POST-ACUTE COMPLIANCE OFFICERS:
HOW DO YOU PREPARE FOR CONSTANT CHANGE AND THE UNKNOWN OF THE REGULATORY ENVIRONMENT?

2018 HCCA COMPLIANCE INSTITUTE
LAS VEGAS, APRIL 15

WHAT WE WILL COVER

Context for Compliance in the Post Acute Field

Current Challenges Each of The Panelists Face

What Role, if any, Does The Current CIA Environment Play In Your Priorities and Efforts With Your Board/Governing Organization

How Does Your Organization Invest/Prioritize Compliance

• What is Are You Currently Looking At and Why;

How to Find Your Seat At the Table

• Board Engagement;
• How To Get it and Keep It;
• Board Training

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## CONTEXT

### COMPLIANCE PROGRAM REQUIREMENTS

<table>
<thead>
<tr>
<th>U.S. Sentencing Commission</th>
<th>Office of Inspector General</th>
<th>US Department of Justice</th>
<th>Centers for Medicare and Medicaid Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Guidance for Oversight of Compliance for Health Care Boards – 2016</td>
<td>• Recent Settlement Agreements</td>
<td>• Phase III Compliance Program</td>
</tr>
</tbody>
</table>
COMPLIANCE PROGRAM ELEMENTS (CMS)

- Code of Conduct/Written Policies and Procedures
- Compliance Officer and Compliance Committee
- Sanction Screening
- Effective Education and Training
- Auditing and Monitoring
- Effective Lines of Communication
- Effective Measures to Respond to Detected Noncompliance
- Enforcement System and Disciplinary
- Periodic/Annual Reassessment of Compliance Program

FRAUD AND ABUSE LAWS

<table>
<thead>
<tr>
<th>Federal Anti-kickback Statute</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Criminal Statute That Prohibits The Exchange (Or Offer To Exchange), Of Anything Of Value In An Effort To Induce (Or Reward) The Referral Of Federal Health Care Program Business</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stark Law</th>
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<tbody>
<tr>
<td>• Physician Self Referral Law Prohibits Physicians From Referring Patients To Receive “Designated Health Services” Payable By Medicaid Or Medicare From Entities With Which They Or An Immediate Family Member Has A Financial Relationship, Unless An Exception Applies</td>
</tr>
</tbody>
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<tr>
<th>The False Claim Act (FCA)</th>
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<tbody>
<tr>
<td>• Knowingly Making, Using Or Causing To Be Made A False Record Or Statement Material To A False Or Fraudulent Claim</td>
</tr>
<tr>
<td>• Statutory Penalties</td>
</tr>
<tr>
<td>• Administrative Penalties</td>
</tr>
<tr>
<td>• Whistleblower Provisions</td>
</tr>
</tbody>
</table>
FRAUD AND ABUSE LAWS

- 60 Day Repayment Rule
  - Duty To Investigate
  - Exercise Reasonable Diligence
  - Quantify Amount Of Overpayment
  - Report And Return Overpayment Within 60 Days Of Quantification
  - Overpayment Is An Overpayment Regardless Of Cause
    - Human Or System Error
    - Mistake
    - Fraudulent Behavior
- Can Be A Be Considered A “False Claim”
  - Failure To Timely Report And Return And Overpayment Creates Liability Under The FCA

U.S. DEPARTMENT OF JUSTICE (DOJ) INITIATIVES


Assistant Attorney General Caldwell Outlines How Criminal Division Compliance Counsel Will Identify Effective Compliance Programs, November 2, 2015

DOJ Fraud Division Issues “Evaluation Of Corporate Compliance Programs, February 2017
YATES MEMO: “INDIVIDUAL ACCOUNTABILITY FOR WRONGDOING”

- Six Steps To Strengthen Pursuit Of Individual Corporate Wrongdoing
  - Redress Misconduct
  - Deter Future Wrongdoing
- Both Criminal And Civil Corporate Investigations Should Focus On Individuals From The Inception Of The Investigation
- Absent Extraordinary Circumstances, No Corporate Resolution Will Provide Protection From Criminal Or Civil Liability For Any Individuals

