Beyond the Elements: Operationalizing Compliance

HCCA’s 23rd Annual Compliance Institute

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Objectives:

• Considerations and practical advice on operationalizing compliance into multiple line of business within the same organization

• Identify challenges commonly experienced by organizations attempting to operationalize compliance for large and small organizations

• Provide processes and tools that can assist compliance programs move into operationalization
Effective Compliance Programs

PREVENT

DETECT

CORRECT

Non-Compliance

What does ‘OPERATIONALIZE’ mean?

• “put it into operation or use”

• To operationalize, compliance must be integrated into business processes

• Sounds simple but given how highly regulated healthcare services are, operationalization needs to be intentional and functional to be successful
Objective #1

Considerations and practical advice on operationalizing compliance into multiple line of business within the same organization

Compliance Program Gap Analysis

Risk Assessment is a key component of measuring Compliance Program effectiveness and was included in two Compliance Program Effectiveness guidance documents released in 2017 by the Office of Inspector General (OIG) and the Department of Justice (DOJ):

- U.S. Department of Justice (DOJ) Compliance Program Effectiveness documents (p.4-5, number 5)
Compliance Program Gap Analysis (Handout)

<table>
<thead>
<tr>
<th>What to Measure</th>
<th>Element 3: Standards, Policies, and Procedures</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
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</table>
| 1.1 Accessibility | * Review link to employee accessible website/Intranet that includes the Code of Conduct  
* Survey - Can you readily access or reference policies and procedures? (Yes/No/Don't know)  
* Survey - How and where do employees actually access policies and procedures?  
* Test key word search (searchable)  
* Audit and interview staff to show policies |          |
| 1.2 Actual Access | Audit how many actual “hits” on policies and procedures |          |
| 1.3 Accessible language for code, standards and policies | Flesch-Kincaid measuring standard – no more than 10th grade reading level |          |
| 1.4 Compliance program awareness and communication | * Survey employees to determine the extent to which the code of conduct and other compliance communications are available to employees  
* Review to ensure the standards, policies, and awareness material is updated and distributed within organization's guidelines |          |
| 1.5 Impaired or disabled accessibility | Review accessibility options. Look at methods and speak to individuals. |          |
| 1.6 Policy communication | Communication strategy of policies |          |
| 1.7 Availability of policy content | Conduct surveys and observation |          |
| Accountability   |                                              |          |
| 1.8 Accountability | Policy Coordinator designated |          |
| 1.9 Ownership and accountability of policies | Audit process of how policies get enforced by chain of command when compliance is not the final approver. Is management taking responsibility for implementing and following policies? |          |
| 1.10 Routine policies and procedures | Confirm that listed owner of each policy and procedure is the actual owner. |          |

Review/Approval Process:

<table>
<thead>
<tr>
<th>Element 1</th>
<th>Element 2</th>
<th>Element 3</th>
<th>Element 4</th>
<th>Element 5</th>
<th>Element 6</th>
<th>Element 7</th>
<th>DOJ Evaluation Elements</th>
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Compliance Program Gap Analysis

<table>
<thead>
<tr>
<th>What to Measure</th>
<th>How to Measure</th>
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<tbody>
<tr>
<td>Training:</td>
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</table>
| 4.1 The organization provides risk area specific training to employees designated to be in high risk positions. | * Audit to ensure the organization has designated the positions deemed to be high risk (coding, billing, physicians, etc.) and established training requirements for these high risk positions.  
* Compare risks posed by these positions against training materials to ensure specific risks are addressed.  
* Audit high risk training completion rates. |
| 4.2 The organization has established a compliance training plan. The organization assures that training is completed according to the established plan. The training plan is periodically updated or refreshed. | * Conduct document review to ensure the training plan exists and includes required training, expected audience, topics covered, and method for deployment.  
* Audit sign-in sheets or other tracking tools to ensure individuals are attending required training.  
* Review to ensure training plan is periodically updated. |
| 4.3 The organization defines the appropriate audience for each type of compliance training (general, issue specific, high risk, etc.). | * Audit job codes to ensure the correct training has been assigned.  
* Review job codes to ensure training, including job specific job training is being conducted according to the established training plan. |
| 4.4 The organization offers CEUs, when appropriate, for its compliance education and training. | * Perform a documentation review to determine the extent to which the organization offers CEUs for compliance training. |

