A Compliance Program Facelift... Sculpting a Program From Good to Great

HCCA Managed Care Conference January 27, 2020

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Speakers

Deborah M. Johnson, MS, MHA, Ph.D. VP, Compliance Illinicare Health Deborjohnson@illinicare.com Nicole S. Huff, DHA, MBA, CHC, CHSP Chief Compliance & Privacy Officer St. Luke's University Health Network Nicole.Huff@sluhn.org





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Disclaimer

The opinions and information provided during this presentation are solely that of the speakers and do not represent the opinions of their employers.

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Today's Goals

- Address state and federal requirements and enforcement activities
- Discuss strategies to move your compliance program form "Good To Great" with limited resources
- Case scenarios describing how to build partnerships and influence outcomes

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State & Federal Requirements

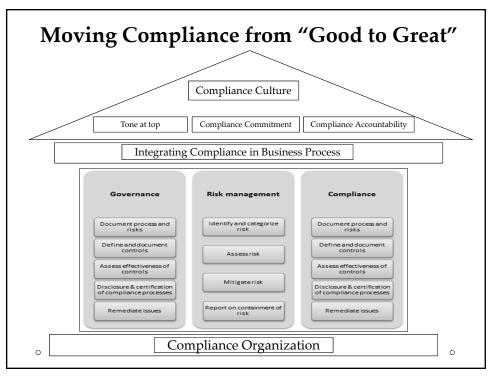
- Medicare (Part C and D Participation)
 - o Medicare Advantage
 - o Medicare Medicaid Plans
 - o Institutional Special Needs Plans
 - o Dual Special Needs Plans (dual eligible)
 - o Prescription Drug Plan /Drug Rebate Programs
- Medicaid (State Contract)
 - o Health Services (Population)
 - o Technology /Telehealth
 - o Reporting
- Federally Funded "Marketplace"
 - o Exchange/ Health Marketplace Products
 - o (State and Federal)
- · Accrediting Bodies
- · CMS Fraud Waste Abuse
- US Sentencing Commission
- Vendors

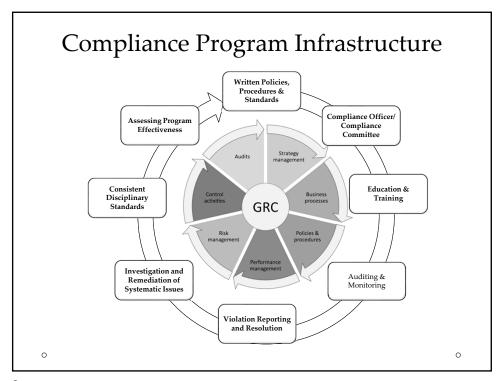


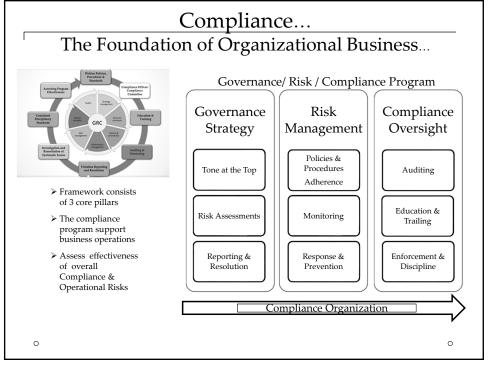
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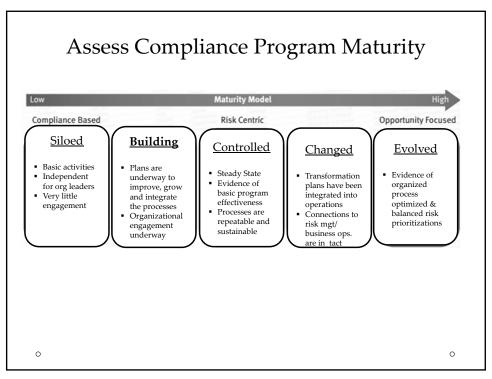
FY19, DOJ recovers ~ \$2.7B related to healthcare industry W Recoveries ≥ \$60B since 1986 A Personal Liability: Ralph Jay Cox III, former CEO Tuomey Healthcare, John Sorenson, Board Chairman & Emil DiLorio, MD, CEO of Coordinated Health

