Integrating Compliance Departments

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Wendy Trout, CPA, CCS-P – Director Corporate Compliance West, WellSpan Health

WellSpan Health

WellSpan Health is an integrated health system that serves the communities of central Pennsylvania and northern Maryland. The organization is comprised of a multispecialty medical group of 1,500 physicians and advanced practice clinicians, a regional behavioral health organization, a home care organization, eight respected hospitals, more than 19,000 employees, and more than 170 patient care locations. WellSpan is a charitable, mission-driven organization, committed to exceptional care for all, lifelong wellness and healthy communities.
POLLING DATA #1

How much Healthcare Compliance Experience do you have?

1. 0-1 Year
2. 1-5 Years
3. 6-10 Years
4. 10+ Years

POLLING DATA #2

Have you experienced healthcare merger activity during your time working in compliance?

- Yes, many times.
- Yes, a few times.
- Yes, once.
- Starting to right now.
- No
Prior to Merger – We each did EVERYTHING!

Fully functioning Compliance Departments East and West of River
- Risk Assessments
- Audit plans for facility audits and professional audits
- Compliance Education
- Hotlines
- Sanction Checks
- Review and Dissemination of Regulations
- Defense Audits (Medicare and Payer Audits)
- Separate Compliance Committees
- Separate Reporting to Boards
When Hospitals/Health Systems Merge, What are Your Options?

- Review compliance models for large organizations
  - Corporate
  - Regional
  - Hybrid
- Review Current state of each compliance program
  - Assess strengths and weaknesses
  - Determine best practices
- Develop a structure proposal and share with leadership
  - Benchmark data on Compliance departments – volume of staff needed

Corporate Model – Central Location

[Diagram of Corporate Model – Central Location]

- Corporate Leader
- Admin Support
- Hospital Audits
- Professional Audits
- Defense Audits
- Training/Other Compliance Functions
**Considered Corporate Model**

- **Benefits**
  - Single reporting structure
  - No matrix reporting
  - Centralized information
  - Efficiencies of scale

- **Downside – Expanse of geography**
  - Extra travel costs
  - Extra travel time – less time to do the work or more stress on staff
  - Hard to support when there is an immediate compliance need
  - Less visible throughout the organization

**Regional Model**
Considered Regional Model

- Benefits
  - Staff located in each area – quick response
  - Compliance more visible across the organization
  - Smaller teams to manage

- Downside
  - Too many leaders for a lean staffing model
  - Resources stretched as each area does everything
  - Interrater reliability issues
  - Lots of information to collate from numerous people (each region/each specialty)

Hybrid – What does that look like?

- Corporate Division of Core Compliance Functions
  - Realize economies of scale – both when done internally or outsourced

- Regional/Local Support
  - Questions
  - Presentations/Education
  - Immediate Needs
Division of Responsibilities

WEST

Director – Wendy Trout

Corporate Functions:
New Employee Orientation
Hotline Management
Sanction Screening
Defense Audits (i.e. Payer Audits, RAC audits, MAC audits)
Proactive Professional Reviews

Entity Support:
YH
GH
WSRH & ECH Inpatient Rehab
Physician Practices
WellSpan Pharmacies
AHSC
VNA

EAST

Director – Susan Shollenberger

Corporate Functions:
WellSpan Risk Assessment & Audit Workplan
Education – Annual, New Regulations, Targeted needs
Review & Dissemination of Regulation Updates
Proactive Facility Reviews

Entity Support:
WECH
GSH
Psych (Philhaven, YH & WECH, WMG)
DME
Wound Care – All entities

WellSpan Compliance

Director - West

Admin Support (2W)

Professional Audits

Defense Audits

1 Supervisor - W
3 FT Prof Coding Auditors - W
1 PT Prof Coding Auditor - SC
1 FY E&M Auditor - W
1 PT E&M Auditor - E

Director - East

Hospital Audits

1 Coordinator (WH)
3 Nurse Auditors (WH)
1 Hospital Coding Auditor (WH)

1 Coordinator - E
1 Staff Auditor – E
1 Senior Auditor - W

W = West; E = East; SC = South Carolina; WH = West and Work from Home
Benefits/Challenges of Hybrid

- **Benefits**
  - Not one person trying to do everything – not stretched too thin
  - Nice to have a compliance partner to bounce things off of
  - Staff located in each area – quick response
  - Compliance more visible across the organization
  - Economies of scale
  - Reporting easier – focused areas

- **Challenges**
  - Matrix reporting
  - Challenges when one leader is out for extended times – covering the entire program
  - Constant need to stay in communication with counterpart
  - Avoiding duplication of effort
  - Coordination of storage of compliance materials

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**POLLING DATA #3**

If you had to pick a model that most closely represents what your compliance model looks like today, which would it be?

