaps smaller distribution)	Board	×		
	Message from Compliance Officer to Key Leaders (Program Managers)	CEO	x		
	Introduction in Various Leadership Forums	x			
COMPLIANCE	Revisit / Revise Compliance Committee Charter (if needed)	Compliance Officer	×		
	Create/Kick-off Compliance Committee	cco		×	
	Set (& hold) Calendar of Compliance Meetings with Program Managers (bi-monthly ?)	Compliance Officer		×	
	Develop and promote Compliance Program "branding"	Communications			x
	Review & Evolve Intranet / Internet / Overall Compliance visibility	CCO / Communications			x
	Develop and Implement Compliance Department Rotations - 3 or 6 month Internship Compliance Committee				×
	Develop and Implement Quarterly "Do The Right Thing" Type of Recognition / Award	ссо		×	x
	Consider Refresh of Compliance Hotline & Awareness Posters	cco			×

### Compliance Program – 90 Day Review

			Month 1	Month 2	Month 3
	Develop departmental compliance program standards and expectations (7 element)	CCO & committee		×	
	Increase (Education and or Training) understanding of Compliance with C-Level Staff	cco		×	x
DEVELOP CONSISTENT DEFINITION OF AND INCREASE UNDERSTANDING OF WHAT COMPLIANCE MEANS ACROSS THE ORGANIZATION		cco		x	
	Increase (Education and or Training) understanding of Compliance with Program Leaders	cco		x	
	Establish leadership compliance competencies	cco			x
	Provide detailed training of Compliance expectations for employees	cco			x
	Select and train departmental compliance liaisons	CCO & committee			x

			Month 1	1 Month 2	Month 3
			montn 1	montn 2	Month 3
	Assign individuals to assist with the development of department level compliance programs	Compliance Officer		x	x
	Select pilot department to proceed through the development process	Compliance Committee			x
NCREASE PROGRAM LEVEL AND ARTMENT LEVEL ACCOUNTABILITIE		Comprisance Commission			
FOR PROGRAM DEVELOPMENT		CCO & committee			×
	Direct additional departments to develop and implement departmental programs	CCO & committee			×
	Direct remainder of departments to develop and implement departmental programs	CCO & committee			×
	<u>.</u>	·		<u>-</u>	
Compliance	Program – 90 D	ay Revie	W		
,					
			Month 1	Month 2	Month 3
	Review Each of the High Risk Areas Identified for each program	CCO & Program Leader		x	
	Develop Monitoring Guidance Sheet - description of risk, variables measured, periodicity	Program Leader		x	x
	For Highest (or High) Risk Areas - Develop Monitoring Protocol - Ensure Implementation	Program Leader		x	x
AUDITING AND MONITORING / RISK ASSESSMENT	For Less Than High Risk - Ensure Mechanism to periodically assess	Program Leader			x
	Require Periodic Reporting on High risk monitoring metrics - Compliance Committee	CCO & committee			x
	Develop Overall Compliance Scorecard by Program for All Highest Risk Items	CCO & Program Leader			x
	Develop and Implement Corrective Action Planning Process / Format	CCO & Program Leader			x
	1	I	l .		- 1
Compliance	Program – 90 D	ay Revie	•w		
Compliance Continued)	Program – 90 D	ay Revie	•w		
Compliance Continued)	Program – 90 D	ay Revie	•w		
Compliance Continued)	Program – 90 D	ay Revie	e <b>W</b>	h 1 Month	2 Month
Compliance of continued)				h 1 Month	
Compliance Continued)	Review Existing Body of Compliance Policies to Ensure Comprehensive & Complete			h 1 Month	2 Month
	Review Existing Body of Compiliance Policies to Ensure Comprehensive & Compile Direct review of Program Level Compilance Policies to Ensure Adequate	CCO CCO & Program Leaden	Monti	h 1 Month	
Compliance Continued)	Review Existing Body of Compliance Policies to Ensure Comprehensive & Complete	CCO CCO & Program Leaden	Monti	h 1 Month	x
	Review Estisting Body of Compiliance Policies to Ensure Comprehense & Compiler Sincet review of Program Land Compilance Policies to Ensure Adequate Review Corporate Compilance Training Material	CCO CCO & Program Leader	Monti	h 1 Month	x

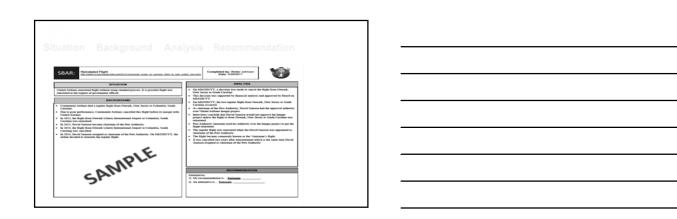
# SITUATION Situation: Clearly and briefly define the situation. For example, \*Mr. Jones has multiple prescriptions of Coumadin in his home and he is unclear as to which ones he is supposed to take. BACKGROUND Background: Provide clear, relevant background information that relates to the situation. In the example above, you should consider including the patient's diagnosis, the prescribing physicians, and the dates and dosages of the medications.

