

Hospital Owned Health Plans - Tips for Effectively Managing Compliance in a Health Plan and Provider Environment

Session 502
Tuesday, January 31, 2016
10:45am - 11:45am



Introductions

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Presentation Highlights

- About CCHHS & CountyCare
- Compliance Program Framework, the 7 Elements and how to Build Efficiencies
- Lessons Learned and Issue Management
- Techniques and Tips for Reporting



USING THE COMPLIANCE PROGRAM FRAMEWORK TO BUILD EFFICIENCIES

Elements of Effective Compliance Program

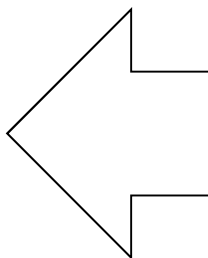
1. Oversight and management of the Compliance Program
2. Written compliance guidance
3. Education and training
4. Effective lines of communication
5. Enforcement of written standards
6. Auditing and monitoring
7. Response to detected offenses and corrective action



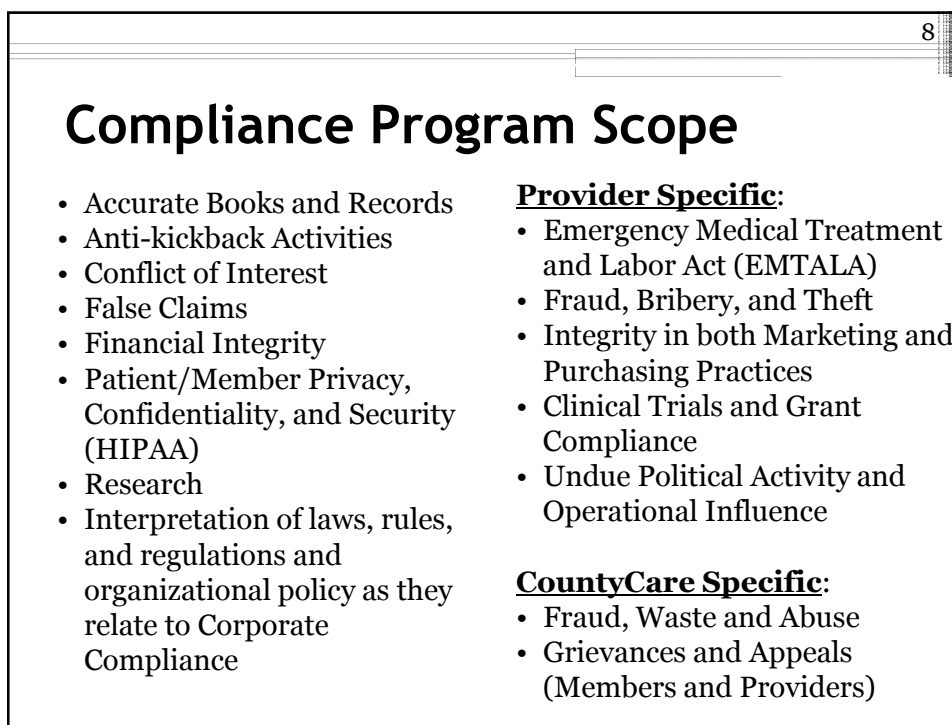
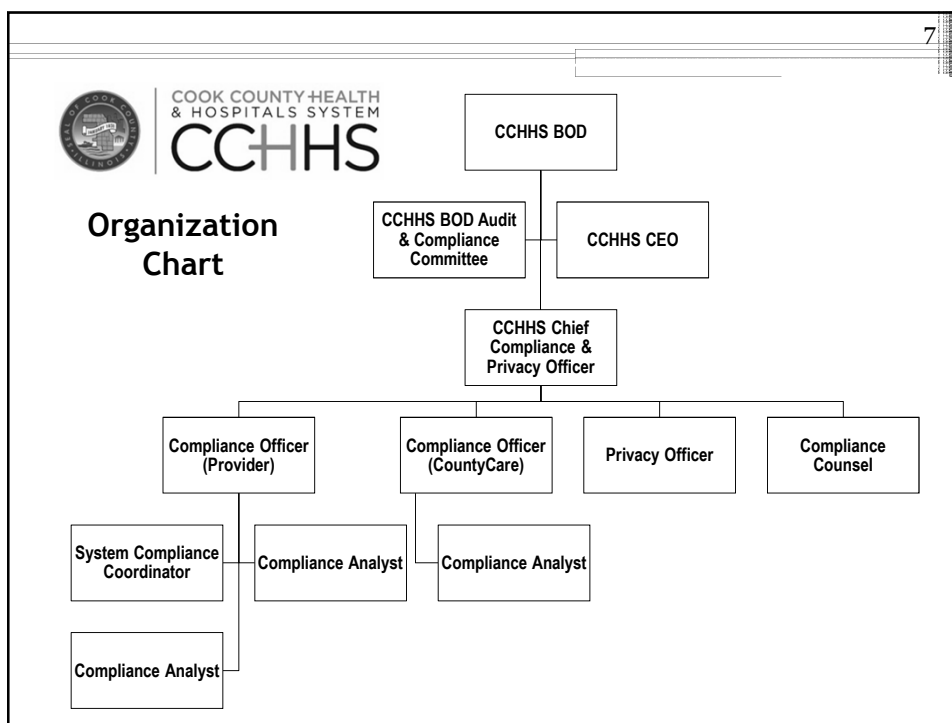
1. Program Oversight & Management