1. Corporate Model
2. Regional Model
3. Hybrid Model
How to be Successful in a Hybrid Model

- Regular Communication between leaders
- Flexibility of Staff – assist where their skill sets excel
- Best of Breed approach – learn from each other and implement what is best
- Use Technology
  - Skype or other remote meeting tools
  - Can employ staff wherever they live and provide compliance presence across the organization
  - Work from home or other entity locations (flexibility)
- Central Repository of Information - all can access

Once you have your structure, now what?

- Review reporting and committee structure to decide how to move forward
  - Boards
  - Steering Committee
  - Risk Evaluation Committee
- Determine how Education and Leadership updates will be done
- Assess Strengths and Weakness – plan improvements
- Review, revise, combine compliance related policies
Reporting

- Audit and Compliance Committee of the WellSpan Board – Together based on delineation of responsibilities
- Compliance Steering – skype allows representation across entire organization
  - When an individual has corporate responsibility – invite them
  - When corporate responsibility not fully developed – invite individuals from each area
- Entity Board updates – Prepare together; Presentations – divide by location

Issuing Written Reports

**Entity**

**WECH**
- Addressed to entity management
- Describe purpose, background and scope
- Describe population, sample and sample selection method
- Provide detailed hospital-specific findings, recommendations and management response
- Provide “gas-gauge” quick –look score

**System Level**

WellSpan Health
- Addressed to WSH management
- Executive summary includes scope, population and sample breakdown
- Provides and overall system score
- Provides scores and findings by facility
Education and Updates

- Core Compliance Education – Centralized through a Learning Management System
- New Employee Orientation – Centralized currently
- Entity Board Education – Prepare together; Presentations – divide by location
- Management Updates/Education – Prepare together; Presentations - divide by location
- Departmental Level Training – Ensure material is provided across all applicable entities
- Dissemination of Regulatory Updates

Compliance Risk Assessment Team (CRAT)

- Purpose and functions:
  - To contribute to WellSpan's compliance effectiveness measures in a defined, documented format
  - To obtain input from subject matter experts on compliance risks
  - To evaluate the level of risk for each identified risk area
  - Evaluate compliance history in the identified area (i.e.; PEPPER reports)
  - Queries to management regarding controls
  - Scoring identified risks
  - To ensure identified high level risks are addressed through appropriate means (e.g.; inclusion in the WellSpan Compliance Work Plan)
- Membership from stakeholders across the organization
Compliance Risk Assessment
Scoring Matrix