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<tr>
<th>Element 1</th>
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<th>Element 3</th>
<th>Element 4</th>
<th>Element 5</th>
<th>Element 6</th>
<th>Element 7</th>
<th>DOJ Evaluation Elements</th>
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</table>
Compliance Program Gap Analysis

### Element 5: Monitoring, Auditing, and Internal Reporting Systems

<table>
<thead>
<tr>
<th>What to Measure</th>
<th>How to Measure</th>
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</thead>
<tbody>
<tr>
<td>5.1 Accessibility of reporting system</td>
<td>Interviews. Surveys. Ask employees and managers if the reporting system is accessible to them. Is it available in languages that are most spoken in the organization?</td>
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<tr>
<td>5.2 Adherence to 60-day overpayment rule</td>
<td>Review incident tracker; ensure days to open or days to close do not exceed that timeframe. Track efforts to identify; status benchmarks specific days to completion.</td>
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<tr>
<td>5.3 Trust in the system</td>
<td>Survey - Do you feel you can freely report ethics and compliance issues without fear of retaliation from managers? (Yes/No/Don't know).</td>
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<tr>
<td>5.4 Reporting and Investigation Process</td>
<td>Review external benchmarking reports (# of calls, time it takes to close cases, anonymous, etc.).</td>
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<td>5.5 Reporting system – compliance response to reporters</td>
<td>Document review. Focused groups and speaking with employees about hotline. Are calls made through reporting system responsive to reporters? Are policies followed regarding the response to reports received? Are reports responded to on regular intervals and updated appropriately?</td>
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<tr>
<td>5.6 Reporting System: Hotline/Direct contacts</td>
<td>Document review, audit. Are hotline calls or matters brought to the attention of the compliance department (direct contacts) categorized, trended, and reported to the compliance committee and board level committee?</td>
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**Element 6: Compliance Program Gap Analysis**

<table>
<thead>
<tr>
<th>4.b Operational Integration</th>
<th>Notes</th>
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<tbody>
<tr>
<td>4.b.1 Responsibility for integration</td>
<td>Who has been responsible for integrating policies and procedures? With whom have they consulted (e.g., officers, business segments)? How have they been rolled out (e.g., do compliance personnel assess whether employees understand the policies)?</td>
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<tr>
<td>4.b.2 Controls</td>
<td>What controls failed or were absent that would have detected or prevented the misconduct? Are they there now?</td>
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<td>4.b.3 Payment systems</td>
<td>How was the misconduct in question funded (e.g., purchase orders, employee reimbursements, discounts, petty cash)? What processes could have prevented or detected improper access to those funds? Have those processes been improved?</td>
</tr>
<tr>
<td>4.b.4 Approval/Certification process</td>
<td>How have those with approval authority or certification responsibilities in the processes relevant to the misconduct known what to look for, and when and how to escalate concerns? What steps have been taken to remedy any failures identified in this process</td>
</tr>
<tr>
<td>4.b.5 Vendor management</td>
<td>If vendors had been involved in the misconduct, what was the process for vendor selection and did the vendor in question go through that process? See further questions below under item 10. &quot;Third Party Management&quot;</td>
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5. Risk Assessment

5.a Risk Management Process
- What methodology has the company used to identify, analyze, and address the particular risks it faces?

5.b Information Gathering and Analysis
- What information or metrics has the company collected and used to help detect the type of misconduct in question? How has the information or metrics informed the company's compliance program?

5.c Manifested Risks
- How has the company's risk assessment process accounted for manifested risks?

6. Training and Communications

6.a Risk-Based Training
- Has training have employees in relevant control functions received? Has the company provided tailored training for high-risk and control employees that addressed the risks in the area where the misconduct occurred? What analysis has the company undertaken to determine who should be trained and on what subject?
Compliance Program Effectiveness Surveys

- Survey Monkey
- Launch through your electronic learning system
- Paper
- Email
- Completed by third-party

See handouts for Compliance

Compliance Program Effectiveness Surveys

- Do you know who the Chief Compliance Officer is?
- Do you know where to locate Compliance policies and procedures?
- How do you educate your stakeholders about the Compliance policies and procedures and where to find them?
- Do you know where to find the most current version of the Code of Ethics and Business Conduct?
- Do you receive information from your leadership about new/updated Compliance policies?
- Do you refer to Compliance policies and procedures during the performance of your job duties?
Compliance Program Effectiveness Surveys

• Do you ensure all new stakeholders complete all assigned Compliance training by the assigned due dates?
• Do you know where to refer compliance questions, including those regarding patient privacy and potential disclosures of protected health information (PHI)?
• Do your stakeholders know where to refer compliance questions, including those regarding patient privacy and potential disclosures of PHI?
• Do you know where and whom to report potential Compliance violations, including HIPAA violations?
• Is your staff informed that they will not be retaliated against for reporting possible violations in good faith?