<table>
<thead>
<tr>
<th>DOJ EFFECTIVE COMPLIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do Directors And Senior Managers Provide Strong And Visible Support For The Compliance Program?</td>
</tr>
<tr>
<td>Do People Who Are Responsible For Compliance Have The Appropriate Authority?</td>
</tr>
<tr>
<td>Do They Have Access To Adequate Funding And Necessary Resources?</td>
</tr>
</tbody>
</table>
DOJ EFFECTIVE COMPLIANCE

- Are Compliance Policies Clear And In Writing?
- Are Policies Effectively Communicated To All Employees?
- Are Policies And Procedures Reviewed And Revised To Keep Them Up To Date With Evolving Risks And Circumstances?
- Are There Mechanisms To Enforce Compliance Evenhandedly?
- Are Third Party Vendors And Consultants Informed About Compliance Expectations?

CHANGING ENFORCEMENT ENVIRONMENT

DOJ Launches 10 Elder Justice Task Forces Including Eastern District Of PA, March 30, 2016

- Pursue Nursing Homes That Provide Grossly Substandard Care

Centers For Medicare And Medicaid Services (CMS) Releases New Civil Money Penalty (CMP) Analytic Tool
OIG ISSUANCES

Annual Work Plan
Compliance Program Guidance’s (CPGs)
Fraud Alerts, Special Advisory Bulletins, Audit Reports
Corporate Integrity Agreements (CIAs)
“Compliance 101” Educational Materials and Podcasts

NEW COMPLIANCE RISKS

Federal Civil Penalties Inflation Adjustment Act Improvements Act Of 2015
• Requires Agencies To Adjust Their CMPs Annually Based On The CPI Using Data From October Of Each Year

CMS Issues Revised Regulations For SNFs September 28, 2016
• Three Phases
  • November 2016
  • November 2017
  • November 2019
NEW CMS COMPLIANCE REGULATIONS

Effectiveness Of Compliance & Ethics Program Will Be Subject To Survey BUT...
• Still Remains Subject To Other Governmental Interpretations

Effective November 28, 2019

CONSEQUENCES OF NONCOMPLIANCE

Hebrew Homes Health Network - FL
• 5 year Corporate Integrity Agreement
• Alleged kickbacks for Medical Director contracts and issues with therapy billing

Lemington Home for the Aged - PA
• $5.75 million verdict against officers and board members of nursing home
• Claim that the leaders of the nursing home had breached their fiduciary duty by mismanaging the home after warnings from auditors and the death of two residents

Episcopal Ministries to the Aging - MD
• $1.3 million in settlements related to Kindred/Rehab Care therapy billing practices

ArchCare - NY
• $3.5 million settlement related to failing to prevent a rehab subcontractor from overbilling Medicare for therapy
### RESOURCES

**Federal Sentencing Guidelines:**

**OIG Voluntary Compliance Program Documents:**
- [https://oig.hhs.gov/compliance/compliance-guidance](https://oig.hhs.gov/compliance/compliance-guidance)

**Corporate Integrity Agreements:**

### RESOURCES

**CMS Proposed Rules on Compliance:**

**U.S. Department of Justice, Evaluation of Corporate Compliance Programs:**

**DOJ “Yates Memo”:**
RESOURCES


HOW DOES YOUR ORGANIZATION INVEST/PRIORITIZE COMPLIANCE

What Are You Looking At and Why
“GARDEN VARIETY” TOPICS

Routine Risks to Consider Investing Time & Resources to Monitor

- Monthly Exclusion Checks (Employees & Vendors)
- Monitoring Licensure/Certifications
- Hotline/Non-hotline contacts with compliance department
- OIG Work Plan Risk Areas
- PEPPER Report Risk Areas
- PUF Report Risks
- Pre-bill documentation audits
- HIPAA Breach Analysis (as needed)
- Contractor compliance

SMALL-MEDIUM PROVIDER: WHAT DO I LOOK AT?

