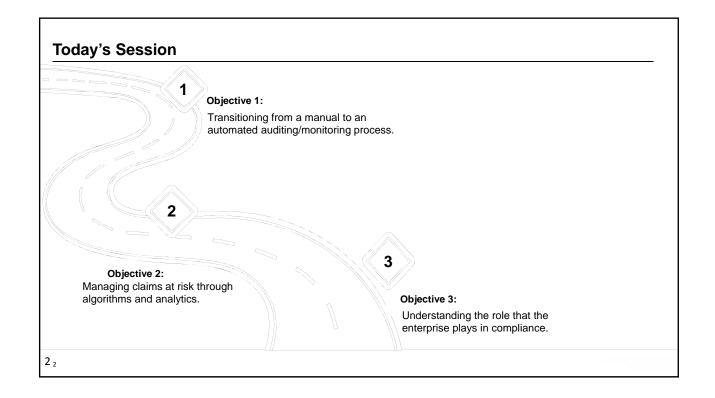
# Analytics: Enhancing Your Hospital Compliance Program



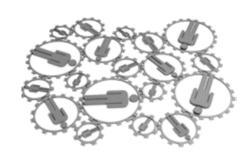
Kate Conklin, B.A., CPMSM, CPHQ, Chief Compliance Officer

Trissi Gray, MBA, CHRC, Assistant Director, Health System Compliance



#### Polling Question: What is Your Role in Compliance?

- A. Compliance Officer
- B. Legal Counsel
- C. Compliance Administrator/Specialist
- D. Billing/Coding Compliance
- E. Other



-

#### **Compliance: Roles and Responsibilities**

# Written Standards and Procedures

Written standards and a Code of Conduct that articulates the organizations commitment to compliance by senior executives, employees, and healthcare professionals.

#### High-level Governance

A compliance department that has a clear, well-crafted mission that is carried out by a team of compliance professionals.

Compliance Officer is viewed as a trusted member of the team and is supported by an active and engaged institutional compliance committee.

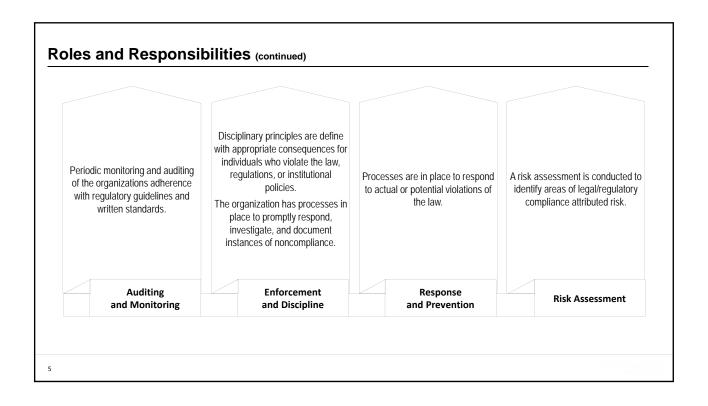
# Education and Training

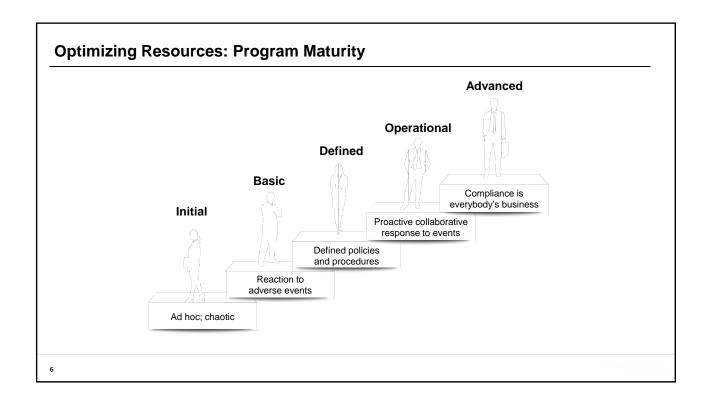
Education and training resources are in place to effectively conduct training and education in a manner which ensures that everyone that functions on behalf of the system is capable of executing their role in compliance with all applicable regulations.