Compliance Program Effectiveness Surveys

• Do residents or POAs, receive and acknowledge receipt of the Notice of Privacy Practices upon admission?
• Does your facility have a process and designated contact for reporting and tracking applicable disclosures?
• Does your facility have a process for documenting requests for the restriction of uses and disclosure of PHI?
• Does your facility have a whiteboard, bulletin board, or any other display with PHI written/posted on it?
• What is required to provide a copy of a medical record to a resident?
• What is required if an individual, other than the resident, requests a copy of a medical record?
• Who do you contact when equipment that may contain PHI is either lost or stolen?
Compliance Culture/Effectiveness Survey

• I am familiar with the company’s compliance program.
• I know where to find a copy of the code of conduct.
• I am aware of the compliance hotline and how to access it.
• I know how to contact the compliance department if I have a question.
• I am aware of where to find the policies and procedures related to my job.
• I know where the compliance policies and procedures can be located.
• My management team supports the goals and objective of the compliance program.
• My coworkers encourage ethical and compliant behavior (doing the right thing).

Compliance Culture/Effectiveness Surveys

• If a compliance concern comes to my attention, I would feel comfortable reporting it to my Supervisor/Manager.
• I am comfortable reminding a coworker if something they are about to do would violate the Code of Conduct or a policy.
• As an associate, have you felt pressure to compromise ethics (moral principles) to get the job done?
• If a compliance concern comes to my attention, I would feel comfortable reporting it to my Administrator.
• If a compliance concern comes to my attention, I would feel comfortable reporting it to my Human Resource Department.
Compliance Culture/Effectiveness Surveys

• If a compliance concern comes to my attention, I would feel comfortable reporting it to the Compliance Officer.
• I am confident that the Compliance Department will ensure my compliance concern is addressed and resolved in a timely manner.
• Fear of retaliation would prevent me from reporting a compliance problem.
• During Compliance and Ethics Week, I saw one of the Pet Compliance Posters.
• I have observed workplace behavior that I felt violated the Code of Conduct, policy or law.
  • If yes, to the previous question, did you report it to anyone?

Risk Assessment

A Compliance Risk Assessment:
• Identifies and prioritizes risk
• Designs controls to protect the organization
• Allocates resources
• Helps development of Internal Audit and Compliance Monitoring plans
• Prevents and reduces compliance issues
• Decreases or prevents potential fines and expense to the organization
Risk Assessment

Risk Assessments are rooted in Compliance Program guidance:
- U.S. Sentencing Guidelines (USSG § 8B2.1(b)(5)(7) and (c); USAM 9-28.800 Comment; OECD Handbook, B, p. 10 et seq.)
- Office of Inspector General (OIG) Compliance Program Guidance
- Corporate Integrity Agreements, Risk Assessment and Internal Review Process requirement

Risk Assessment

- Annually, a team conducts a risk assessment and internal review process using a team approach if possible. May include Compliance, Internal Audit, Legal and Operations, in order to:
  - Identify and address risks associated with participation in Federal health care programs
  - Including but not limited to the risks associated with the submission of claims for items and services furnished to Medicare and Medicaid program beneficiaries
  - Various ways to do it
  - Develop best method for your organization and scale it to organization’s complexity
  - Best practice is to develop a Risk Assessment policy and follow it annually
Risk Assessment

- The risk assessment process may include:
  - Compliance Effectiveness Gap Analysis
  - Review of government documents
  - Review of regulatory changes and payment changes
  - Review of internal reports
  - Data mining
  - Interviews
  - Surveys

Risk Assessment

- The risk assessment process includes review of:
  - Government Documents
    - OIG Work Plan and updates for audit areas that are applicable
    - OIG Audit results
    - Corporate Integrity Agreements
    - Department of Justice settlement agreements
    - Advisory opinions
    - Fraud alerts
    - PEPPER Reports
  - State and federal survey results
  - Other government publications for risk areas that may be applicable
Risk Assessment

- The risk assessment process includes review of internal reports for potential areas to review or follow up:
  - Internal risk scorecards
  - Prior audit results
  - Government audit results
  - Exit interviews
  - Hotline call trends,
  - Investigation trends
  - Risk management cases
  - QAPI
  - Facility Assessments
  - Data Mining