Community Level Adherence to Compliance Program Requirements

- Sanctions Checks
  - Upon hire or engagement
- Compliance Training
  - Onboarding timeline
  - Compliance vs. completion rates
  - Vendor training
- Compliance Program Effectiveness Survey Results
SMALL-MEDIUM PROVIDER: WHAT DO I LOOK AT?

From a claim’s risk perspective: external data

| Data: https://www.pepperresources.org/Data |
| Nursing Home Compare | Compare Portal: https://www.medicare.gov/nursinghomecompare/search.html |
| Nursing Homes Compare Datasets: https://data.medicare.gov/data/nursing-home-compare |

From a claim’s risk perspective: internal data

- Length of stay
- ADL index
- Admit to evaluation variance
- Acuity levels
- Re-hospitalization rates
- Unplanned discharges
  - Day of the week
- Admit/discharge day of the week
- RUG percentage
- COT percentage
- RUG levels over the episode of care
- Diagnosis Codes
- Utilization rates for MDS scrubber
SMALL-MEDIUM PROVIDER: WHAT DO I LOOK AT?

Majority of SNF billing falls to Rehab RUGs:

- Questions to ask:
  - Do your services or those of your contractors provide dynamic, skilled care?
  - Do those services meet all the regulatory requirements?
  - Does the documentation support the need, level and length of service?

Getting the Answers

- Therapy Systems Assessment
  - Develop in partnership with your rehab management or contractor
  - Onsite visits: observations, interviews, participation in key IDT meetings, operations and metrics reviews
  - Seize opportunities to tighten processes, coach and educate
### THERAPY SYSTEMS ASSESSMENT

<table>
<thead>
<tr>
<th>Gym Observations</th>
<th>Therapist Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observe treatments across disciplines</td>
<td>Assess therapist working knowledge of Medicare regulations</td>
</tr>
<tr>
<td>Wheelchair Free Zone?</td>
<td>Any barriers in IDT communication?</td>
</tr>
<tr>
<td>Services uniquely delivered per discipline?</td>
<td>Use sessions to coach/educate where clarification is needed</td>
</tr>
<tr>
<td>Any duplication of services?</td>
<td>Provide opportunity for 1 on 1 conversation with the Compliance Officer</td>
</tr>
<tr>
<td>Match findings to clinical documentation</td>
<td></td>
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</tbody>
</table>

### SAMPLE INTERVIEW QUESTIONS

- How are you made aware of regulatory changes?
- Are you currently using Group Therapy with any of your patients?
- How are RUG levels determined for new admissions and how do you determine if changes may need to be made?
- Therapists: Can you provide treatment on the same day as an evaluation?
- How do you bill for documentation?
- If one therapy service discontinues care, does the RUG level change?
# THERAPY SYSTEMS ASSESSMENT

## Operations Review
- Licensure
- Annual Compliance Training
- Documentation of Any State Required Supervision
- Quality Assurance Program
- Access to Policies & Procedures
- Physical Plant Review

## Metrics Review
- Coding: Varied and Discipline Appropriate
- Minutes: Planned vs. Delivered
- Service Logs: Trends? Spikes in Care Near ARD?
- Time from Admit to Evaluation Delays? Barriers?

## THERAPY SYSTEMS ASSESSMENT FINDINGS

**Share the results on exit**
- Clinician Huddle
- IDT Huddle

**Document findings and share:**
- SNF and their senior leadership
- Corporate Compliance Committee
- Board Compliance and Quality Improvement Committee

**Corrective Action Plans**
- As needed, implement and set up monitoring
THERAPY SYSTEMS ASSESSMENT

- For more information on what the OIG expected a Therapy Systems Assessment to address, see Appendix C, Page 47 of the Christian Homes CIA:
  

- See Handouts for TSA Agenda of Events Outline and Sample Interview Questions for Therapists