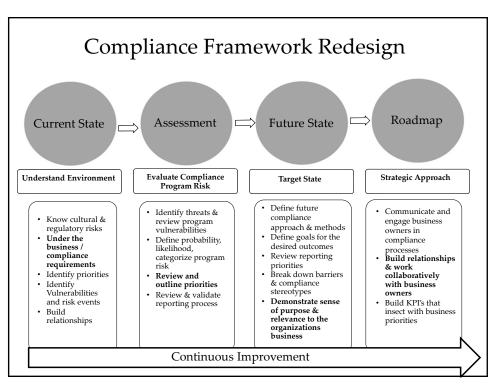
Organizations without a Compliance Plan

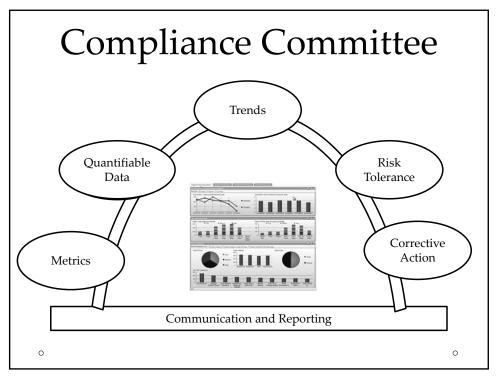


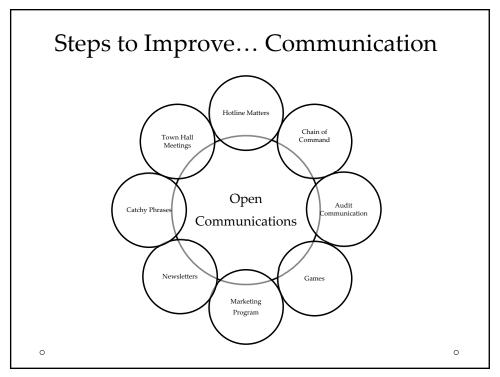


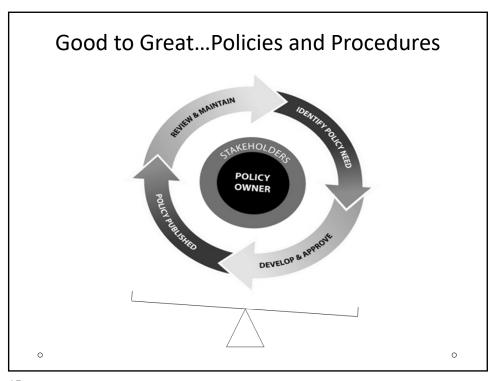




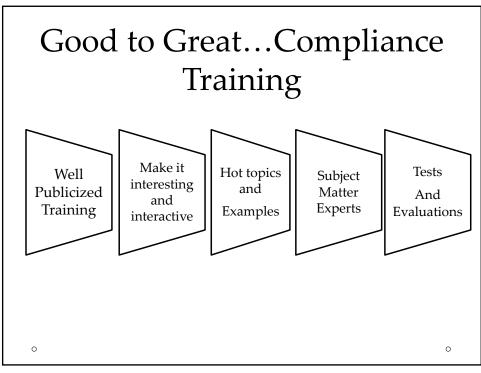












Compliance Training

- Compliance program overview and requirements
- Compliance program structure review
- Overview of common healthcare regulations, state program and contract requirements
- Key policy and procedure review /updates
- Billing, coding, claims processing error, documentation requirements, FWA requirements and mitigation
- <u>Employees-</u> obligation and responsibility related to compliance and disciplinary action for noncompliance

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Annual Compliance Week Training

Themes

- o Wild about compliance
- o Compliance Rocks Stars
- o Compliance State of Mind

Activities

- o Chip and Putt
- o Hoops for Hero's
- o Family Feud
- o Episode Room
- o Jeopardy

