Top Quality and Compliance Areas to Partner and Mitigate Risk

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Disclaimer

- The opinions expressed are those of the presenter and are not intended to be statements or reflections of the opinion nor position of Sutter Health.
- This presentation is for purposes of discussion of pertinent standards, risks and mitigation strategies for our industry.
- The presenters did not receive compensation from any vendor or consulting firm referenced during the presentation.

Goals of Presentation

- Highlight current Medicare and Government Focus' on quality and payment models
- Review the quality and compliance partnership to mitigate risk through monitoring
- Engage the participants in a discussion regarding methods they use to monitor and partner effectively

Quality & Compliance Partnership

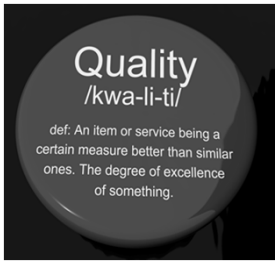
- Intersection between quality management and regulatory compliance
  - Regulations governing quality of care and reporting
  - Common goals to improve processes and establish standards for determining when care is medical necessary to provide high quality patient care supported by excellent documentation and coding, that results in and proper claims

The Federal Register on Quality & Compliance

- **Publication of the OIG Compliance Program Guidance for Hospitals** The adoption and implementation of voluntary compliance programs significantly advance the prevention of fraud, abuse and waste in these health care plans while at the same time **furthering the fundamental mission of all hospitals, which is to provide quality care to patients.**
- Fundamentally, **compliance efforts are designed to establish a culture** within a hospital that promotes prevention, detection and resolution of instances of conduct that do not conform to Federal and State law, and Federal, State and private payor health care program requirements, as well as the hospital's ethical and business policies.

The Federal Register on Quality & Compliance

Publication of the OIG Compliance Program, Guidance for Hospices
A. Benefits of Compliance Plan - The OIG believes an effective compliance program provides a mechanism that brings the public and private sectors together to reach mutual goals of reducing fraud and abuse, **strengthening operational quality, improving the quality of health care services and reducing the cost of health care**.



OIG 2014 -2018 Strategy

- **Goals, Priorities, and Strategies** OIG's goals and priorities reflect the positive changes toward which we strive. Accompanying each priority listed below are illustrative strategies and indicators, as well as examples of OIG's work to improve HHS programs and ensure the health and safety of the people served by them.
- https://oig.hhs.gov/reports-and-publications/strategic-plan/files/OIG-Strategic-Plan-2014-2018.pdf

OUR GOALS

Fight Fraud, Waste, and Abuse

Promote Quality, Safety, and Value

Secure the Future

Advance Excellence and Innovation

OIG 2014 – 2018 Strategy on Quality

Goal Two: Promote Quality, Safety, and Value

Priority: Foster high quality of care

Strategy. OIG will continue to evaluate and recommend improvements to the systems intended to promote quality of care, exemplified by our series of reviews of adverse events (patient harm resulting from medical care), available on our website. We will also investigate and refer for prosecution cases involving abuse or grossly deficient care of Medicare or Medicaid patients. Looking ahead, OIG plans to expand our portfolio of work on quality of care. Key focus areas include: promoting quality of care in nursing facilities and home- and community-based settings, access to and use of preventive care, and quality improvement programs.

Eye on Oversight - 2017 Year in Review

https://oig.hhs.gov/newsroom/video/2016/e00/index.asp

Quality of Care Corporate Integrity Agreements

When a False Claims Act settlement resolves allegations of fraud that impact the quality of patient care, OIG may enter into a "quality-of-care" Corporate Integrity Agreement (CIA) with the settling provider.

Press releases issued by the United States Attorney's Office or the Department of Justice about the related False Claims Act settlements:

Corporate Integrity Agreement	Related
CF Watsonville East, LLC, and CF Watsonville West, LLC (Watsonville Nursing Center f/k/a Country Villa Watsonville East Nursing Center and Watsonville Post-Acute Center f/k/a Country Villa Watsonville West Nursing and Rehabilitation Center)	Press Release
Extendicare Health Services, Inc.; AA Healthcare Management; American Senior Communities; Cornerstone Healthcare; Fortis Management Group, LLC; Noble Management; North Shore Healthcare, LLC; Oak Health and Rehabilitation Centers, Inc.; Villa Healthcare	Press Release
Foundation Health Services, Inc. (Daspit, Richard T., Sr.; Rock Glen Healthcare, Inc.; American Family Services, Inc.; Huntingdon Nursing Center, Inc.; Bluebonnet Healthcare, Inc.; Magnolia Healthcare, Inc.; Ravenwood Healthcare, Inc.)	Press Release
Saint Joseph Health System Inc. d/b/a Saint Joseph London	N/A
Allegiance Health	Press Release
Dallas County Hospital District d/b/a Parkland Health and Hospital System	Press Release
GGNSC Holdings LLC (GGNSC Atlanta LLC, d/b/a Golden LivingCenter - Dunwoody f/k/a Golden LivingCenter - Northside, GGNSC Decatur II LLC, d/b/a Golden LivingCenter - Glenwood)	Press Release