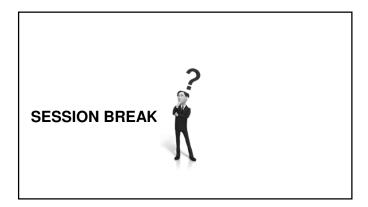
#### **SBAR**

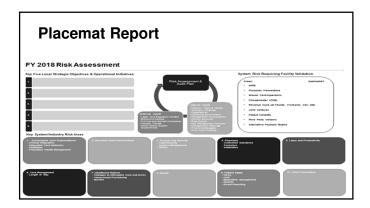
Source: Joint Commission

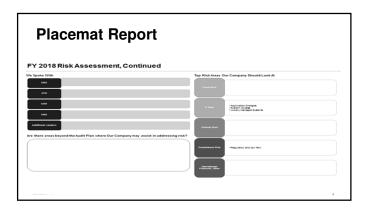
| Source: Joint Commission org/st | Some with the joint comm

Situation - Background - Analysis - Recommendation









Section 1557 Checklist	
<ul> <li>OCR at ocrmail@hhs.gov:</li> <li>An entity that applies to receive Federal financial assistance (FFA) must sign and date and submit an Assurance of Compliance form (HHS 690) that commits them to compliance with five civil rights statutes, as listed in the Assurance form. This form can be found on the Office for Civil Rights website.</li> <li>If an entity receives or is applying to receive ONLY Medicare Part B FFA, that entity is not required to sign and submit an Assurance of Compliance, because Medicare Part B is not considered FFA. If the entity receives other FFA, however, such as Medicaid, then it is obligated to sign and submit an Assurance of Compliance.</li> </ul>	
	7
Section 1557 Checklist	
<ul> <li>Section 1557 applies if you are a health program or perform health activities, which receive Federal financial assistance provided or made available by the Department, and every health program or activity administered by a Title I entity.</li> </ul>	
<ul> <li>Taglines mean short statements written in non-English languages that indicate the availability of language assistance services free of charge.</li> </ul>	
- § 92.8 Notice requirement – next 4 slides	
Section 1557 Checklist	
<ul> <li>Has the entity taken appropriate initial and continuing steps to notify beneficiaries, enrollees, applicants, and members of the public of the following:</li> </ul>	
<ul> <li>The entity does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities</li> </ul>	
<ul><li>YES NO Partial</li><li>Supporting documentation:</li></ul>	

Section 1557 Checklist	
- The entity provides appropriate auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, free of charge and in a timely manner, when such aids and services are necessary to ensure equal opportunity to participate to individuals with disabilities  - YES NO Partial - Supporting documentation:	
	1
Section 1557 Checklist	
<ul> <li>The entity provides language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to individuals with limited English proficiency (LEP)</li> </ul>	
– YES NO Partial	
Supporting documentation:	
Section 1557 Checklist	
The entity informs how to obtain aids and language assistance services	
– YES NO Partial	
- Supporting documentation:	
	·

#### **Email Protection Tool**

One billion Yahoo accounts are hacked per the NY Times
-That's 9 zeros! 1,000,000,000

- SAN FRANCISCO Yahoo, already reeling from its September disclosure that 500 million user accounts had been hacked in 2014, disclosed Wednesday that a different attack in 2013 compromised more than 1 billion accounts.
- The two attacks are the largest known security breaches of one company's computer network.

Source: NYTimes.com 12/14/16

#### **Email Protection Tool**



#### **PHISHING**

- Appears to come from legitimate sources
- Directs recipients to a website or to divulge personal information
- Includes a sense of urgency for action

Sources: NYTimes.com 12/14/16 and Policy Patty Toolkit 12/29/16

#### **Email Protection Tool - ALERT**

Ask you to enter, verify, or confirm personal information even if it appears to come from a company you do business with  -Thy to use or ever you into acting upoly by threstering a bad optione  -Bo careful with links:  -Bo careful with links:  -Bo careful with links:  -Bo careful with links:  -Rose and the careful exposes URLs and images point to -Rose demail in plain text - readily exposes URLs and images point to -Rose terms in plain text - readily exposes URLs and images point to -Rose ITMS New one risks to display statul URL  -Avoid emailing personal or financial information.  -Communicate personal risk only in your shall be all -Provide the skilling personal or formation and the skilling operation of the skilling operation operation of the skilling operation o						_		_	_	_	
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		<ul> <li>Use safeguard – firewall, spam filters, anti-virus sof</li> </ul>									
-Update software regularly	_	-Update software regularly									
Beware of pop-ups:		Beware of pop-ups:									
-Never enter personal info in a pop-up screen			n								
-Don't click on links in a pop-up		-Don't click on links in a pop-up									
-Don't copy web addresses from pop-ups		-Don't copy web addresses from pop-ups									

Source: Policy Patty Toolkit 12/29/1