- CountyCare Compliance Officer
- CountyCare Compliance Committee
- G&A Committee
- FWA Committee
- Separate Annual Board Report

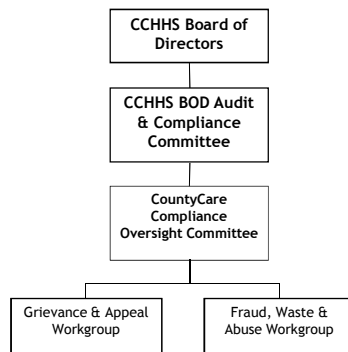


- CCHHS Board of Directors
- CCHHS Audit & Compliance Committee
- Chief Compliance & Privacy Officer
- Shared Mission/Vision
- Compliance program resources



Program Efficiencies

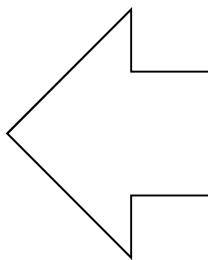
- Developed separate CountyCare Compliance Oversight Committee: *tasked with general oversight of the CountyCare Compliance Plan operations and overall support of the CountyCare culture of compliance.*
- Plan level Compliance Officer jointly presents with Chief Compliance Officer to Board of Directors for Health System regarding Plan level compliance issues.



2. Written Compliance Guidance



- CountyCare FWA Plan
- CountyCare specific P&P
- Delegated Vendor Oversight P&P
- CountyCare Policy Committee



- CCHHS Code of Ethics
- CCHHS Compliance P&P
- CCHHS HIPAA P&P
- Compliance program resources

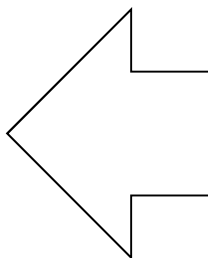
Written Guidance Efficiencies

- CCHHS Code of Ethics revised to include health plan operation and applicability to plan members.
- Concerted effort to review all Health System policies to include Health Plan language, where applicable, including:
 - HIPAA Privacy policies and procedures
 - Conflict of Interest policy
 - Human Resources policies
- Health Plan has policies that address Plan-only functions that are approved through separate Policy Committee - usually to reflect accreditation requirements (e.g., NCQA)
 - Fraud, Waste and Abuse (FWA) program policy
 - HIPAA Member Rights
 - Delegated Vendor Oversight
- Separate CountyCare Compliance Plan

3. Compliance Training



- Job Specific Training
- Cultural Competency Plan training
- Provider Network training
- Vendor training and guidance



- Annual Compliance Training
- Annual HIPAA Training
- LMS tracking system

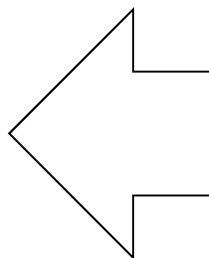
Program Efficiencies

- Maximize the use of a single LMS for both the Health system and the Health Plan to roll out Compliance Course to all staff.
 - Training is modified to include both references and examples applicable to each scenario.
- Special trainings can be loaded to cater to specific audiences.
 - For example, Health Plan has specific training related to critical incidents that is sent out to a specific list of employees by the LMS vendor.
- Use of LMS to track vendor completion of training and/or required forms (e.g., attestation).