FR Notice for Potential Monitors for Quality-of-Care Corporate Integrity Agreements
https://www.gpo.gov/fdsys/pkg/FR-2009-10-15/pdf/E9-24715.pdf

OIG Notice of Potential Monitors for Quality CIAs

When resolving cases that involve quality-of-care allegations, OIG often requires health care providers to enter into quality-of-care CIAs. The monitor typically is responsible for assessing provider's:

(1) Internal quality control systems;

(2) response to quality-of-care issues;

(3) development and implementation of corrective action plans and the timeliness of actions;

(4) proactive steps to ensure each patient receives care in accordance with basic care, treatment, and protection- from-harm standards; the governing regulations; and the policies and procedures required to be adopted under the CIA; and

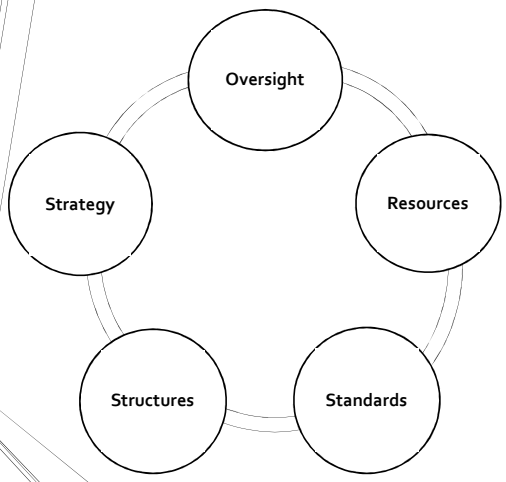
(5) in residential settings, compliance with staffing requirements.

Goal: Avoid Waste & Promote Value In Health Care

- Improve the quality of care by enhancing accountability for quality, coordination of care and transitions.
- Provide incentives to improve quality of care through value-based payment policies that link payment to quality measures.
- Promotes adoption of E.H.R. and electronic prescribing, to improve quality of care, reduce medication errors, and otherwise promote patient safety.
- Established tools to help beneficiaries compare facility-specific quality indicators to make informed decisions regarding where to seek treatment.

2017 Top Management and Performance Challenges on the area of quality
https://oig.hhs.gov/reports-and-publications/top-challenges/2017/2017-tmc.pdf#page=21

Quality & Compliance Partnership



- Resources and structure of control environment
  - Shared resources to audit, monitor, or review risks
  - Strategies to mitigate risk - Root Cause Analysis and Corrective Action Plans
- Oversight (Committee Charters) and Strategy
  - Reporting functions of specific assessments (data)
  - Scorecards, dashboards and incentives
  - Goals to improve our efficiency, reduce risk, improve quality and decrease costs (good goals produce right behavior)
- Policies, procedures and guidelines on key risks
  - Documentation, improper claims and overpayments
  - Peer reviews
  - Quality assurance reviews

Measuring Compliance Program Effectiveness: A Resource Guide

https://oig.hhs.gov/compliance/101/files/HCCA-OIG-Resource-Guide.pdf

	Quality:	
1.19	Are policies (and procedures) as good as industry practice	Peer reviews
1.20	Integrity of Process for developing and implementing policies and procedures	Audit policy and procedure on policy and procedures
1.21	Language and reading level of policies	Are policies written in plain language, appropriate grade reading level and written in applicable languages for organization? Policy review, Word grade level review and interviews of staff to make sure they understand.
1.22	Language translation	Audit or process review. Are policies and the code of conduct translated into appropriate languages for organization?
1.23	Usefulness	SURVEY - Do department policies and procedures assist you in doing your job effectively? (Yes/No/Don't know)
1.24	Need for policies that don't exist	Interview staff to determine if they need the certain policies to strengthen internal controls.
1.25	Policies and procedures	Request review from external experts

OIG Data Validation Audit & IRO Requirements Lessons for Us to Apply

- CMS Validated Hospital Inpatient Quality Reporting Program Data - Should Use Additional Tools to Identify Gaming https://oig.hhs.gov/oei/reports/oei-01-15-00320.asp
- IRO requirements regarding Medical Necessity standards, Claims (proper submission) and data
- Internal expertise regarding requirements about Medical Necessity, documentation, coding, data assessment and audit sampling

OIG on Data Integrity and Gaming

WHY WE DID THIS STUDY

Accurate data are fundamental to CMS's quality-based payment programs, including Hospital Inpatient Quality Reporting (IQR). This evaluation focuses on CMS's efforts to ensure the integrity of IQR data. IQR data are used to adjust payments on the basis of quality measures, so inaccurate data poses risks to payment accuracy. CMS and CDC issued a Joint Reminder regarding their concerns about data being manipulated, or gamed, by hospital staff's not following CDC definitions for reportable infections.