<table>
<thead>
<tr>
<th>Score</th>
<th>Reimbursement at Risk</th>
<th>Volume of Claims at Risk</th>
<th>External Review Processes</th>
<th>Likelihood of Risk</th>
<th>Current Controls in Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;$10,000</td>
<td>0 – 249 claims/yr</td>
<td>Consultants/Professional OIG have noted as an area of review or monitor, but no known external reviews at this time.</td>
<td>Low risk, unlikely to occur. Historical and industry experience show a low likelihood of occurrence. Simple well understood process. Competency may be demonstrated. Not likely to be selected for review.</td>
<td>Internal and/or automated controls proven to be highly effective in mitigating all risk.</td>
</tr>
<tr>
<td>2</td>
<td>Between $10,000 - $50,000</td>
<td>250 – 500 claims/yr</td>
<td>Random ADRs, CERTs, or other similar types of audits</td>
<td>Slight risk, historical industry experience shows some likelihood; however, not experienced in organization to date. (Low risk of being selected for review.)</td>
<td>Routinely audited and/or tested. Performance metrics are established. Routinely reviewed and show little variation. Current policies and procedures exist. Employee training and competency established.</td>
</tr>
<tr>
<td>3</td>
<td>Between $50,000 - $100,000</td>
<td>501 – 1,000 claims/yr</td>
<td>Focused review by RACs, MACs or other similar audits. Prior experience revealed only immaterial errors (&lt;1%)</td>
<td>Moderate risk of occurrence. (Moderate risk of being reviewed.)</td>
<td>Periodically audited and/or tested. Limited performance metrics established. Segregation of duties limits errors.</td>
</tr>
<tr>
<td>4</td>
<td>Between $100,000 - $250,000</td>
<td>1,001 – 2,500 claims/yr</td>
<td>Focused review by RACs, MACs or other similar audits. Prior experience revealed moderate levels (10 – 25%) of errors OR level of errors not known at this time.</td>
<td>High risk of occurrence. Highly complex process, manual process, and/or numerous hand-offs. Relies on extensive specialized skills. High risk of being reviewed, due to visibility compared to others.</td>
<td>Process not audited or tested or infrequently audited or tested. Limited policy or procedure guidance.</td>
</tr>
<tr>
<td>5</td>
<td>Between $250,000 - $500,000</td>
<td>2,501 – 5,000 claims/yr</td>
<td>Focused review by RACs, MACs or other similar audits. Prior experience revealed significant levels of errors (&gt;25%).</td>
<td>Errors suspected. Expected to be a target for review.</td>
<td>No formal controls in place.</td>
</tr>
<tr>
<td>6</td>
<td>Between $500,000 - $750,000</td>
<td>5,001 – 10,000 claims/yr</td>
<td>On-Demand Workplan.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>7</td>
<td>Between $750,000 - $1M</td>
<td>10,001 – 20,000 claims/yr</td>
<td>OIG reviews being conducted</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>8</td>
<td>&gt;$1M</td>
<td>&gt;20,000 claims/yr</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Compliance Risk Assessment
Department Risk and Control Assessment

Risk Area: ___________________________ Source of Risk Topic: ___________________________
Risk Description: ___________________________

Control Assessment:

1) Does the Department have a policy that addresses this risk? YES NO

Last time policy and procedure was reviewed: ____________________________________________

1) Does the Department train staff on this risk area? YES NO

1) Does the Department use any process to promote/monitor compliance with this risk area? (For example, monitoring, audits, etc.) YES NO

Please describe the compliance process: ____________________________________________

Are the monitoring results reported to anyone? YES NO

To whom are they reported and how often? ____________________________________________

1) Has the Department been the subject of an external audit of this risk within the past 3 years? YES NO
# Compliance Risk Assessment Grid

<table>
<thead>
<tr>
<th>Item #</th>
<th>Risk Reviewed</th>
<th>Source</th>
<th>Affected Provider Type</th>
<th>At risk (annual)</th>
<th>Vol. of Claims (annual)</th>
<th>Ext. Review Focus</th>
<th>Likelihood</th>
<th>Controls</th>
<th>Total Score FY19</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Partial hospitalization</td>
<td>DOJ 2/22/18</td>
<td>phys</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>Sum #</td>
<td>FY19-1</td>
</tr>
<tr>
<td>2</td>
<td>Observation time</td>
<td>Dept request</td>
<td>phys/hosp</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>Sum #</td>
<td>FY19-3</td>
</tr>
<tr>
<td>3</td>
<td>Noninvasive home ventilators</td>
<td>OIG W-00-18-31809</td>
<td>OME</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>Sum #</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>96hr vent</td>
<td>OIG A-09-14-00041</td>
<td>hosp</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>Sum #</td>
<td>NA</td>
</tr>
<tr>
<td>5</td>
<td>Facet injections</td>
<td>MAC</td>
<td>hosp</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>Sum #</td>
<td>NA</td>
</tr>
</tbody>
</table>
Assess Strengths/Weaknesses of Compliance Programs

- Deliberately schedule time to review
- Use some type of compliance effectiveness evaluation
- Conduct employee compliance surveys
- Get down to the details – reviews policies side by side
- Share the strengths across the organization
- Develop plan to address weaknesses
- Reassess after alignment

Compliance Effectiveness Evaluation
(OIG: Measuring Compliance Program Effectiveness)