COMPLIANCE INVESTMENTS

Hospice Program

<table>
<thead>
<tr>
<th>AUSA Civil Investigative Demand (&quot;CID&quot;)</th>
<th>UPIC (Advancemed) Education Letters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prompted by complaints</td>
<td>Emphasized compliance with federal</td>
</tr>
<tr>
<td>Interrogatories; Requests for Production;</td>
<td>Medicare rules and policy</td>
</tr>
<tr>
<td>Small sample of patient files reviewed</td>
<td>No specific requests for patient</td>
</tr>
<tr>
<td>Focus on eligibility determinations, length of stay, documentation of ongoing medical necessity, interest in the relationship between our SNFs and our Hospice programs</td>
<td>files</td>
</tr>
<tr>
<td>Resolved without settlement</td>
<td></td>
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</tbody>
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A123
COMPLIANCE INVESTMENTS

Response

- Engagement of outside legal counsel with compliance programming expertise
- Internal comprehensive review of all existing policies concerning hospice referral, eligibility, documentation practices, medical necessity, discharge, relationship with referral sources, auditing and monitoring
- Third-party engagement of nationally recognized consultant group specializing in hospice expertise to provide immediate review of entire hospice caseload
- Re-education of all personnel involved with hospice referral, admission and case-management
- Adoption of “Documentation Integrity Program”

WHAT ARE YOU MONITORING IN 2018?

Risk Assessment OIG Work Plan OIG Audits

CIAs Program Guidance
WHAT ARE YOU MONITORING IN 2018?

Annual, new employee and topic specific education completion rates  
Hotline calls and investigations  
Excluded providers for employees, physicians and vendors  
Licensure for clinical staff  
PBJ submissions  
Staffing ratios by state  
Survey tags and CMPs  
New life safety requirements  
Resident trust funds  

WHAT ARE YOU MONITORING IN 2018?

Repayments within 60 days  
Medical director payments  
Non-monetary compensation  
Open payments database  
Inappropriate discharges  
New Advanced Beneficiary Notice (ABN)  
PEPPER reports for SNFs and Home Health  
Research, clinical trials and federal grants  
Nurse Practitioner billing and coding  
Psychotropic medication use  
Telehealth consents  
HIPAA privacy – distribution of NPP, opt outs, etc.
CURRENT CHALLENGES YOU FACE

<table>
<thead>
<tr>
<th>SMALL-MEDIUM PROVIDER: WHAT CHALLENGES ME?</th>
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<tbody>
<tr>
<td>- Make the biggest footprint despite limited resources</td>
</tr>
<tr>
<td>- Spread is key for single/small compliance departments especially with multiple site, multiple agencies, multiple state operations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPREAD: SPREADING</th>
<th>transitive verb</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a) to open or expand over a larger area</td>
<td></td>
</tr>
<tr>
<td>1 b) to stretch out</td>
<td></td>
</tr>
<tr>
<td>2 a) to distribute over an area</td>
<td></td>
</tr>
<tr>
<td>2 b) to cover completely</td>
<td></td>
</tr>
<tr>
<td>3 a) to make widely known; spread the news</td>
<td></td>
</tr>
<tr>
<td>3 b) to extend the range</td>
<td></td>
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</table>
GAINING SPREAD

Every new employee, contractor, subcontractor must understand their responsibility for compliance. Onboarding is key:

- Employee Handbook
- Vendor Compliance Handbook
- Include intro to compliance in standard orientation across all agencies
- Role specific onboard compliance training: Board, Admins, Business Office, Billers, MDS Coordinators

EXTENDING THE ARMS OF COMPLIANCE

Compliance Liaisons

- Role added to all SNF Administrators job description/responsibilities
- Compliance provides orientation to and ongoing training for this role
- Measurement of success in this role is included in Performance Appraisals
**CREATING AND MAINTAINING SPREAD**

**IGNITE**
- New management onboard meeting
- Open Door Policy: Foster a Speak Up/Listen Culture
- Tone from the Middle: Management’s Responsibility for Compliance

**THRIVE**
- Senior management meeting 3x year
- Admins, DONs, Corporate
- Compliance presents or offers Q/A on audit results, regulatory changes, or Work Plan initiatives

**COMPLIANCE AND ETHICS PROMOTION**

- **TRAINING**
  - Combination LMS, burst video and in-person
    - LMS allows consistent training and improved tracking
    - Short, burst trainings seem to increase engagement and retention
    - Value of small group engagement with the Compliance Officer should not be discounted