#### Open Lines of Communication

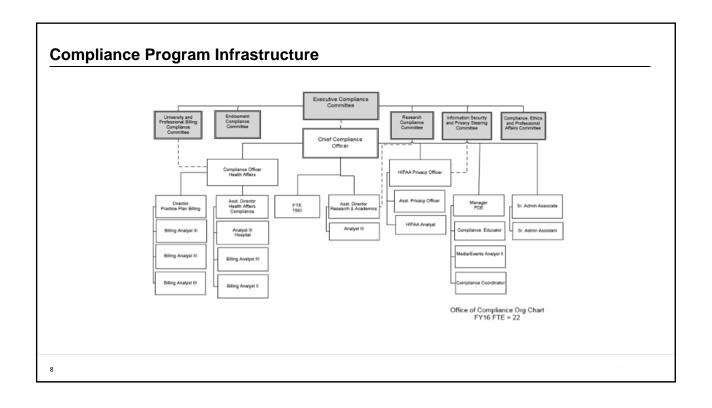
Employees have the ability and mechanism to anonymously report concerns regarding non-compliance and misconduct.

Organization in return has the appropriate mechanisms in place to identify, investigate, respond to, and report potential compliance issues.





# Polling Question: Organization Compliance Program Maturity Compliance Program: A. Ad Hoc B. Fragmented C. Defined D. Operational E. Advanced Advanced



#### **Program Responsibility: Health System Compliance**

Compliance program monitoring and advisory engagement includes:

Focused Operational & Billing/Documentation Reviews

(Ambulatory Services, University Hospitals, Hospital-Based Clinics) Billing Compliance risk-based auditing of Faculty Practice

(~2300 providers)

Clinical Research Billing

UTACN (Accountable Care Organization) SWHR (joint partnership with Texas Health Resources)

)

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#### **Compliance: Auditing and Monitoring**

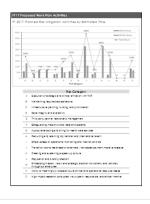
Element of an effective compliance program is to conduct periodic auditing and monitoring of the organization's adherence with regulatory guidance and established written standards.

Audit and Review Types:

Baseline	High level review
Probe	Determine whether a compliance issue exists
Routine	Evaluate ongoing compliance
Expanded	Enlarge sample based on error rates identified during a routine audit
Focused	For cause review