Risk Assessment

- Review regulatory changes and emerging legislation/regulations that could impact the organization, such as:
  - Changes in government payment models
  - Implementation of new regulations

- It’s also important to take the additional areas listed on the next slide for consideration:
Risk Assessment

- Bad debt
- Billing and coding
- Clinical quality
- Clinical research
- Cost reports
- Credentialing
- Credit balances
- Documentation
- Emergency Preparedness
- Environmental
- Excluded providers
- Finance
- HIPAA Privacy and Security
- Information Technology
- Licensure
- Marketing
- Medical Necessity
- Mergers, Acquisitions and Divestitures
- Physician Transactions (Stark)
- Policies and Procedures
- Record retention
- Regulatory
- Reimbursement
- Staffing and Payroll Based Journal
- State and federal surveys

Compliance Risk Questionnaire (Handout)

- What are your key areas of concern for 2019 fiscal year?
- What are your key processes, functions and/or controls that are subject to frequent breakdowns or at the greatest risk of breaking down?
- What are the most important things you are working on and how could they fail?
- What is your process for monitoring issues and how that information is reported? What is your method for distributing new regulations or policy changes?
Compliance Risk Questionnaire *(Handout)*

- What is the process for training the department on internal/external requirements?
- What is the process for developing and updating the department policies and procedures and verifying they are being accurately implemented?
- Is there anything you foresee coming down the road (mergers, acquisitions, joint venture, etc.)?
- Other areas of comment or concern?

Claims Based Risk Assessment

Identify Risks based on:
- MAC, RAC, CERT MDS and Claim Top Errors
- OIG Report and Work Plan
- Internal Audits
- Interdisciplinary Team and Operations Surveys
- Data Integrity Audit Reports
- Compliance and Reimbursement Site Visit Reports (handout)
- Therapy Systems Assessment Findings (Handout)
- IRO Results
Compliance and Reimbursement Site Visit Reports (Handout)

Includes MDS accuracy, skilled coverage guidelines, care coordination and IDT Team assessment areas, such as:

- Eligibility
- Certification/Recertification
- MDS Audit
- Submissions and Validation
- MDS Logic Verification
- Care Plans
- Liability Notices
- Nursing Narrative Notes
- Meetings
- Therapy
- Triple Check
- Benefits Exhaust
Therapy Systems Assessment (Handout)

• Onsite team visit: Compliance, Reimbursement and Rehab Mgt including Clinical Performance Specialist (2-4 participants)
• 1 ½-2 days performing:
  • Observations:
    • Gym, IDT Meetings, Daily PPS, Triple Check
  • Interviews
  • Documentation Reviews
• Results shared in a huddle with all rehab, the IDT/Medicare Team
• Action plans are created for any areas with opportunities

Post Risk Assessment Action

Once risks have been identified, there are various ways to rank them:
• Red, yellow, green
• Low, moderate, high
• Numeric ranking
• By likelihood of occurrence – improbable, remote, occasional, frequently, all the time
• Impact of occurrence – minimal/negligible, slight, moderate, critical/serious, catastrophic
• Categorically by type of impact, such as compliance, financial, legal and reputational
Work Plans

• Use prioritized results from the Risk Assessment to develop work plans:
  - Develop Compliance Monitoring Plan
  - Develop Internal Audit Plan
• Have Compliance Committee and Board approve plans – the OIG expects it!

Sample Risk Assessment Process Timeline

• Third Quarter – Develop Risk Assessment questions, compliance effectiveness survey and assess OIG Work Plan and schedule interviews
• Beginning Fourth Quarter – Launch Risk Assessment process with documentation review, interviews with key management and compliance effectiveness survey (Allow a month to complete)
• Mid-Fourth Quarter – Review and risk rank results of interviews and compliance effectiveness survey (Allow two weeks to complete)
• Late Fourth Quarter – Develop Internal Audit Plan, Compliance Monitoring Plan, Compliance Plan and any action plans and present to Compliance Committee and Board for approval
• First Quarter – Launch Internal Audit Plan, Compliance Monitoring Plan, Compliance Plan and implement any action plans
• Repeat Cycle
Work Plans

• What should you include in monitoring and auditing?
  • Education completion
  • Hotline call analysis (types of calls, number of calls, by entity/region/state)
  • Whether hotline calls were logged within 2 business days
  • Repayments within 60 days (government audits, internal audits, compliance monitoring, investigations)
  • Staffing ratios against state mandates
  • Star ratings
  • Expired licenses
  • Excluded providers
  • Billing reviews
  • HIPAA Privacy and Security

Work Plans

• Conduct auditing and monitoring and report out findings to management, the Compliance Committee and the Board
• Develop Corrective Action Plans with owner
• Conduct follow up to test effectiveness of Action Plans
• Document, document, document
Objective #2

**Identify challenges commonly experienced by organizations attempting to operationalize compliance for large and small organizations**
PREVENTION Challenges
Structure. Onboarding. Education.