<table>
<thead>
<tr>
<th>Description</th>
<th>Met</th>
<th>Partially Met</th>
<th>Not Met</th>
<th>Comments</th>
<th>To Do:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A  Conduct periodic reviews of policies, procedures and controls</td>
<td></td>
<td></td>
<td>x</td>
<td>Compliance noted entity and department policies may not be uniform or updated regularly.</td>
<td>Education provided to management at hospital entities Winter/Spring 2018. Monitor going forward.</td>
</tr>
<tr>
<td>B  Integrate mission, vision, values and ethical principles with code of conduct</td>
<td></td>
<td></td>
<td></td>
<td>Referenced in Code of Conduct bullet #1</td>
<td></td>
</tr>
</tbody>
</table>
Employee Survey:
Scored from Strongly Agree to Strongly Disagree

Question Suggestions:
1. I am comfortable using the chain of command to address and solve problems.
2. WellSpan top management is committed to ethics and compliance, even if it is bad news.
3. I am aware I can report concerns confidentially though the Compliance Hotline and I know how to do so.
4. I have thought about calling the Compliance Hotline, but hesitated or was afraid to use it.
5. I am aware of my obligation to report noncompliant, improper or unethical conduct.
Policies and Procedures

Compare/contrast policies: Design single policy utilizing best of policies

For example:
- Compliance Program
- Compliance Department Policies
  - Handling Reports of Compliance Concerns
  - Auditing Process Policies
  - Audit Report Policies
- Billing policies
- Coding policies
- Identify Theft Policy
- External/Consultant Review Policy

Addressing the Gaps – Some Examples

- Provided education to managers across the system on non-retaliation policy and awareness of lateral retaliation – due to result from Employee Compliance Survey
- Updated out of date policies - not reviewed/revised at appropriate intervals
- Addressed physician coding accuracy by including it in their compensation plans
- Ensured that all internal and external audits are regularly reported to the Compliance Steering Committee, the facility boards and the WellSpan board.
- Ensured that all new/revised regulations are disseminated to the appropriate personnel
- Included the newest employees from joining entities to compliance processes — added them to meeting regarding compliance and considered their “ways” as well as the legacy “ways” of addressing compliance needs
Keeping Track of it All

Repository of Information -
All Compliance staff and Compliance Committee can access

- Meeting Information
- Risk Assessments/Project Plans
- Education
- Refunds/CAP
- Inquiry/Hotline
- Dashboard

Compliance Repository

Announcements
Title

Draft - Compliance Committee Member Expectations
Hello Compliance Steering Committee Members!
As we have some newer members to our committee, we thought we would ressurect an old tool Sue used in the past to ensure people on the committee knew what we hope they can provide to WellSpan's compliance efforts.
This is draft form for your review and consideration.
We will look at this together tomorrow.
I hope you all have a great evening!
Wendy

Attachments: 8
Meeting Information

Meeting Information – Standard Folders
Compliance Inquires/Hotline

Inquiry/Hotline

<table>
<thead>
<tr>
<th>Name</th>
<th>Modified</th>
<th>Modified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2019 Inquiries - Supporting ...</td>
<td>September 24, 2018</td>
<td>Trout, Wendy A</td>
</tr>
<tr>
<td>FY 2018 Compliance Inquiries ...</td>
<td>September 14, 2018</td>
<td>Trout, Wendy A</td>
</tr>
<tr>
<td>FY 2019 Compliance Inquiries ...</td>
<td>February 9</td>
<td>Trout, Wendy A</td>
</tr>
</tbody>
</table>

Note: Spreadsheet for tracking information and Folders to keep all the details

Compliance Inquires/Hotline – Detail Entry by Staff

<table>
<thead>
<tr>
<th>DATE</th>
<th>LOCATION</th>
<th>NAME</th>
<th>METHOD OF CONTACT</th>
<th>QUESTION/CONCERN</th>
<th>FOLLOW-UP</th>
<th>STAFF MEMBER</th>
<th>CATEGORY</th>
<th>OUTCOME</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/22/2018</td>
<td>Internal</td>
<td>Shytree</td>
<td>Phone</td>
<td>Concerned that someone from York accessed her record inappropriately</td>
<td>Shytree</td>
<td>YA</td>
<td></td>
<td>Question for York</td>
<td>1</td>
</tr>
<tr>
<td>1/22/2018</td>
<td>Internal</td>
<td>Shytree</td>
<td>Phone</td>
<td>Concerned that someone from York accessed her record inappropriately</td>
<td>Shytree</td>
<td>YA</td>
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<td>Question for York</td>
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<td>Shytree</td>
<td>YA</td>
<td></td>
<td>Question for York</td>
<td>1</td>
</tr>
</tbody>
</table>
Compliance Inquiry/Hotline – Sample Summaries

