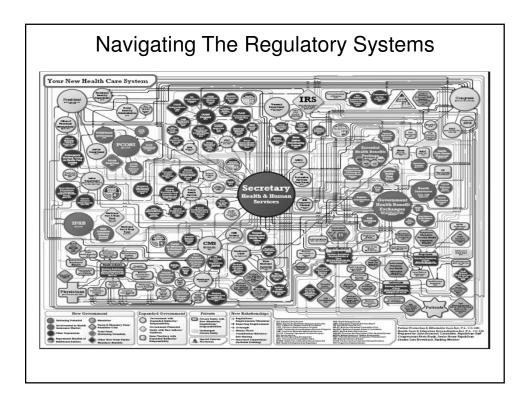
A Compliance Program Makeover... From Good to Great

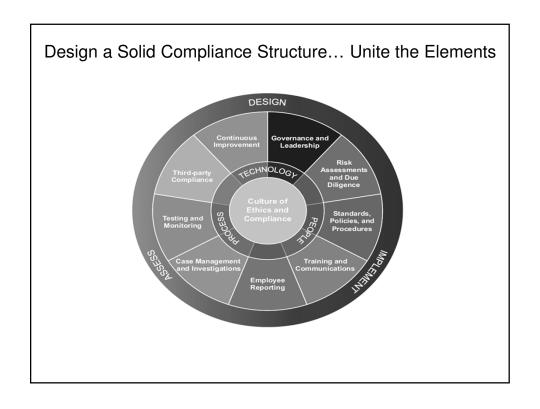
HCCA Managed Care Conference January 29, 2017

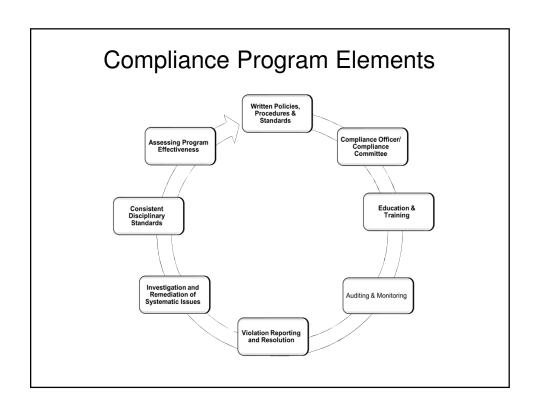
Nicole S. Huff DHA, MBA, CHC, CHSP Chief Compliance Officer & Privacy Officer St. Luke's University Health Network Bethlehem, PA Deborah M. Johnson, MS, MHA, PhD Senior Director, Compliance and Internal Audit Peach State Health Plan Atlanta, Georgia

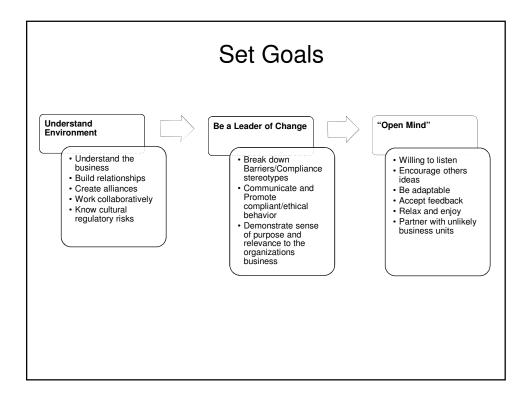
Effortless ways to ignite a compliance program while addressing increasing regulatory requirements & enforcement activities Strategies for taking your compliance program from "Good to Great" with limited internal resources Improving the program while minimizing risk











Compliance Officer

- · Establish yourself as a resource
- Remain knowledgeable about regulations for environment
- Be Approachable
- · Leadership style that influences positive outcomes
 - ✓ Avoid being a task master
 - ✓ Understand chain of command
- Report compliance successes and risk to senior leaders and board members (monthly, quarterly and annually)
- **** Be a Champion for Open Communication ****

Compliance Committee

Two years after starting the compliance program, the CEO stopped attending the monthly meetings and other key committee members followed his lead. When the Compliance Officer talked to the CEO about the attendance rate dropping, the CEO was not interested in discussing the matter. The CEO stated, "Compliance is important, but we have competing interests right now. Give us a break."

