

Building an Effective Compliance Program at your Community Health Center

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Conflicts of interest

- I have no actual or potential conflicts of interest in relation to this presentation.
- Nothing in this presentation should be construed as providing legal advice.



Purpose of Compliance Program

- Goal 1: Aspire to the highest ethical standards of conduct and demonstrate a commitment to comply with all applicable laws and regulations;
- Goal 2: Preventing and detecting fraud, unlawful or unethical conduct, fiscal mismanagements and misappropriation of funds and grants.
- Goal 3: Assure your board that you have an effective compliance program



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Element #1 – Compliance Leadership

- Individuals responsible for implementing and overseeing the performance of the Compliance Program:
 - Board of Trustees
 - Compliance Committee
 - Compliance Officer
- **Section 330**: Requires Health Center's board is operated in compliance with all applicable federal, state, and local laws and regulations.



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Element #1 – Compliance Leadership

The Board's Role

- The Board exercises its fiduciary duty of care, obedience, and loyalty by requiring a compliance board reports and asking pointed questions:
 - Does a **reporting system** exist for employees?
 - When is **non-compliance reported** to the Board?
 - Are the existing compliance systems and the employee that runs the compliance program (the Compliance Officer) **adequate based on the size and scope of the organization**?
 - How does **management stay abreast** on the ever-changing regulatory landscape?
 - Do the compliance, legal, and internal audit functions have **access to appropriate and relevant corporation** information and resources to perform their functions?
 - **Does management evaluate risks** regularly?



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Element #1 – Compliance Leadership

Compliance Committee

- The Compliance Committee (whether staff and/or Board committee) provides oversight and direction to ensure organization-wide compliance, more specifically, overseeing Compliance Officer's activities.
 - Compliance Committee Charter
 - Function
 - Membership
 - Confidentiality



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Element #1 – Compliance Leadership

Compliance Officer

- The Compliance Officer is required to serve as the custodian on the Compliance Program while also reporting on compliance activities to senior leadership, including but not limited to:
 - Personal qualifications
 - Industry specific experience
 - Reporting relationship



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Element #2 – Written Policies

Compliance Officer Roles

- Writing and operationalizing board-approved policies and procedures.
- Any policy changes are sent to the Board (or delegated committee) for approval.
- Procedure changes are not sent to the Board, but rather, only approved by the Director overseeing the department the policies cover.



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Element #2 – Written Policies

Timelines for Review

NAME OF POLICY DOCUMENT	Director	Committee	Board	Approval	Attestation	Shared Drive
Board of Trustees						
<i>Governance Policies & Procedures</i>	11-2017	Governance	12-2017	1-2017	Done	Done
Operations						
<i>Employee Handbook</i>	12-2017	Personnel	1-2018	1-2018	Done	Done
<i>Compliance Manual</i>	6-2018	Quality	7-2018			
<i>Drug Free Workplace Manual</i>	8-2018	Personnel	9-2018			
<i>Safety Manual</i>	3-2018	Quality	4-2018			
<i>HIPAA Manual</i>	4-2018	Quality	5-2018			
<i>340B Manual</i>	2-2018	Quality	3-2018			
<i>Quality Manual</i>	3-2018	Quality	4-2018			
<i>Volunteer Manual</i>	5-2018	Personnel	6-2018			
<i>Risk Management Manual</i>	4-2018	Quality	5-2018			
<i>Grants Manual</i>	3-2018	Quality	4-2018			
<i>IT Manual</i>	11-2018	Quality	12-2018			
<i>Emergency Preparedness Manual</i>	6-2018	Personnel	7-2018			
<i>Strategic Planning</i>	8-2018	Strategic	9-2018			