- **PROMOTION**: Annual Compliance and Ethics Week Activities
  - Most successful campaign so far:
    - Is Your Pet Destined for Stardom? Compliance Poster Contest
    - Employees submit photos/slogans in poster templates
    - Corporate prints and distributes in time for C&E Week
    - Board C&QI Committee picks top 13 included into annual Compliance Calendar
CAMPAIGN SUCCESS:

- Early notification
- If all employees do not have email, is texting an option?
- To get things rolling, share some possible slogans
- If slogan submissions are harsh or not appropriate, contact the pet owner, brainstorming a slogan provides another educational opportunity.

Compliance Slogans

- An Ethical Workplace is Your Right and Your Responsibility
- Ask before you Act
- Be Good, Do Good.
- Be Honest, Be Respectful. Be Responsible.
- Be The Best!
- Because we care, we’re compliance aware.
- Before leaving the scene, clear your desk and your screen!
- Being in Compliance Is Something To Celebrate.
- Care. Comply.
- Control + Alt + Delete... When You Leave Your Seat
- Compliance Is A State Of Mind!
- Compliance is a Frame of Mind. Get the Picture?
- Compliance is Everyone’s Responsibility
- Compliance Starts With You!
Who you gonna call?  
Ghostbusters?  
No! Call the Compliance Hotline!

COMPLIANCE WARRIOR

Be Bold! Be Brave!  
Be Compliant!

I see what you did there...  
Thank you for doing your part to keep us in compliance!

Think BEFORE you act!  
The consequences of non-compliance are no fun!
FINDING YOUR SEAT AT THE DECISION MAKING TABLE

Board Engagement

• How To Get It and Keep It

Board Training
**SEAT AT THE TABLE - INFLUENCE**

- Value in sharing “real life” stories about the troubles of other entities/boards with my governing board
- Inviting outside compliance counsel to a board meeting once every couple years
- Share every board guidance and governing resource that has been published by OIG or HCCA or other credible health care compliance associations
- Yates Memo – repeatedly mentioned

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**SEAT AT THE TABLE – NOT INVITED**

- Operational Siloes can lead to missed opportunities for compliance to be at the table and contribute to organizational solutions and risk mitigation
- Organizational managers don’t recognize
  - (or take credit for) the several “compliance” efforts they are engaging in
- Territorialism can reduce effectiveness of compliance programming
  - (i.e. compliance personnel seen as an outsider or creating a hassle)
Role of the Board

Board must act in good faith in exercise of its oversight responsibility, including making inquiries to ensure:

- A corporate information and reporting system exists
- The reporting system is adequate to assure the Board that appropriate information related to compliance with applicable laws will come to its attention timely and as a matter of course.
- Regulatory awareness of State and Federal oversight for lines of business

COMPLIANCE CHALLENGES FOR THE BOARD

Don’t understand it
Can feel operational
Technical and Complex
Scary
COMPLIANCE OVERSIGHT
COMMITTEE OF THE BOARD

- Oversee Implementation and operation of the program
- Review reports, statistical trends and recommendations from the compliance officer
- Specific education and training
  - Compliance and regulatory issues
  - Clinical and billing issues
- Ability and time to focus
- Staff compliance committee may directly report
  - Sharing of compliance committee minutes
- Forwards issues to the full board
COMPLIANCE PROGRAM KNOWLEDGE

- Orientation To Compliance Program – New Board Members
- Structure of the Compliance Program
  - Compliance Officer
  - Compliance Committee
  - Hotline
- Highest Risk Areas For Organization
  - Annual Risk Assessment
  - Annual Compliance Work Plan
- Ongoing Education
  - Regulations For Lines Of Business
  - Changes In Regulations Affecting Organization