Steps To Ignite ... The Compliance Committee

- Seek a compliance champion
 ✓ Meet with CEO (weekly, monthly)
- Engage subject matter experts at all levels to participate in compliance committee work teams
- Demonstrate each members value to the committee
 ✓ Why am I here?
- Engage the committee in audit results, dashboards and corrective action
- · Annual compliance work plan

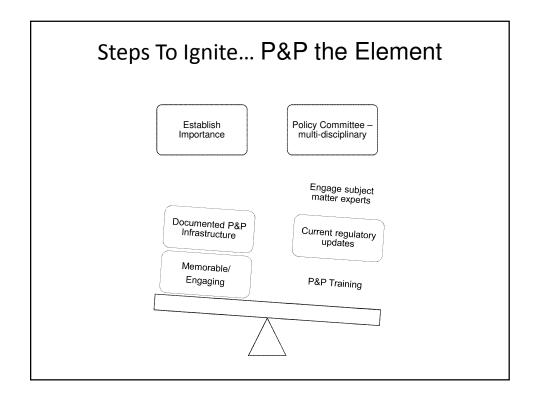
Dashboards

- Performance metrics and measures
- · Quantifiable data
- Trends
- · Risk tolerance
- Risk prioritization
 ✓ high, medium, low
- Risk reduce strategies
- Corrective action
- Prevention measures



Policies and Procedures

A compliance committee member states, "We have too many policies and procedures. We don't need additional compliance policies that employees will not follow anyway."

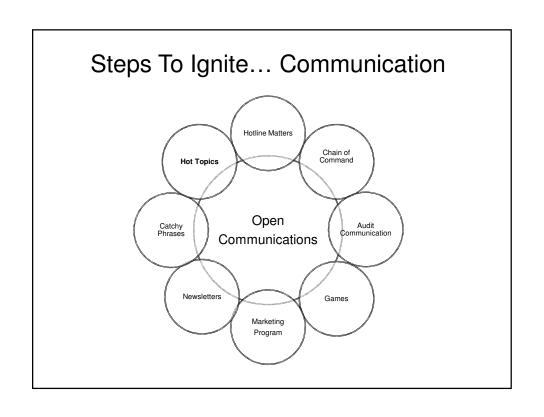


Open and Effective Communication

An employee reported a potential concern regarding the ghost beneficiaries being listed during the enrollment and disenrollment process. The employee wasn't sure where to go next.



Chain of Command Communication Manager Decision-Maker Monitors Senior Mgmt. Compliance Resource Resource Independent Independent



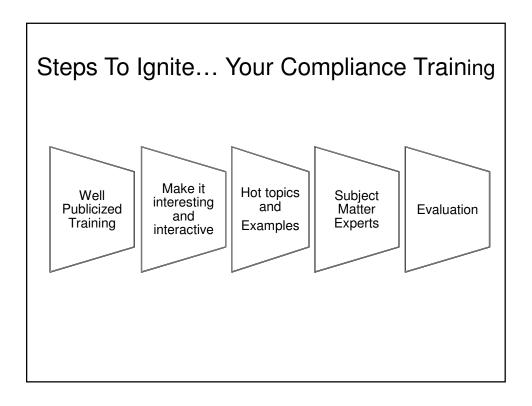
Training and Education

The management team instructs the Compliance Officer to combine the annual compliance training with other regulatory trainings offered in the organization. The training should not exceed thirty minutes because the organization cannot afford to pay employees for non-productive time. "And Compliance training is always BORING!!"

