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

Session 502  
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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

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

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
Compliance Program Scope

-准确的书籍和记录
-反回扣活动
-利益冲突
-虚假声明
-财务完整性
-患者/会员隐私，保密性和安全（HIPAA）
-研究
-对法律，规则和组织政策的解释，以及它们与企业合规的关系

**Provider Specific:**
-紧急医疗治疗和劳动法（EMTALA）
-欺诈，贿赂和盗窃
-营销和采购实践的道德
-临床试验和资助合规
-不正当的政治活动和操作性影响

**CountyCare Specific:**
-欺诈，浪费和滥用
-投诉和申诉（成员和提供者）

Program Efficiencies

-成立单独的CountyCare合规监督委员会：
  -对CountyCare合规监督委员会的监督
-计划级别的合规官员与首席合规官员共同向董事会进行审查，对Health System计
  划合规问题提供反馈。
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
- LHS 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

**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 & MFU
- 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

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<th>Category</th>
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<td>HIPAA</td>
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<tr>
<td>False Claims</td>
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<td>Contract/Policy/Regency</td>
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<tr>
<td>HC Fraud</td>
<td>21</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
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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 a 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/revised 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**

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

**Compliance Reporting Responsibilities**

- CCHHS Board of Directors
- CCHHS BOD Audit & Compliance Committee
- CountyCare Compliance Oversight Committee
- Grievance & Appeal Workgroup
- Fraud, Waste & Abuse Workgroup
- Chief Compliance & Privacy Officer
- Chief Executive Officer
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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