REGULATORY OVERSIGHT

| Health Care | Dept. of Health | Annual - on site for 4-days with 3-5 surveyors | Medicare and Medicaid Licensure of the skilled nursing facility and HR Two surveys, Nursing Facilities and Life Safety for fire safety and building code compliance | 2/12/2015 | Nursing facility: Deficiencies - 3 level D - two were various documentation issues ….
Plan of Correction completed and accepted April 7, 2015; Plan of correction completed on 3-17 and compliance obtained |
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Dept. of Human Services</td>
<td>B-Annual on site 2-days, 2 surveyors</td>
<td>Utilization Review of documented MDS assessments, RUG categories and financial elements. Review required preadmission and admission information for residents (OBRA-PASSAR and Resident Rights)</td>
<td>7/16/2015</td>
<td>Errors on the OBRA review; MDS review has 4 errors out of 379 RUGS score with a 1.06 error rate; No plan of correction needed due to low percentage rate of error.</td>
<td></td>
</tr>
<tr>
<td>XXXConsultants</td>
<td>Quarterly on site</td>
<td>Medicaid Case Mix and Medicare Part A clinical documentation analysis. Looking for ways to improve the Case Mix index to increase accuracy of Medicaid and Medicare billing. Also beginning to assess compliance with ICD-10 coding</td>
<td>9/25/2015</td>
<td>Suggested opportunities improve documentation to capture accurate reimbursement</td>
<td></td>
</tr>
<tr>
<td>Compliance</td>
<td>F.Y. yr. on site 2 surveyors</td>
<td>Reviews clinical documentation to support Medicare Part A and B claims. Also completes a DOH Mock survey looking for possible deficiencies in Nursing facility survey and Life Safety survey.</td>
<td>October 13,14,15 2015</td>
<td>Action plan with many details completed as follow through highlights were focused on resident care plan completion and updating. Life safety issues noted</td>
<td></td>
</tr>
</tbody>
</table>

| Corrections made—action plan intervention to be completed by 12-7-2015 in preparation for the actual DOH survey |
# COMPLIANCE COMMITTEE MINUTES - SAMPLE

## Topic: (Use standard agenda items)
- Please note the items in italics listed with each section are intended as examples and should be removed from actual minutes.

## Discussion:
- Provide a brief description of the conservation such as the use of bullet points.

## Plan:
- What is to be done to address the identified issue; provide appropriate attach i.e., How, what resources, where etc.

## Responsible Person

## Target Date

<table>
<thead>
<tr>
<th>Old Business</th>
<th>Review all outstanding issues from previous meetings. All items from last meeting’s “Plan” column should be addressed as old business.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of Work/Audit Plan</td>
<td>Review your work plan to determine if you are on target, adding or re-prioritizing issues, reminding members of future reporting responsibilities.</td>
</tr>
<tr>
<td>Standard Agenda Items</td>
<td>Quarterly reports completed by External Consultants. Type of review, summary of outcomes and Corrective Measures and Action Plans put into place.</td>
</tr>
<tr>
<td>Education sessions/workshops related to compliance</td>
<td>Including position title of those who attended, either led by community or attended by employees i.e. Medicare billing seminar.</td>
</tr>
<tr>
<td>Report on Exclusion Check status DSH/Flat</td>
<td>State Medicaid Screening: Actions completed for both Employees and Vendors.</td>
</tr>
</tbody>
</table>

## Internal Complaints/Concerns/Grievances
- Type and summary of investigations; trends, potential risks. |

## Billing Issues
- External billing audit activities or request status and put back. Include ADRs and any RAC/ZPIC/MICs. |

## Internally Audited HMO
- Annual activity, status of appeals, trends and analysis. |

## Externally Audited FFS
- Annual activity, status of appeals, trends and analysis. |

## Non-Physician Professionals
- Medical Professional Services/Incident-to Hospice/Personal Care: Annual activity, status of appeals, trends and analysis. |

## HIPAA Privacy and Security
- Breach Investigations: Report on new, terminated, or ongoing. |

## Business Associate Agreement
- Annual report to OCR completed. |

## Other Considerations
- Department licensed areas report risk/potential risks related to their specific area.
BOARD REPORTING

- Annual Reporting On Compliance No Longer the Acceptable Standard
- Quarterly Reports
- High Level
- Educational and Informative
- Consistent format and content areas
- Dashboards