4. Effective Lines of Communication



- CountyCare FWA Hotline
- CountyCare Member Hotline
- Vendor Tracking and Reporting of Issues



- CCHHS System Hotline
- CCHHS System Email Reporting System
- CCHHS Issue Tracking System
- Communication Strategy

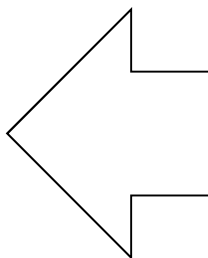
Program Efficiencies

- Hotline: Separate Hotlines. Both externally handled and routed to different groups to investigate.
- Issue Tracker: Both Programs use ComplyTrack to track issues, which had to be modified to track issues separately, using the same/similar categories. Issue volume and category areas are reported separately.
- Shared Communication Strategy and channels for communication (e.g., newsletters, training, etc.), where possible.

5. Enforcement of Written Standards



- Sanction Screening for Vendors and Provider Network
- Delegated Vendor Oversight



- Sanction Screening for Employees & Vendors

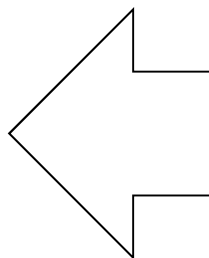
Program Efficiencies

- Shared system policies and protocols.
- Health Plan uses corrective action plans (CAPs) for delegated vendors when issues arise, as required by the MCCN Agreement and NCQA.
 - For example, we put our PBM on a corrective action plan when it was discovered they did not have the required training relating to cultural competency and health/safety/welfare.
- Sanction Screening: Utilization of CCHHS process and processes implemented by vendors for providers/contractors.

6. Auditing & Monitoring



- Pre Delegation Audit
- Delegated Vendor Audits
- Annual Compliance Attestation for Vendors
- SIU



- Risk Assessment
- Annual Audit Plan
- Annual Workforce Compliance & Privacy Attestations

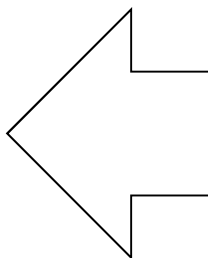
Program Efficiencies

- Shared Risk Assessment process
- Auditing and Monitoring efforts are tailored to each side of the program based on risk areas.
- Comprehensive Pre Delegation Audit process for new vendors/TPA
- Vendor Annual Compliance Attestation
- On an ongoing basis:
 - Audits related to FWA are conducted on a routine basis to identify billing issues, usually retrospective basis.
 - Audits conducted of appeals files to ensure regulatory and accreditation timeframes are met

7. Response to Detected Offenses



- Delegated Vendor CAP process
- Partnership with HFS OIG & MFCU



- Investigation support
- Legal support
- System CAP process

Program Efficiencies

- Issue response efforts are tailored to each side of the program, based on what the issue is and the party that the issue ultimately should be reported to.
- The MCCN Agreement contains a variety of reporting responsibilities specific to health plan operation.
 - Fraud Waste and Abuse (FWA) reporting
 - Employee forging care coordination documents may result in voluntary disclosure to HFS OIG.

LESSONS LEARNED IN MANAGING ISSUES

Compliance Program Scope

- Accurate Books and Records
- Anti-kickback Activities
- Conflict of Interest
- False Claims
- Financial Integrity
- Patient/Member Privacy, Confidentiality, and Security (HIPAA)
- Research
- Interpretation of laws, rules, and regulations and organizational policy as they relate to Corporate Compliance

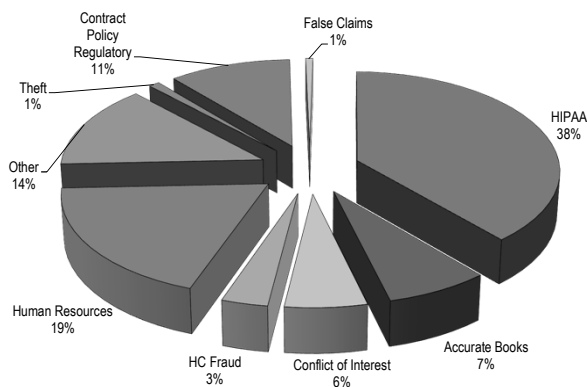
Provider Specific:

- Emergency Medical Treatment and Labor Act (EMTALA)
- Fraud, Bribery, and Theft
- Integrity in both Marketing and Purchasing Practices
- Clinical Trials and Grant Compliance
- Undue Political Activity and Operational Influence

CountyCare Specific:

- Fraud, Waste and Abuse
- Grievances and Appeals (Members and Providers)

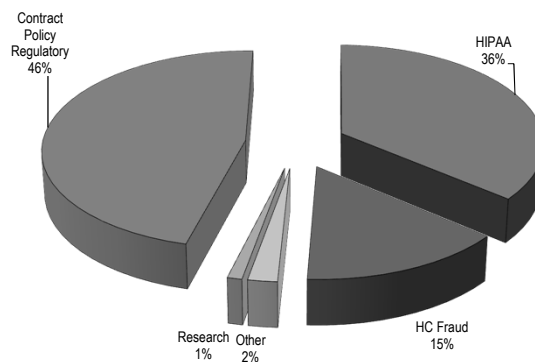
Provider Issue Summary FY 2016



Category Count – 632

Privacy (HIPAA)	243	Accurate Books	47	Theft	6
Human Resources	120	Conflict of Interest	37	False Claims	4
Contract/Policy/Regulatory	68	HC Fraud	21	Other	86

Plan Issue Summary FY 2016



Category Count – 96

Contract/Policy/Regulatory	44	HC Fraud	14	Other	3
Privacy (HIPAA)	34	Research	1		

HIPAA Issues

- HIPAA Issues: Great example of where we collaborate – Health system side reviews all BAAs including Plan's delegated vendors. This helps keep things consistent. Health system also reviews all privacy incidents to determine if it is a breach or not.
- *On the other hand*, Plan compliance officer spends much more time giving proactive guidance related to Health plan staff before they share information or give access to individuals for our data.

Requests for Health Plan Data

- CountyCare receiving requests for access to health plan data, particularly claims data, from CCHHS and outside entities.
- CCHHS (Provider) and CountyCare are two distinct covered entities under HIPAA
- Reviewed/revised applicable TPA policies and procedures
- Developed the following tools to facilitate operations, from health plan perspective, using existing CCHHS resources:
 - Request for Access to Data for Internal/External Research Purposes Form
 - Subpoena Request Review Tool and Forms

Sharing Part 2 Program Information

- CountyCare, as a health plan, may receive Part 2 Program protected data regarding a member's substance abuse past/history and treatment.
- CountyCare is not able to re-disclose this information to its TPA without member consent, which isn't always easy to obtain.
- Engaged with operations and delegated vendors to develop a process to ensure that the use and disclosure of member substance abuse records for care coordination purposes meets federal Part 2 program requirements.
- In the process of trying to ensure that CountyCare is named party for consent that is received from in-network providers.

Review/Approval of Marketing Materials

- CountyCare is required to have all marketing and outreach materials approved by HFS before use. The guidance may be complicated in terms of what a “marketing” or “outreach” material is.
- Reviewed/revise applicable TPA policies and procedures regarding marketing materials
- Developed a marketing/outreach material review tool to facilitate compliance approval of materials before submission to HFS.
- Included PPACA Section 1557 notification requirements into the review tool.