Element #2 – Written Policies

Presenting to the Board Committees

Billing & Collections Policy Updates

Tuesday, September 19, 2017 12:00 PM

POLICY	ACTION	STAFF RECOMMENDATIONS
<p>POLICY 10: POLICY FOR SLIDING FEE DISCOUNT PROGRAM: <u>Notification:</u> Equitas Health will notify patients of the Sliding Fee Discount Program in several ways:</p> <ol style="list-style-type: none"> Equitas Health places notification, via signage, of the Sliding Fee Discount Program in the clinic waiting area and on the Equitas Health website. Information and evaluation for the Sliding Fee Discount Program will be offered to each health center patient who obtains services through Equitas Health's medical, dental, or behavioral health programs. For a pharmacy customer to qualify for the sliding fee schedule, the customer must be a patient of the health center. 	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amend <input type="checkbox"/> Remove	<p>REASON FOR CHANGE: One finding included in Equitas Health's Health Center Program Look-Alike Site Visit Report was that our pharmacy did not offer a sliding fee schedule to health center patients. In adding the pharmacy sliding fee schedule, the agency was tasked with defining which customers of the pharmacy would qualify for the sliding fee schedule. Pharmacy customers that are not medical center, behavioral health, or dental patients do not qualify as "patients" of the health center and therefore are not eligible for the sliding fee schedule. This policy change explains that.</p> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions <input type="checkbox"/> Rejected
<p>POLICY 10: POLICY FOR SLIDING FEE DISCOUNT PROGRAM: <u>Request for discount:</u> Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available to health center patients for clinic visits. Information and forms can be obtained from the Medical Center Front Desk and on the website.</p>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amend <input type="checkbox"/> Remove	<p>REASON FOR CHANGE: Clarification that the sliding fee schedule is only available to health center patients, and not just "clinic visits." Since the pharmacy also has a welcome desk, this policy clarifies where the sliding fee will be managed -- at the Medical Center Front Desk.</p> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions <input type="checkbox"/> Rejected



Element #2 – Written Policies

On-Boarding

- Orientation: New employees are assigned all operational and department-specific policies during New Employee Orientation.
- Oversight: Compliance Committee checks status of New Employee Orientation attestations each month.
- Accountability: After 30 days, Department Directors are notified of their overdue employees and staff are told they will be placed on administrative leave if they do not complete within 2 weeks.



Element #2 – Written Policies

Compliance Committee Oversight

ORIENTATION: 1/2/18	DUE DATE: 2/5/18				
Employee	Dept./Location	Trainings	Attestations	Compliance	Supervisor
Employee Name Position	Administration Col-7575	<input checked="" type="checkbox"/> HIPAA Privacy & Security <input checked="" type="checkbox"/> OSHA <input checked="" type="checkbox"/> Discrimination & Harassment <input checked="" type="checkbox"/> 340B Drug Discount Program <input checked="" type="checkbox"/> Complying with the Red Flag Rules <input checked="" type="checkbox"/> URAC Training <input checked="" type="checkbox"/> Interpretation and Translation	<input checked="" type="checkbox"/> New Hire Orientation <input checked="" type="checkbox"/> Finance P&P <input checked="" type="checkbox"/> Pharmacy P&P <input checked="" type="checkbox"/> Handling Complaints	<input checked="" type="checkbox"/> Conflicts of Interest <input checked="" type="checkbox"/> Alert Media	Supervisor
Employee Name Position	Medical Center Col-1033	<input checked="" type="checkbox"/> HIPAA Privacy & Security <input checked="" type="checkbox"/> OSHA <input checked="" type="checkbox"/> Discrimination & Harassment <input checked="" type="checkbox"/> Medicare Fraud Waste & Abuse and Compliance <input checked="" type="checkbox"/> 340B Drug Discount Program <input checked="" type="checkbox"/> Interpretation and Translation	<input checked="" type="checkbox"/> New Hire Orientation <input checked="" type="checkbox"/> Medical Records FAQ <input checked="" type="checkbox"/> Vaccine & Storage Handling P&P	<input checked="" type="checkbox"/> Epic <input checked="" type="checkbox"/> Hepatitis B Declination <input checked="" type="checkbox"/> Alert Media	Supervisor
Employee Name Position	Client Services Portsmouth	<input checked="" type="checkbox"/> HIPAA Privacy & Security <input type="checkbox"/> OSHA <input type="checkbox"/> Discrimination & Harassment <input type="checkbox"/> 340B Drug Discount Program <input type="checkbox"/> Interpretation and Translation	<input type="checkbox"/> New Hire Orientation <input checked="" type="checkbox"/> Case Management P&P <input checked="" type="checkbox"/> Medical Records FAQ	<input checked="" type="checkbox"/> ETO <input checked="" type="checkbox"/> RWAD <input checked="" type="checkbox"/> PPL <input checked="" type="checkbox"/> Alert Media	Supervisor
Employee Name Position	Client Services Lima	<input checked="" type="checkbox"/> HIPAA Privacy & Security <input checked="" type="checkbox"/> OSHA <input checked="" type="checkbox"/> Discrimination & Harassment <input checked="" type="checkbox"/> Interpretation and Translation	<input checked="" type="checkbox"/> New Hire Orientation <input checked="" type="checkbox"/> Case Management P&P <input checked="" type="checkbox"/> Medical Records FAQ	<input checked="" type="checkbox"/> ETO <input checked="" type="checkbox"/> RWAD <input checked="" type="checkbox"/> PPL <input checked="" type="checkbox"/> Alert Media	Supervisor



Element #2 – Written Policies

Compliance Officer Accountability

- Compliance Officer must ensure applicable policies and attestations are completed.