BOARD REPORTING

- Update Annual Work Plan Activities
- Audits and Surveys
  - State/ Federal
  - External Contractors
- Regulatory Changes/Impact/Action Plan
- HIPAA Privacy Breaches
- Sanction Screening
- Hotline Calls
- Compliance and HIPAA training compliance
ASSESSING EFFECTIVENESS – WHAT WE NEED TO LOOK AT

- Culture
- Engagement
- Risk
- Process Improvement
- Regulations

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<table>
<thead>
<tr>
<th></th>
<th>Education and Training</th>
<th>Data Compilation</th>
<th>Report to</th>
<th>Reporting Frequency</th>
<th>Tie to Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Annual Compliance Training completed</td>
<td>Online training maintained in system</td>
<td>Compliance Committee / Managers</td>
<td>Monthly Department Managers</td>
<td>Invest in qualified workforce</td>
</tr>
<tr>
<td>B</td>
<td>New Hire Compliance Training</td>
<td>Live Training completed with in 30 days of hire</td>
<td>CC / Managers</td>
<td>Monthly reports to Managers</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Target Education per annual work plan</td>
<td>Live maintained in system; Signature sheets completed</td>
<td>CC / Managers</td>
<td>Monthly to VP’s and Directors</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Evaluation of Education/Training effectiveness</td>
<td>On line testing/ Pass/Fail Staff interviews; Hotline Reporting</td>
<td>Staff Development/ CC</td>
<td>Annual/ Quarterly</td>
<td></td>
</tr>
</tbody>
</table>
### Standards of Conduct/Policies

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<thead>
<tr>
<th></th>
<th>Standards of Conduct/Policies</th>
<th>Data Compilation</th>
<th>Report to</th>
<th>Reporting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Code of Conduct reviewed and updated annually</td>
<td>Review of Compliance Committee minutes for evidence of review/dated revision</td>
<td>Board Committee or Other</td>
<td>Annual</td>
</tr>
<tr>
<td>B</td>
<td>Code of Conduct Acknowledgement</td>
<td>Current Workforce: %Signed New Workforce: % Signed Board: % Signed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Compliance Policies and Procedure: Annual Review</td>
<td>Review by Compliance Committee: Revisions completed per required changes</td>
<td></td>
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</tr>
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### Risk Assessment/Work Plan

<table>
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<tr>
<th></th>
<th>Risk Assessment/Work Plan</th>
<th>Data Compilation</th>
<th>Report to</th>
<th>Reporting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Evaluate and assess compliance risk</td>
<td># of projects identified in work plan Resourced internally/externally</td>
<td>BOD or committee thereof; CEO</td>
<td>Quarterly and Annual</td>
</tr>
<tr>
<td>B</td>
<td>Define Annual work plan</td>
<td>Evaluate completion of projects and participation Revised as needed throughout the year</td>
<td></td>
<td></td>
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</tbody>
</table>
## COMPLIANCE PROGRAM EFFECTIVENESS - GOVERNANCE

