



New Compliance Leadership:

(Re)Establishing a Compliance
Program in an Integrated Health
System/Health Plan

Objectives

- Strategies for new compliance leadership when starting with a new organization
- External evaluation and knowing what you're working with
- How to organize and prioritize – when to rebuild and when to remodel

For this session, we will redefine interruption as (welcome) interjection.



Samaritan at a Glance

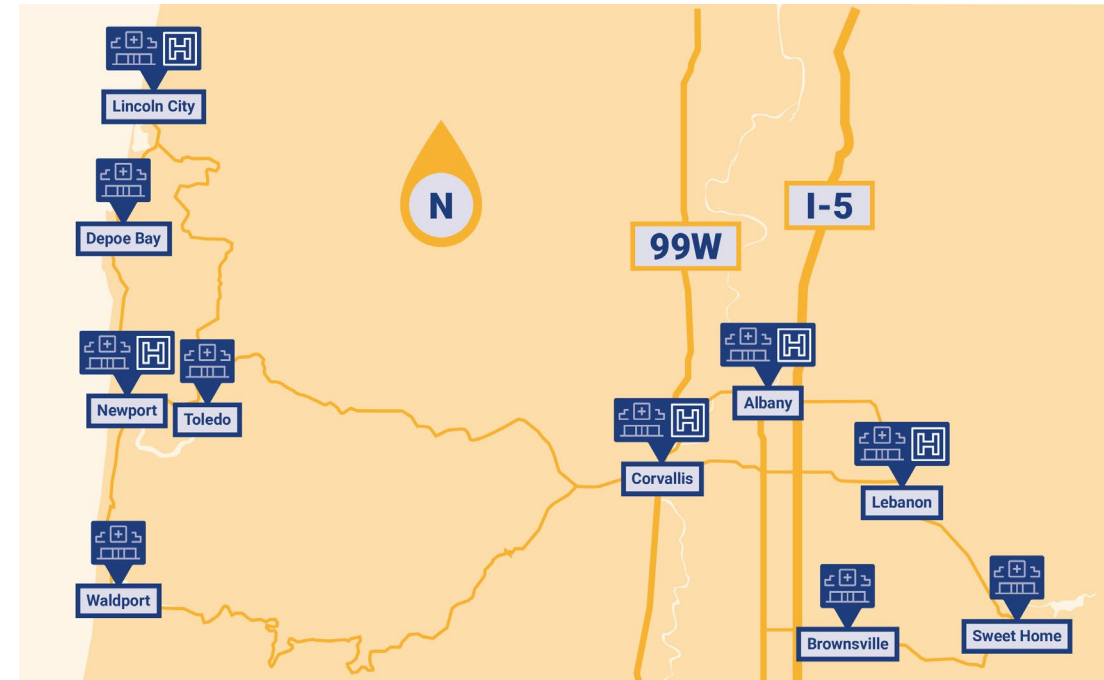


Samaritan at a Glance

Service area: Estimated 273,000 residents in Benton, Lincoln and Linn counties.

Health plans: Insure more than 110,000 people in Benton, Lincoln and Linn counties through Medicare, Medicaid and employer group plans.

Healthcare delivery: Operate five hospitals, many clinics, and a medical group to provide services to patients sure in Benton, Lincoln and Linn counties.




6,150
Employees


100+
Primary care and
specialty physician
clinics


5
Hospitals

Anne Daly

Chief Compliance Officer

- Anne Sullivan Daly is a registered nurse, healthcare attorney, and compliance professional with work experience in all three disciplines across a variety of settings. Anne also teaches a compliance course Northwestern University School of Professional Studies and presently works as the Chief Compliance Officer at Samaritan Health Services in Oregon. Anne currently holds HCCA CHC, CHRC, CHPC, CCEP certifications; bar memberships in Maryland and the District of Columbia; and a California registered nursing license.



Chris Norman, AVP, Compliance Officer, Samaritan Health Plans

- Chris Norman, MBA, CHC has worked in Medicaid, Medicare, commercial and self-funded plans for more than 15 years in operational, policy and compliance leadership roles. Chris has also worked for the Oregon Health Authority, the state Medicaid agency in a variety of leadership roles, including contracting, compliance, operations and health policy. Chris is passionate about community-focused healthcare policy and transformational leadership.