Title	Completed Count	Incomplete Count	Due Date	Date Created
New Employee Orientation (1-29-18)	1	1	03/01/2018	01/29/2018
Compliance Committee Meeting (1-11-18)	13	3	02/28/2018	01/30/2018
Prevention Policies & Procedures 2018	22	6	02/17/2018	01/17/2018
Housing Columbus Policies & Procedures (2017)	9	2	02/08/2018	01/08/2018
Dental Policies & Procedures 2017	8	0	02/08/2018	01/08/2018
Medical Center Policies & Procedures (2017)	37	17	02/08/2018	01/08/2018
New Employee Orientation (1-2-18)	4	1	02/02/2018	01/02/2018
Staff Directory Update	299	9	02/02/2018	01/25/2018
Compliance Committee Meeting (11-6-17)	15	0	01/22/2018	11/22/2017
Compliance Committee Meeting (12-5-17)	16	0	01/22/2018	12/21/2017
New Employee Orientation (12-18-17)	8	1	01/18/2018	12/18/2017
New Employee Orientation (12-4-17)	2	0	01/04/2018	12/03/2017
Pharmacy: Payer Attestations (2017)	24	0	12/29/2017	12/15/2017
New Employee Orientation (11-20-17)	10	0	12/20/2017	11/20/2017
Medical Records FAQ 11-2017	22	0	12/20/2017	11/20/2017
Issuing a Valid Prescription: What Every Prescriber Needs to Know	23	0	12/18/2017	12/18/2017
Bomb Threat Drill (2017)	15	0	12/08/2017	11/17/2017



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Element #3 – Training

- Compliance Officer must ensure applicable training and educational programs are in place;
- Goal is to train staff on how to perform their jobs in compliance with applicable laws and policies;
- Need not be formal. Can be classroom style, modules online, newsletters;
- The importance is ensuring staff are trained, the subjects they are trained on are trackable, and your leadership makes it crystal clear that compliance is a condition to employment.



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Element #3 – Training

Compliance Training at Orientation

- Elements of an Effective Compliance Program
- Compliance Software
- FQHC Primer
- Policies & Procedures (HIPAA/Safety/ EPP)
- Trainings
- Fraud Waste & Abuse
- Conflicts of Interest
- Grants Compliance
- Incident Reporting
- Retaliation
- Direct Access to the Compliance Officer
- Compliance Newsletters
- Anonymous Reporting
- Investigations and Disciplinary Action



Element #3 – Training

Organizational Plan

Training	Department(s)	Assigned	Completed	Overdue	%
OSHA & Safety	ALL	306	292	1	99
HIPAA & Confidentiality	ALL	305	294	1	99
Sexual Harassment & Discrimination	ALL	306	293	1	99
Medicare C&D Compliance/ FWA	ALL	303	291	1	99
1557 Language Access	Applicable Staff	132	128	0	100
340B Drug Pricing Program	Applicable Staff	228	219	0	100
Blood Borne Pathogen	Applicable Staff	42	42	0	100
Combatting Methamphetamine	Pharmacy	27	27	0	100
Counterfeit Drugs	Pharmacy	27	27	0	100
Identity Theft/ Red Flags	Applicable Staff	39	38	0	100
URAC Accreditation	Applicable Staff	64	64	0	100



Element #3 – Training

Position Specific Plans

- Trainings specific to each person's job function is key;
- High risk area's in health centers include:
 - Documentation, Coding, Billing;
 - Fraud Waste & Abuse
 - Grants Compliance
 - Procurement
- Targeting training as a reaction to a risk areas as they arise is also important.



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Element #3 – Training

Frequency

- The following trainings should be done at hire and annually thereafter:
 - Compliance Training;
 - Medicare FWA/Compliance;
 - HIPAA Privacy/Security Rule;
 - OSHA's Bloodborne Pathogens Standard;
 - 340B Drug Discount Program.
- State, accreditation, and payer requirements may require different frequency.



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Element #3 – Training

Documentation

- Training must be documented. Compliance Committee must ensure Compliance Officer is tracking all employees.
- Committee should receive monthly reports.