Structure

• Compliance tone and conduct should start at the top and cascade down into the deepest level of an organization and a clear structure is key.

• Structure reduces the likelihood compliance messaging and initiatives will get lost in translation.

• Establishing clear structure helps improve transparency.

• Structure can help reduce the impact turnover can have for ongoing compliance.
Structure/Staffing

- **Structure varies significantly depending on ownership, size, resources and potential additional factors.** (CIA)
  - Board(s)
  - Board Committee(s)
  - Corporate or Chief Compliance Officer
  - Regional or Agency Specific Compliance Officers
  - **Compliance Liaisons**
  - Other Internal Resources

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Phase 3 RoP Compliance & Ethics

Operating Organizations with Five or More Facilities

Section 483.85(d) operating organizations with five or more facilities must include these additional components in their compliance and ethics programs:

- Mandatory annual training program on the operating organization’s compliance and ethics program.
- A designated compliance officer who reports directly to the operating organization’s governing body.
- The compliance officer is not subordinate to the general counsel, chief financial officer or chief operating officer of the operating organization.
- **Compliance liaison** located at each facility of the operating organization
Compliance Liaison

- Serve as the Compliance Liaison for the community.
- The Compliance Liaison champions compliance activities for all departments under their supervision and assumes responsibility to:
  - Raise and maintain compliance awareness in community;
  - Lead by example;
  - Understand, identify and address risk areas;
  - Support a proactive approach towards investigation and resolving potential compliance issues;
  - Communicate information on compliance priorities to department supervisors and staff;
  - Provide oversight to ensure corporate compliance training is completed timely during orientation and annually for all staff;
  - Assist in planning and implementation of community specific training sessions as deemed necessary;
  - Assist in development of and provide oversight to ensure effective auditing/monitoring plans are in place;
- Transparently report issues and collaborate with Corporate Compliance Officer.

Compliance Liaison

- Who is the ideal candidate to wear the extra hat as Compliance Liaison?
  - Administrator
  - Grievance Coordinator
  - Medical Records Coordinator
  - Social Services
  - HR
  - Educator
  - Chaplain
  - Building by building selection
Compliance Liaison

• What else to consider when implementing Compliance Liaisons?
  • Policy describing the Compliance Liaison’s roles and responsibilities
  • Job description or supplemental Job Description if wearing multiple hats
  • Communication plan
  • Education
  • Monitoring tools
  • Additional compensation
  • Turnover plan

Onboarding/Education Challenges

• Employees
• New Board Members
• Health Care Services Vendors
  • Medical Directors
  • Consultants: Social Services; Dieticians; Activities
  • Labs, Mobile X-ray, etc...
• Volunteers
• Role Specific Competency
Education

- Compliance Training
  - Single training, periodic or short burst trainings?
  - Style: LMS, live, webinars, mobile apps, posters, newsletters, email blasts

- Role Specific Training

- Compliance Program Promotions
  - Compliance and Ethics Week Activities (Handout)
  - Branding
Performance Metrics

• Is compliance tied to performance measures?
  
  • Are there incentives or measures for timely completion of compliance training in performance evaluations?
  
  • Do performance metrics include adherence to the Code of Conduct?
  
  • Do bonus plans or other incentive plans incorporate compliance considerations?
Sample Performance Measure Liaisons

<table>
<thead>
<tr>
<th>Compliance/Code of Conduct:</th>
<th>Select One:</th>
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<tbody>
<tr>
<td>Emphasizes the importance of ethics and compliance through frequent communications evidencing an appropriate &quot;tone at the top&quot;. Increases employee awareness about the importance of making ethical decisions through frequent communications about ethics and compliance. Ensures that direct and indirect reports receive compliance training that is appropriate to their respective roles at the organization. Ensures that direct and indirect reports participate in compliance training program. Actively takes steps to implement the company’s compliance program and its code of conduct.</td>
<td>☐ Substantially meets&lt;br&gt;☐ Meets most of the time&lt;br&gt;☐ Improvement needed (Indicate action plan in the improvement plan section on the next page.)</td>
</tr>
</tbody>
</table>