## **Risk Identification: Organizational Strategic Initiatives**





	Work Plan		<ul> <li>Courton / Veletring</li> <li>Off FORK / Requires offention</li> </ul>		
Goal / Objective	Varget Completion	Clement.	Measure of Success		Stat
Develop a comprehensive annual compliance exereness campaign and execute as planned.	On-going	Education 6 Training	All monthly exercises events and activities are conducted as indicated in the campaign plan.	0	FY16 campa: is on track.
Develop, update department specific policy and procedure inventory to demonstrate continued adherence to the elements of an effective compliance program.	Origoing	Wilmen Standards	Adequate PSPs are in place and upsto-date or in development to maintain stated adherence.	•	Initial depart adopted: 22 as of end of I
			Quarter 1		
Conduct a baseline regulatory compliance risk assessments of select clinical areas.	°1	500	Field work is completed. Report of Endings is developed and good wheel to stop a sector.	•	Assessment of completed policy conference of
Perform semi-annual human subjects research reviews.	Q1	Autor	The south Statement of British is Secretary and Statement to Statementers.		Q5 reviews o repository sti
Monitoring program for use of PHI in research is developed and implemented.	Q1	Authorit Moreomy	Surveillance methodology is developed, and nevieus are completed and documented. Findings, observations are reviewed with stakeholders with appropriate reporting to oversight committees.	•	Baseline priv completed di during Q2.
Monitoring program for use of \$100 in billing departments is developed and implemented.	đr.	Audinati Horizona	Survernance methodology is developed, and reviews are compreted and documented. Findings' observations are reviewed with state-sholders with appropriate reporting to overside commitmes.	•	Phase I surve
			Quarter 2		
Conduct an inspection of research facilities in collaboration with EM&S.	Ø8	Audings Montoring	Inspection report is developed. Findings and observations are reviewed with stakeholders.	•	Freid work on shared with b
Conclude risk mitigation analysis re: identify theff,/medical identify theff, and deploy agreed upon tools and mitigation strategies.	Q2	Auding to Moreomy	Stakeholder agreement reached on best methods to balance risk and available resources. Complete all agreed upon action items.	-	Proposed por presentation.
Enhance electronic surveillance to monitor for inappropriate access of electronic medical records.	Q2	Audingti Horizong	Develop and implement at least 2 new surveillance reports and complete quarterly reviews and follow up. (e.g., same address, same risms, same department, access and/or high volume of record access).	•	Same name i NPP surveilla of Q2.
Facilitate semi-annual self-reviews for non- clinical areas that use PM.	Q2	Audingto Moreoma	Results are evaluated, corrective action plans are created, and implementation of same is monitored.	•	Focused revi- training performance
Conduct a compliance-related operational review to ensure adherence with Health System and	92	Auding 6 Montrees	Field work is completed. Report of findings is	•	Operational r

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## **Auditing and Monitoring: Compliance Risk Areas**

- Inpatient Rehabilitation Facility
- Cochlear Implants: Recalls
- Bariatric Surgery
- Overlapping Surgeries
- High Dollar Chemotherapy Drugs
- Sleep Testing
- Major Joint Replacements: Hip and Knee
- Hyperbaric Oxygen Therapy and Skin Substitutes
- Short Stays: 2 Midnight Rule



#### Polling Question: Does your facility use analytical software to conduct compliance reviews/audits?

- A. Yes
- B. No



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#### **Compliance Monitoring: Manual Process**

- Identifying most recent claims
- Risk universe
- Gross charges vs. net charges
- Claim reports (4 systems) prior to centralization
- Manual Spreadsheet
- Reporting
- Audit Retention



#### New Age Compliance: Using Analytics to Identify and Audit Risk

- Standardized solution for inpatient and outpatient data, that utilizes claims data (835/837s)
- Daily evaluation of compliance-attributed risk and coding outliers
- Leverage Medicare and Medicaid audit rules as well as, MEDPAR and PEPPER benchmarks.
- Data mining and proactively identify compliance risk
- Robust workflow to manage deadlines, additional documentation requests and external audit request.



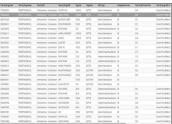
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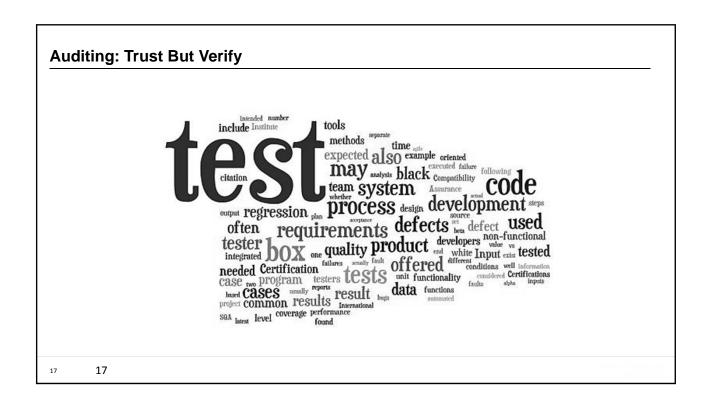
#### **Identifying Risk: Using Analytics**