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Board, Physicians and Executive Staff Training

- · Be brief and detailed
- Use data, trends and outcomes, 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 audience
- · Responsibility and obligations



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Compliance Training



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Scenario: Identify Risks

Quality

- · Medical Necessity
- · Standardize care
- · Licensed/credentialed

Compliance

- · Accurate, complete, timely
- Contract payment accuracy
- Financial transactions

Documentation

Patient Safety

- Complaints/Grievances
- Reduce delays
- Minimize risks and harms

Physicians, pharma, medical device, legislators, business partners

Relationships

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Risks

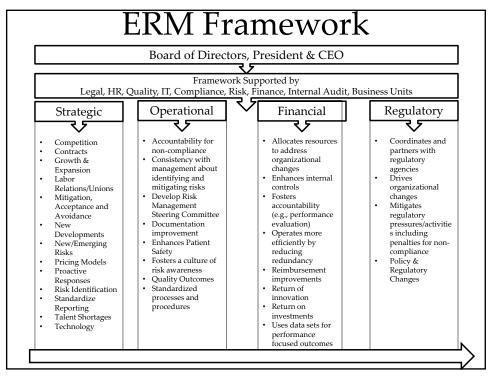
- Enterprise Risk Management (ERM)
 - Establishes a systematic process of understanding, evaluating and fostering action on significant risks
 - Promotes an environment of ownership and accountability of significant risks and the response to those risks
 - o Considers internal, external and cross-entity risks
 - o Provides a foundation for superior planning and budgeting
- Any issue that impacts your organization ability to meet its goals and objectives
- Understand the importance of each risk



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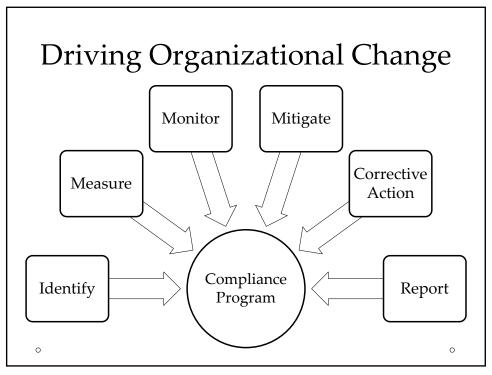
Compliance Program: Good to Great Operates independently and objectively Strategic advisor and partner Promotes transparency and disclosure Utilizes data for trends/patterns Ongoing education and **Enterprise Risk** training to mitigate risks Drives awareness of **Management** emerging risks Operational Governance Engaged in strategic planning, Regulatory Strategic Financial decision-making and implementation processes Identifies opportunities to streamline financial, operational and reputational risks Advisor of regulatory requirements across multifunctional areas Triages, responds and reports Improved Cost enterprise-wide risks and Operational communicates to leadership and Collaboration Savings/ Board of Trustees Performance Avoidance



How to develop risk lists

- Avoid loss of Medicare/Medicaid contract, financial fine/penalty, criminal charges, quality of care concerns or reputational harm
 - 1. List 5 things that must be done always related to patient safety, physician/vendor relationships, documentation or quality care
 - 2. List the top 5 policies/processes that your staff should be able to verbally summarize if asked by an internal/external auditor
 - 3. List 5 specific education and training sessions provided to at least 85% of your staff on patient safety, physician/vendor relationships, documentation or quality care within the last three years
 - 4. Identify the list of deficiencies your organization received within the last three years. Have you achieved 100% significant compliance?
 - List 5 concerns that would keep you up at night if not done correctly
 - New and emerging risks (e.g., new or updated regulations or trends)

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Scenario: Auditing & Monitoring

- Business Units:
 - o Prompt assignment of a qualified person to review risks or incident
 - o Think Tank Session
- Data matching
- Compare patterns
- Monitor complaints
- Contracts with vendors for billing, credentialing and pharmacy services or other functions
 - o Monitor contractors' performance
 - o Utilize external auditors, where applicable
 - o Determine scope of harm based on audit results
 - o Review and act on audit results



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