Education

COMPLIANCE EDUCATION TRACKER

<table>
<thead>
<tr>
<th>Session Date</th>
<th>Presenter</th>
<th>Session Length (Minutes)</th>
<th>Topic</th>
<th>Session Title</th>
<th>Facility</th>
<th>Dept</th>
<th>Number In Attendance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/4/2018</td>
<td>Wendy Trout</td>
<td>0.25</td>
<td>Doc Policy/Regulations</td>
<td>Site Director Compliance Update</td>
<td>York Co</td>
<td>WMG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/7/2018</td>
<td>Wendy Trout</td>
<td>0.25</td>
<td>Doc Policy/Regulations</td>
<td>Site Director Compliance Update</td>
<td>Lanc Co</td>
<td>WMG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/13/2018</td>
<td>Wendy Trout</td>
<td>0.25</td>
<td>Doc Policy/Regulations</td>
<td>Site Director Compliance Update</td>
<td>Lebanon Co</td>
<td>WMG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/14/2018</td>
<td>Wendy Trout</td>
<td>0.25</td>
<td>Doc Policy/Regulations</td>
<td>Site Director Compliance Update</td>
<td>Adams Co</td>
<td>WMG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/14/2019</td>
<td>Becky Dennis</td>
<td></td>
<td>Venflor coverage</td>
<td>Venflor Coverage</td>
<td>Adams Co</td>
<td>WMG</td>
<td></td>
<td>Email education for Adams Hemat/Onc: Venflor coverage and coding for Dr. Chan</td>
</tr>
<tr>
<td>6/20/2018</td>
<td>Becky Dennis</td>
<td>1.0</td>
<td>IVU Coverage</td>
<td>Coding and coverage</td>
<td>York Co</td>
<td>WMG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/18/2018</td>
<td>Becky Dennis</td>
<td></td>
<td>Skin Substitutes</td>
<td>Coverage policy</td>
<td>York Co</td>
<td>WMG</td>
<td></td>
<td>Email education for Dr. Prime: Presentation for CCO staff and AH infusion</td>
</tr>
<tr>
<td>10/10/2018</td>
<td>Becky Dennis</td>
<td>2.0</td>
<td>IVU Coverage</td>
<td>TPE AND IVU</td>
<td>York Co</td>
<td>WMG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/22/2018</td>
<td>Becky Dennis</td>
<td>1.0</td>
<td>IVU Coverage</td>
<td>TPE AND IVU</td>
<td>York Co</td>
<td>WMG</td>
<td></td>
<td>10 Presentation for IVS Neurology regarding Botox coverage requirements</td>
</tr>
<tr>
<td>7/2/2018</td>
<td>Becky Dennis</td>
<td></td>
<td>Botox for urethral frequency</td>
<td>Botox Letter</td>
<td>York Co</td>
<td>WMG</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Spreadsheet keeps track of topics, audience, when and when presented
Folders are also available to save each presentation
Remember Economies of Scale in Your Area

- Contracts with Vendors
  - Sanction Checking
  - Hotline
  - Denial support
  - Audit Tracking/Release of Information
  - Audit Assistance Tools
  - Subscription to Journals/Memberships – RMC, AHIMA
- Contracts with Payers – when renegotiating – put in Audit Language
What’s Ahead for 2019/2020

Summit Health
At a Glance (Fiscal Year 2018)

2 Acute Care Hospitals - 324 Beds
2 Urgent Care Centers
2 Walk-In Care Centers
1 Retail Clinic
8 Lab Locations
5 Imaging Centers
53 Practice Sites
4 Physical Therapy Locations
Cancer Treatment Services
Outpatient Surgery Center

We start again...

Contact Us

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Wendy Trout, wtrout@wellspan.org