Vendor Oversight

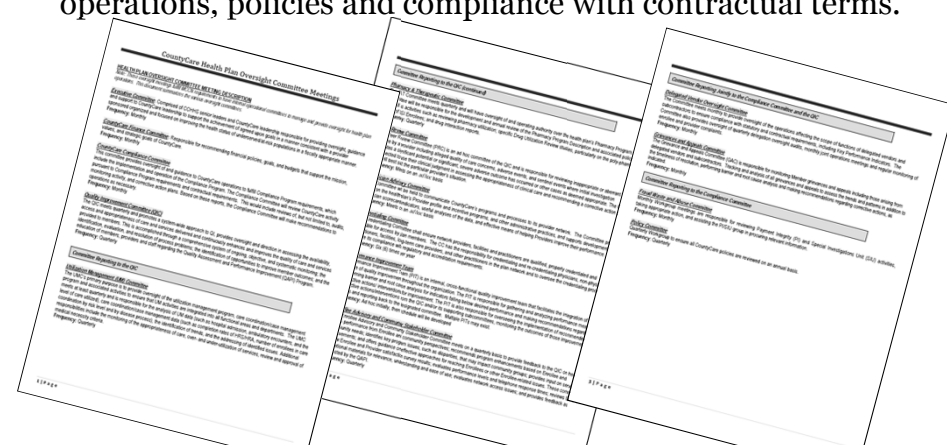
- MCCN Agreement requires comprehensive vendor oversight strategy, including annual audits.
- Developed Vendor Oversight Process, including applicable committees and program structure for all CountyCare vendors.
- Committees meet on a regular basis
- Partnered with operations and the TPA to develop reporting metrics/dashboards to monitor delegated vendor operations on a regular basis.

TIPS FOR REPORTING RESPONSIBILITIES TO STAKEHOLDERS

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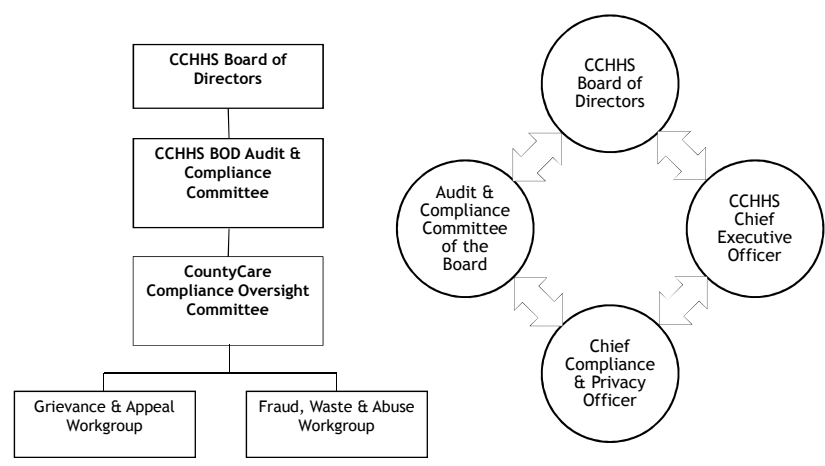
CountyCare Oversight Structure

Numerous Committees have been established to ensure proper oversight and monitoring of CountyCare's operations, policies and compliance with contractual terms.



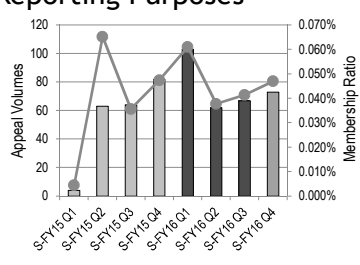
The image displays three overlapping documents, likely agendas or minutes, for various oversight committees. The top document is titled "CountyCare Health Plan Oversight Committee Meeting" and lists several committees and their responsibilities, including the "CALICUM Oversight Committee," "CountyCare Oversight Committee," "CountyCare Compliance Committee," "CountyCare Risk Management Committee," "CountyCare Quality Improvement Committee," "CountyCare Information Security Committee," and "CountyCare Privacy Committee." The middle document is titled "CountyCare Oversight Committee" and lists the "CountyCare Oversight Committee," "CountyCare Compliance Committee," "CountyCare Risk Management Committee," "CountyCare Quality Improvement Committee," "CountyCare Information Security Committee," and "CountyCare Privacy Committee." The bottom document is titled "CountyCare Oversight Committee" and lists the "CountyCare Oversight Committee," "CountyCare Compliance Committee," "CountyCare Risk Management Committee," "CountyCare Quality Improvement Committee," "CountyCare Information Security Committee," and "CountyCare Privacy Committee." Each document contains detailed descriptions of the committees' roles and responsibilities.

Compliance Reporting Responsibilities



Tips for Reporting to Stakeholders

- Separate CountyCare Metrics for Reporting Purposes
 - Issue specific metrics
 - FWA metrics
 - Grievances and Appeals metrics
 - Quarter to Quarter Volumes



- Track CountyCare specific Ad Hoc Activities/Guidance
 - Helps to ensure understanding of health plan specific risk areas.

WRAP UP & QUESTIONS

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