Basic Training Elements

- · Compliance program overview and requirements
- Compliance program structure review
- Overview of common healthcare laws, regulations, and state program/contract requirements
- Key policy and procedure review /updates
- Common billing, coding, claims errors, and documentation requirements
- FWA requirements and related compliance concerns
- <u>Employees-</u> obligation and responsibility related to compliance and disciplinary action for non-compliance

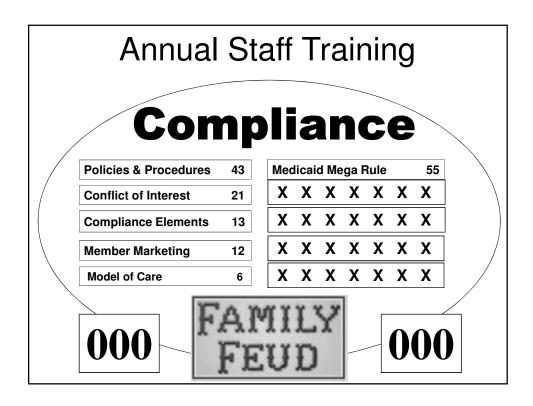
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State Contract Requirements	HIPAA/ HITECH	Anti- Kickback Statutes	Coding/ Claims Errors	NCQA
\$100	\$100	\$100	\$100	\$100
\$200	\$200	\$200	\$200	\$200
\$300	\$300	\$300	\$300	\$300
\$400	\$400	\$400	\$400	\$400
\$500	\$500	\$500	\$500	Final

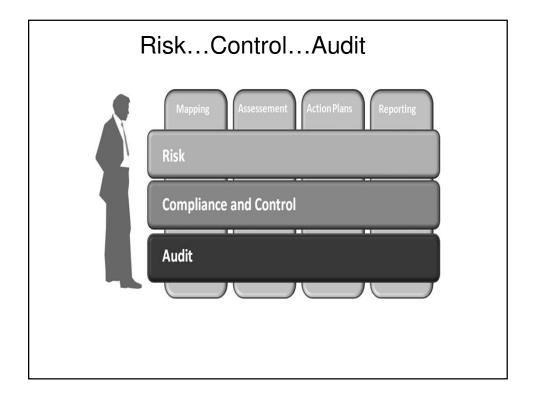




Board, Physicians and Executive Staff Training

- Be brief and detailed
- Use data, trends and performance measures
- · Financial data and risk
- Demonstrate any potential risk impact on business operations
- Clinical risk and impact on health outcome
- Use examples that are relevant to the executive/board audience
- Responsibilities and obligations





Compliance Risks

- Over reporting of expenditures for beneficiary medical needs
- Management submission of false risk adjustment scores
- Overutilization/ underutilization of services
- Excluded officers, employees, and/or contractors from federal health programs
- Paying or accepting kickbacks
- Failing to report suspected abuse or fraud (i.e., contract violation)

Compliance & Control

- Increase scrutiny and regulatory sanctions
- Submit compliance plans to regulatory
- Billing for screenings not provided to members
- Meet \$5 million threshold, policies
 - ✓ The civil provisions of the FCA
 - √ Administrative remedies for FCA
 - ✓ Whistleblower protections
 - ✓ Procedures for detecting and preventing fraud, waste and abuse

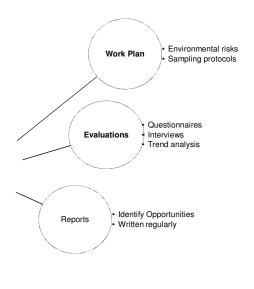
Auditing & Monitoring

The Compliance Officer received a hotline report stating risk adjustment and risk scoring have been falsely reported for the past year. The Medicare Advantage plans inflated risk-adjustment payments by claiming their enrollees were treated for diagnoses they do not have or that were less severe.

Auditing & Monitoring

- Prompt assignment of a qualified person to investigate
- Data matching
- Compare claim patterns
- Monitor complaints
- Contracts with vendors for billing, credentialing and pharmacy services or other functions
 - ✓ Monitor contractors' performance
 - ✓ Utilize external auditors, where applicable
 - ✓ Determine scope of harm based on audit results
 - ✓ Review and act on audit results

Steps To Ignite ... Auditing & Monitoring



Monitoring Provider Relationships

- Current license in good standing
- Active DEA and NPI numbers
- No uncollected debts
- No criminal record
- No prohibited billing privileges, excluded or debarred
- Require network providers to screen their employees for exclusion
- Monitor effectiveness of providers' screening process

- Require preauthorization for expensive procedures
- Utilize prepayment edits to avoid duplicate payments
- Reconcile procedures or services that are medically impossible or unlikely (e.g., hysterectomy on a male)
- Beneficiary access to report misconduct (e.g., hotline)