WHAT WE FOUND

For payment year 2016, CMS met its regulatory requirement by validating sufficient IQR data, which are used to adjust payments on the basis of quality. Almost 99 percent of hospitals that CMS reviewed passed validation, and CMS took action against the six that failed, including reducing their Medicare payments. CMS and CDC offer training to hospitals to help improve the accuracy of the quality data hospitals report. However, CMS's approach to selecting hospitals for validation for payment year 2016 made it less likely to identify gaming of quality reporting (i.e., hospitals' manipulating data to improve their scores). Furthermore, CMS did not include any hospitals in its targeted sample on the basis of their having aberrant data patterns.

WHAT WE RECOMMEND

To identify potential gaming or other inaccurate reporting of quality data, we recommend that CMS make better use of analytics to ensure the integrity of hospital-reported quality data and the resulting payment adjustments. CMS could use analytics to increase the number of hospitals in its targeted validation sample. It could analyze the data to identify outliers, determine which of those outliers warrant further review, and then add them to the sample. CMS could use analytics to identify hospitals with abnormal percentages of patients

Payment Models - Mitigation of Improper Claims

- Merit Based Incentive Payments System (MIPS)
- Alternative payment models(APMs) – Value Based Payments
  - Resources
    - https://qpp.cms.gov
    - https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-Year-2-Executive-Summary.pdf
    - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/SURS-Fact-Sheet.pdf
- Future risks associated with payment models and validation of data
  - Policies, Assessments, Expertise

Practical Guidance for Health Care Governing Boards on Compliance Oversight and Other Guidance Created for Directors Summarizes our Discussion

https://oig.hhs.gov/compliance/compliance-guidance/docs/Practical-Guidance-for-Health-Care-Boards-on-Compliance-Oversight.pdf

"Driving for Quality in Long-Term Care: A Board of Directors Dashboard" Government-Industry Roundtable

- **Provide a Forum for Quality Issues**
  A fundamental indicator of an organization's commitment to quality is whether quality issues are regularly reported to the board of directors. Specifically, it is important to have a structure and forum for the Compliance Officer or other representative of the organization to communicate quality issues directly to the board. https://oig.hhs.gov/fraud/docs/complianceguidance/Roundtable013007.pdf

"Driving for Quality in Acute Care: A Board of Directors Dashboard" Government-Industry Roundtable

- Quality improvement initiatives can't succeed if the board does not create momentum and build organizational will to achieve certain results. Management and medical staff must adhere to the organization's commitment to quality.
- The board must establish system-level goals and use dashboards to help ensure goals are met.
- Providing detailed explanations to the board provides background information and context, builds trust, and demonstrates leader's grasp of the issues.
- Multidisciplinary teams addressing and reporting improvement to quality concerns.

https://www.hcca-info.org/Resources/View/tabid/451/ArticleId/38/HCCA-and-the-HHS-OIG-issue-Government-Industry-Roundtable-Report.aspx

Practical Guidance for Health Care Governing Boards on Compliance Oversight - Keys

- **The quality improvement function** promotes consistent, safe, and high quality practices within health care organizations. This function improves efficiency and health outcomes by measuring and reporting on quality outcomes and recommends necessary changes to clinical processes to management and the Board. Quality improvement is critical to maintaining patient-centered care and helping the organization minimize risk of patient harm. Boards should also evaluate and discuss how management works together to address risk, including the role of each in:
  - identifying compliance risks,
  - investigating compliance risks and avoiding
  - duplication of effort,
  - identifying and implementing appropriate corrective actions and decision-making, and
  - communicating between the various functions throughout the process.

Practical Guidance for Health Care Governing Boards on Compliance Oversight - Keys

- Document addresses issues relating to a Board's oversight and review of compliance program functions, including the: (1) roles of, and relationships between, the organization's audit, compliance, and legal departments; (2) mechanism and process for issue-reporting within an organization; (3) approach to identifying regulatory risk; and (4) methods of encouraging enterprise-wide accountability for achievement of compliance goals and objectives.
- OIG's voluntary compliance program guidance documents, and OIG Corporate Integrity Agreements (CIAs) can be used as baseline assessment tools for Boards and management in determining what specific functions may be necessary to meet the requirements of an effective compliance program.
- The compliance program guidance documents were developed by OIG to encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations, and program requirements.

Thank you for your participation