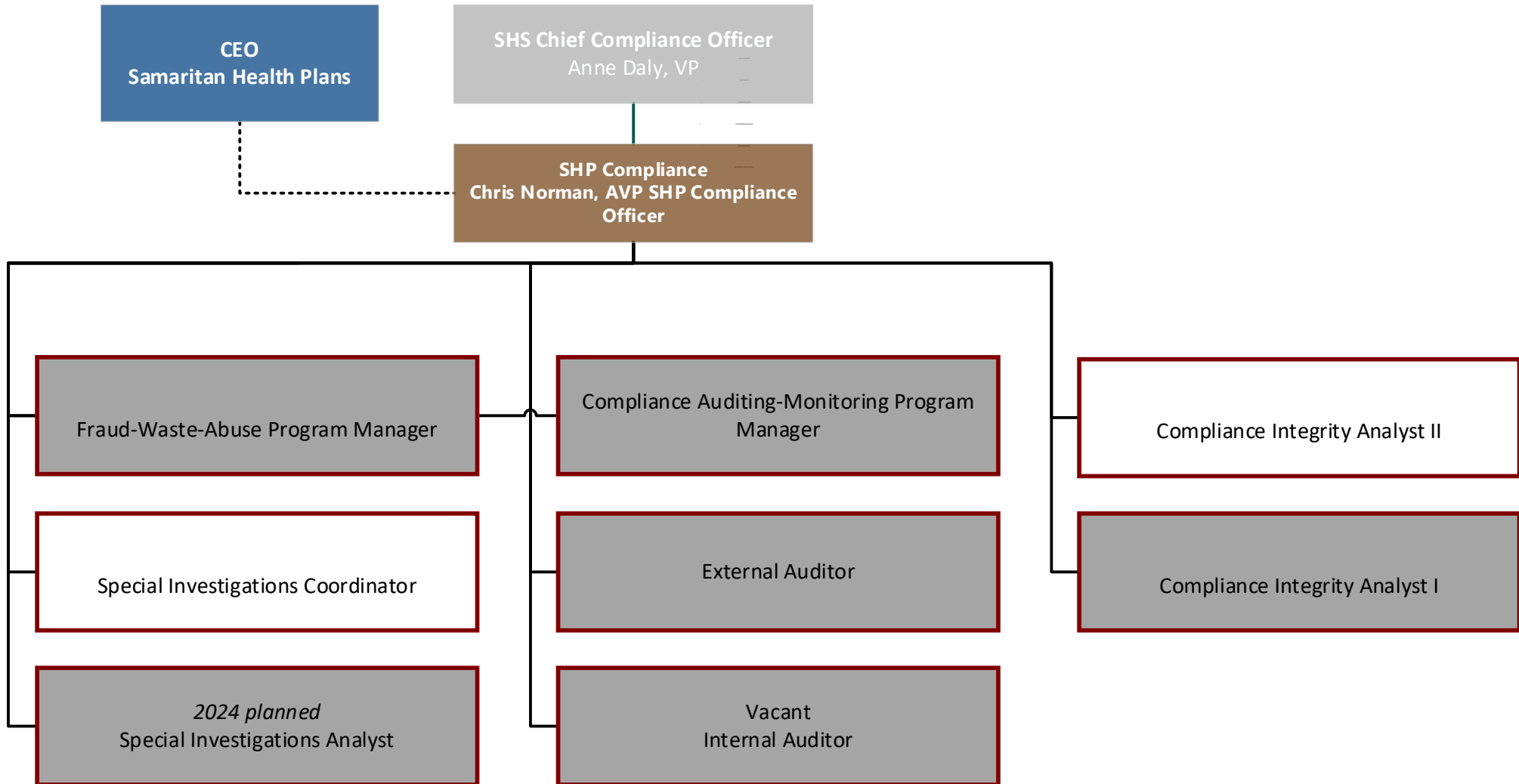
A basis for strategies for new compliance leadership when starting with a new organization