<table>
<thead>
<tr>
<th>Compliance Program Assessment</th>
<th>Compliance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 Compliance Program reviewed by the Compliance Committee and signed by all board members annually</td>
<td>2</td>
<td>Server: compliance department and/or Compliance officer to the board.</td>
</tr>
<tr>
<td>C2 New Board member receives training on the compliance program and signs the Code of Conduct and attestation</td>
<td>2</td>
<td>Server: compliance department sends training materials prior to board/office orientation.</td>
</tr>
<tr>
<td>C3 New Board member training is recorded</td>
<td>2</td>
<td>Server: documentation board/committee to report.</td>
</tr>
<tr>
<td>C4 New Board member training is comprehensive</td>
<td>2</td>
<td>Server: materials provided to new Board members.</td>
</tr>
<tr>
<td>C5 The Code of Conduct is current</td>
<td>2</td>
<td>DOD review reflects a compliance report on less than quarterly. Can be based on issuance of a board resolution or the board members reflect the annual report.</td>
</tr>
<tr>
<td>C6 The Code of Conduct reflects at minimum, activities of the Compliance Committee including: Section Screening, Incident data requirements, and terminations related to compliance</td>
<td>2</td>
<td>Server: report in RCC for action and inclusion of required information.</td>
</tr>
<tr>
<td>C7 The Code of Conduct reflects at minimum quality of Care information, QAPI activities and occurrence that occur as a result of the Code of Conduct</td>
<td>2</td>
<td>Server: documentation provided to the DOD.</td>
</tr>
<tr>
<td>C8 Annually, all employees receive compliance education and sign the commitments to the code of conduct and sign the compliance education</td>
<td>2</td>
<td>Server: documentation sent to appropriate department.</td>
</tr>
<tr>
<td>C9 Annually, all board members sign a Conflict of Interest Swear</td>
<td>2</td>
<td>Server: documentation sent to appropriate department.</td>
</tr>
<tr>
<td>C10 CSS is used in last 3 years and used in appropriate at annual training</td>
<td>3</td>
<td>Interview with appropriate staff. Server: document.</td>
</tr>
<tr>
<td>C11 The DOD retains a copy of the Compliance Annual Work Plan</td>
<td>3</td>
<td>Server: compliance officer endorses manager of the annual report. Update may be included in the annual report.</td>
</tr>
<tr>
<td>C12 Update on annual work plan provided to the DOD on a timely basis</td>
<td>3</td>
<td>Server: compliance officer endorses manager of the annual report. Update may be included in the annual report.</td>
</tr>
<tr>
<td>C13 Organizational chart reflects desired reporting structure from Compliance Officer to Compliance Officer to the DOD</td>
<td>3</td>
<td>Server: organizational chart.</td>
</tr>
<tr>
<td>C14 Members of the Board, directors, contractors, vendors, and employees receive training in the Code of Conduct</td>
<td>3</td>
<td>Review of Sample of Contract/Contract award, graduate and appropriate the Deficit Reduction Act.</td>
</tr>
<tr>
<td>Total Score:</td>
<td>0/35</td>
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### COMPLIANCE PROGRAM EFFECTIVENESS – CODE OF CONDUCT

<table>
<thead>
<tr>
<th>Code of Conduct</th>
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</thead>
<tbody>
<tr>
<td>C33 The Code of Conduct is current</td>
<td>2</td>
</tr>
<tr>
<td>C34 The Code of Conduct has been</td>
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<tr>
<td>C35 All new employees during orientation (no later than 30 days after start date) receive the full code of conduct with a commitment to the compliance officer.</td>
<td>2</td>
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<tr>
<td>C36 All employees annually (tri-fold is acceptable) receive training and sign a commitment to the compliance officer.</td>
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<tr>
<td>C37 Physicians/ non-physician extenders receive tri-fold or are on an annual vendor list</td>
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<td>C38 Volunteers</td>
<td>2</td>
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<tr>
<td>C39 Adherence to the Code of Conduct is in vendor, contractor and consultant contracts and receive annual notification on the Code of Conduct, Elder Justice Act and as appropriate the Deficit Reduction Act.</td>
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<tr>
<td>C40 The current Code of Conduct is publicized to the community in general and is easily accessible. (required to be posted on website)</td>
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<tr>
<td>Total Score:</td>
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</table>
COMPLIANCE DASHBOARD

**Basic Elements of Compliance Program**

- **Reported to the organization board**
  - Minimum annually
  - Recommend quarterly

- **Assists in keeping CEO/Senior team apprised**
- **Informs the oversight board of the compliance program**
  - Risky behavior by organizations subject to termination in the program

### MEASURING EFFECTIVENESS

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PROACTIVE VS. REACTIVE

Corporate Compliance Agreement in 2004 (2 yrs)

- Mandatory adoption of corporate compliance program
- Followed “7 elements” as promoted by OIG Compliance Program Guidance
- Outside “Monitor” periodic evaluations during CCA period
- Quarterly reports to the board compliance committee
- Established direct reporting of Compliance Officer to board
- Annual report of the compliance program
- Justification of expense to obtain resources and networking opportunities

THANK YOU!

2018 HCCA COMPLIANCE INSTITUTE
LAS VEGAS, APRIL 15

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