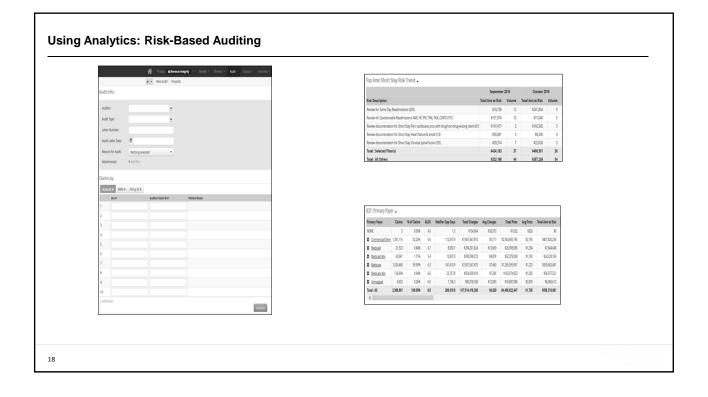




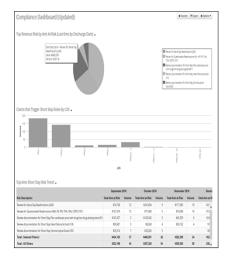








#### Reporting: Compliance Dashboards

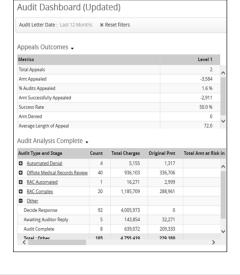


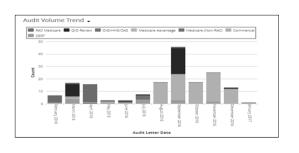
#### **System Dashboard Users:**

- UH Leadership (CFO, COO)
- Compliance
- Internal Audit
- Utilization Review
- Decision Support
- Revenue Integrity
- Denials
- Coding and CDI
- Revenue Cycle Operations

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# Reporting: External Audit Dashboards





# **Stakeholder Engagement: Advocating Change**



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#### **Compliance Program: Mission, Vision and Value**

Each day our patients, students, and the public count on us to deliver the very best in patient care, state-of-the-art research, and outstanding medical education. As a University, we strive to meet and exceed these goals. By fostering a culture of compliance with established policies and standards, we reassure the community of our commitment to adhering to all applicable laws, rules, and policies.

Daniel K. Podolsky, M.D. President, UT Southwestern Medical Center

Source: UT Southwestern Medical Center, Standards of Conduct (2013)

# **Rules of Engagement: Executive Trust**

- Finding ways to connect with the CEO, CFO, COO and CNO
  - -Tone at the Top: Culture of Ethics and Compliance
  - -Executive Leadership Team Compliance Rounding
  - -Executive Leadership Team- Dedicated Quarterly Meetings for Compliance
  - -Meaningful Data: Compliance Dashboards, Real-time Auditing and Monitoring
- Compliance Valued Addition to Operations
  - -Accreditation and Patient Safety
  - -Revenue Cycle Operations (HB and PB)
  - -Clinical Research
  - -Hospital and Ambulatory Services-Operations



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#### **Compliance: The Change Agent**



### **Understanding the Marriage: Operations vs. Compliance**

Compliance



**Operations** 

**Risk Mitigation** 

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#### **Rules of Engagement: Collaboration and Transparency**

- Culture: Embedding a "just culture mindset" is key.
- Communication: clear, concise and engaging discussions regarding strategic initiatives, organizational risks (appetites) and risk mitigation.
- Cross-Functional Risk-Management Approach: Eliminating silos and amplifying change agent teams to mitigate risk.
- Report, Report: Establish KPIs and benchmark against organizations and other academic medical centers.
- Continuous Process Improvement: Plan, Do, Study, Act





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#### Contact Information:

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