INSPIRA HEALTH NETWORK

• Physician Practice Compliance From A to ACO
  • Joe Piccolo
  • Karyn Holley

Introductions

• Karyn Holley
  • Director, Corporate Compliance

• Joe Piccolo
  • Vice President, Corporate Compliance

• Inspira
Today’s Discussion

- Building a compliance infrastructure for the ACO and its participants
- Developing an education program that meets the needs of both employed and non-employed physicians
- Establishing collaborative and effective strategies for physician engagement

Building a Compliance Program
Building a Compliance Program

• Start with the Board and Governance
  • Establish a separate legal entity
    • Identifiable governing body
      • “Ultimate Authority” to:
        • Execute the functions of the ACO
        • Promote evidence based medicine and patient engagement
        • Report on quality, cost measures and care coordination
        • Oversight and strategic direction of the ACO
        • Management accountability
          • “Reasonable person” standard
          • Transparency

Building a Compliance Program

• Start with the Board and Governance
  • Shared governance-Committees
    • 75% of Board members shall be representative of ACO participating providers
    • Standing Committees and Responsibilities
      • Clinical Consensus
        • Governs clinical outcomes and initiatives
      • Compliance
        • Oversight of the compliance program
      • Finance
        • Determines the distribution formula
Building a Compliance Program

• Compliance Oversight
  • Review of governing documents
    • Fiduciary responsibility of the Board
    • Safekeeping and use of all funds and assets
    • Distinct from the fiduciary responsible to the legal entity operating the ACO
      • Owed to individuals not to activities
    • Duty of loyalty
      • Members must participate in all lines of business
      • Precludes a Independent Physician Association (IPA) or Physician-Hospital Org. (PHO) from opting out of Network contracts

Building a Compliance Program

• Compliance Plan
  • CMS Requirements
    • Based on the seven key elements
    • Emphasis on an “effective” plan
      • Prevents and detects potential compliance issues
      • Fully engaged leadership team and an informed Board
  • Culture of Compliance
    • Clear expectations of ethical and proper behavior that best services the ACO and its participants
Building a Compliance Program

- Compliance Oversight
  - Policies and Procedures
    - Conflict of Interest
      - Disclosure of relevant financial matters
      - Process for conflict disposition
      - Annual statement
      - Oversight
  - Compliance Structure
    - Compliance Officer and Committee
  - Participants
    - Screening
    - Commitment to Compliance
    - Duty to Report
    - Disciplinary Action

Building a Compliance Program

- Compliance Oversight
  - Policies and Procedures
    - Education and Training
    - Monitoring and Risk Assessment
      - Workplan development
      - Corrective action
  - Communication
    - Distribution of plan and policies
  - Reporting
    - Hotline
  - HIPAA
• Online CME Educational Unit
  • Vendor is accredited by Accreditation Council for Continuing Medical Education (ACCME)
  • CME: 1.5 AMA PRA Category 1 Credit

• Content
  • High Level Overview of Seven Elements of Effective Compliance Program
  • Fraud-Waste-Abuse Continuum
  • Prevention/Detection/Correction
  • Consequences of Non-Compliance
  • Contacts for Reporting Suspected Violations
Education

Fraud - Waste - Abuse Continuum:

Emphasize that one of the primary differences in the continuum is: Intent vs. Knowledge

Prevention - Detection - Correction:

- Prevention
  - Be current on laws, regulations, policies
  - Ensure data/billing is accurate and timely
  - Coordinate with payors
  - Lookout for suspicious activity

- Detection
  - False Claims Act
  - Anti-Kickback Statute
  - Stark law
  - Exclusions
Education

Prevention- Detection- Correction:
• Correction
  • Provider is not obligated to independently correct the issue identified
  • Report suspicious activity to the Office of Compliance
  • Office of Compliance will provide oversight, conduct investigation and develop a plan for correction

Education

Consequences of Non- Compliance
• Civil Monetary Penalties
• Criminal Fines and Convictions/ Imprisonment
• Exclusion
• Loss of License

Contacts to Report Suspicious Activity
• Office of Inspector General
• New Jersey Medicaid State Agency
• Inspira Office of Corporate Compliance
Physician Engagement

- Research suggests providers do not understand how an ACO effects their practice
- Strategies
  - Participation in decision making
    - Committee involvement
    - Awareness of the model of care
    - Discuss possible alterations to organization design
  - Build on benefits
    - Quality Improvement
    - Cost improvements
Physician Engagement

• Communication
  • Incorporate into education
  • Develop underlying programs to support identified needs
    • Behavioral Health support
    • Population Based Pharmacy support
• Role of Compliance
  • Updates on regulatory changes
  • Access to government resources (CMS, OIG, etc.)
  • Newsletters, Onsite education, E-Mail
    • What is well established in the hospital may not be apparent in a physician office
  • Focus on collaboration and inclusion

Final Thoughts

CMS got it right

Partner with the ACO Leaders

Education must fit the audience
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