E-mail	Course Name	Subscription date	Completion Date	Last Access Date	Status	Score	Time in course
email@equitashealth.com	Language Line	7/19/2017 7:09 am	7/27/2017 1:00 pm	7/27/2017 1:01 pm	Completed	80.00	0h 7m
email@equitashealth.com	Medicare Training: FWA	7/19/2017 7:09 am	8/5/2017 2:25 pm	8/5/2017 2:27 pm	Completed	100.00	0h 22m
email@equitashealth.com	Medicare Training: Compliance Training	7/19/2017 7:09 am	8/5/2017 2:03 pm	8/5/2017 2:05 pm	Completed	100.00	0h 18m
email@equitashealth.com	OSHA Training	7/19/2017 7:09 am	8/5/2017 1:55 pm	8/5/2017 1:56 pm	Completed	80.00	0h 37m
email@equitashealth.com	HIPAA Privacy and Security Training	7/19/2017 7:09 am	8/5/2017 11:50 am	8/5/2017 11:52 am	Completed	84.38	0h 50m
email@equitashealth.com	Sexual Harassment/ Discrimination	7/19/2017 7:09 am	8/5/2017 1:03 pm	8/5/2017 11:52 am	Completed	93.00	0h 39m
email@equitashealth.com	URAC Training	7/19/2017 7:09 am	8/5/2017 2:45 pm	8/5/2017 2:45 pm	Completed	100.00	0h 18m



Element #4 – Communication

- Health center must establish open lines of communication, for instance, anonymous reporting and incident reporting.
- All staff are expected to report any conduct that a reasonable person would believe to be noncompliant.
- Compliance Manual must outline incident reporting expectations for employees and investigation requirements for Compliance Officer.



Element #4 – Communication

Incident Reporting Template

- Incident reporting software can be used to standardize a template:

EMPLOYEE:	COMPLIANCE OFFICER:
<ul style="list-style-type: none">• Title• Description• Persons Involved• Department• Category• Subcategory• Corrective Action	<ul style="list-style-type: none">• Assignments• Root Causes• Corrective Action• Documents• Notes



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Element #4 – Communication

Flow

- Compliance Officer notified of incident report;
- Compliance Officer notifies supervisors/directors of incident and creates a corrective action plan (further investigation, retraining, etc.);
- Investigation;
- Compliance Officer documents investigation and reports resolution to department director;
- Compliance Committee provided aggregate data on reports.



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Element #4 – Communication

Methods of Receiving Reports

- Anonymous
 - Method should be provided to staff wherein they can submit an incident report anonymously, whether through a hotline or software.
- Confidential
 - Compliance Officer approval to maintain confidentiality of reporters under an approved policy. Though, must explain that confidentiality cannot always be maintained.
- Software or template
 - Staff trained on expectations around reporting.



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Element #4 – Communication

Retaliation

- Must have policy prohibiting retaliation against those that report or assist in reporting any good faith claim of noncompliance at health center.
- This policy should include actual or threatened retaliation.
- Compliance training should include education on this.



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Element #5 – Auditing

- Health center is expected to conduct internal monitoring and auditing.
 - Monitoring is real time assessments of operations of the health center.
 - Auditing is retroactive assessments of programs and activities to determine whether they are compliant.
- Auditing and monitoring is conducted by the Compliance Officer and overseen by the Compliance committee.



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Element #5 – Auditing

Work Plans

- Based on identified risk areas, each department should have a Work Plan.
- Present monitoring/auditing to Compliance Committee to ensure completion.
- To identify risk areas:
 - Past organizational noncompliance;
 - Future organizational strategy;
 - Interviewing department leaders and employees.



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Element #5 – Auditing

Example

MEDICAL CENTER, DENTAL, & BEHAVIORAL HEALTH			
Internal Audits	Type	Frequency	Staff Responsible
Internal 340B Audit	Internal audit	Quarterly	Staff
Medical Center Documentation & Coding	Internal audit	Quarterly	Staff
Dental Documentation & Coding	Internal audit	Quarterly	Staff
BH Documentation & Coding	Internal audit	Quarterly	Staff
OARRS	Internal audit	Bi-Annually	Staff
Collaborating Physician Peer Review	Peer audit	Bi-Annual	Staff
Dental Radiology	Internal audit	Annual	Staff
Meaningful Use Dashboard	Internal audit	Annual	Staff
Meaningful Use Registration Audit	Internal audit	Annual	Staff
Drug Inventory Audit	Internal audit	Quarterly	Staff
ICD-10 Coding for Opioids & Controlled	Internal audit	Annual	Staff
Opioid Time Limits	Internal audit	Annual	Staff



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Element #6 – Investigation

- Compliance Officer must appropriately respond to noncompliance by investigation;
- Ensure corrective action steps are documented;
- Compliance Committee involvement depends on situation;



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Element #7 – Discipline

- Discipline must be a part of your compliance program in order to uphold the integrity of the compliance program;
- Guidelines should be followed;
- Compliance Officer should work closely with Human Resources.



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Thank You!

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