Sample Performance Measure for Associates

<table>
<thead>
<tr>
<th>Compliance/Code of Conduct:</th>
<th>Select One:</th>
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<tbody>
<tr>
<td>Participates in and supports the compliance program (as evidenced, by completion of all compliance related training). Uses the company’s code of conduct in the performance of work and/or to answer questions; encourages other employees to do the same. Demonstrates a willingness to challenge questionable conduct, if witnessed, in the course of employment. Strengthens decision-making skills by understanding policies and laws pertaining to their role and proactively taking compliance/ethics into account when making decisions on the job.</td>
<td>☐ Substantially meets&lt;br&gt;☐ Meets most of the time&lt;br&gt;☐ Improvement needed (Indicate action plan in the improvement plan section on the next page.)</td>
</tr>
<tr>
<td>Comments/Examples:</td>
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Data Analysis and Reporting

• One of the greatest issues in healthcare is that the volume of data available is expansive

• The volume of and the number of sources of data can be overwhelming

• Data that is meaningful needs to be communicated to:
  • Board
  • Compliance Committee
  • Operations
  • Legal
  • Compliance Liaisons
Data Analysis, Auditing, Monitoring

• There are numerous ways to review and report data

• Determine data priorities and reporting responsibilities and then tailor the report to your key audiences

• May take many forms such as Compliance Reports or Compliance Dashboards
### PAYROLL-BASED JOURNAL (PBJ) FOR MOST RECENT AVAILABLE QUARTER

<table>
<thead>
<tr>
<th>PBJ Issue</th>
<th>Number</th>
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<tbody>
<tr>
<td>Total Nursing Staffing Excessively Low</td>
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<tr>
<td>Total Nursing Staffing Excessively High</td>
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<tr>
<td>CNA Staffing Excessively High</td>
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<td>Days No RN Coverage &gt; 7</td>
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<td>State Staffing Requirement Not Met</td>
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<td>Number of Buildings Dropped to 1-Star</td>
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### INVESTIGATIONS BY INTAKE

<table>
<thead>
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<th>Type</th>
<th>Number</th>
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<tbody>
<tr>
<td>Hotline</td>
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<td>Direct to Compliance</td>
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### CARELINE CALLS AND INVESTIGATIONS BY TYPE

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<thead>
<tr>
<th>Issue</th>
<th>NewACP</th>
<th>New</th>
<th>Open</th>
<th>Closed</th>
<th>Unsubstantiated</th>
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<td>Abuse/Neglect</td>
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<td>Anti-kickback</td>
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<td>Elder Justice</td>
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Sample Dashboard Reports
Sample Dashboard Reports

CORRECTION
Incident Management

- Excel
- SharePoint
- Access Database
- Online Platforms

Corrective Actions

- After exit with Audit or Compliance on findings, Operations is responsible for creating the CAP
- CAPs may require final approval by Compliance and/or Audit before implementation
- Management has ownership and signs off when CAP is in place
- Use a post implementation tool to verify interventions/corrections were effective
- Establish periodic ongoing monitoring
- If under outside scrutiny, they will expect to see documentation of the CAPs implemented and testing to ensure effectiveness
Monitoring Effectiveness

• This can be one of the most challenging pieces to correction due to limited resources and competing priorities

• Must carve out time to ensure that the corrective action was and is still effective by testing it

• Consider pulling department specific monitoring up into a centralized audit platform to be reviewed by compliance and internal audit

• What you measure gets attention!

Objective #3

Provide processes and tools that can assist compliance programs move into operationalization
Tools Available in Handouts

1. Compliance Effectiveness Gap Analysis
2. Compliance Effectiveness Survey for Leadership
3. Compliance Culture and Program Reach Survey
4. Compliance Risk Assessment Questionnaire Template
5. MDS and Compliance Site Visit Report Template
6. Therapy Systems Assessment Agenda and Interview Questions
7. complianceandethics.org-Interview and Pet Posters
8. Administrator JD w/Compliance Liaison Requirements
9. Compliance Scorecard Template
10. Compliance Resource List

Key Takeaways

• To get to ‘organization’
  • Determine the current status of the program
  • Identify and prioritize risks
  • Create structure that is functional
  • Make reports meaningful
  • Ensure that organization responds to identified issues
  • Document, document, document

  Be sure to network with other compliance professionals
Contact Information

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