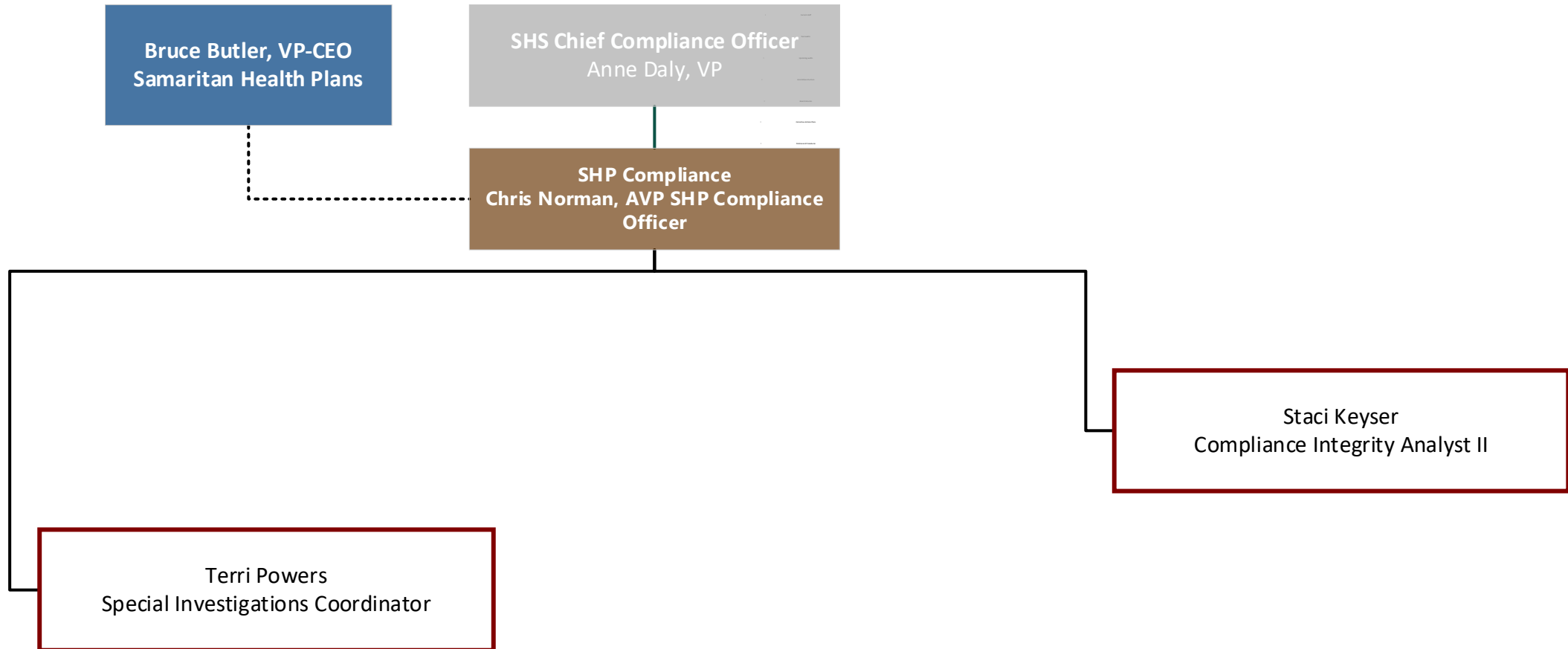


Where are you starting from?

Where are you starting from? - Staffing



Staffing – two years ago



Where are you starting from?

Risk Assessment

- Past audits
- Upcoming audits

Committee

- Structure
- Board, operational committees
- Board minutes
- Risk Assessment activity

Corrective Actions Plans

Policies and Procedures

Prioritizing the risks

Audit findings

Compliance
risks

Visibility into
current
operations

7 elements

My risks:

1. Staffing

2. Auditing and monitoring capabilities

3. Compliance risks

4. Visibility into current operations

5. Seven elements – performing 3 ½



My strengths:



Leadership support



(some) Culture of
compliance



Corporate Compliance
Officer also starting from
scratch

Coordination with Larger System:

Healthcare
Delivery
compliance

Structure

Staffing needs

Overarching
regulatory
risk

Program Evaluation – Where do We Start?

A look at my organization: What have we here?

Become acquainted with the existing structure and people

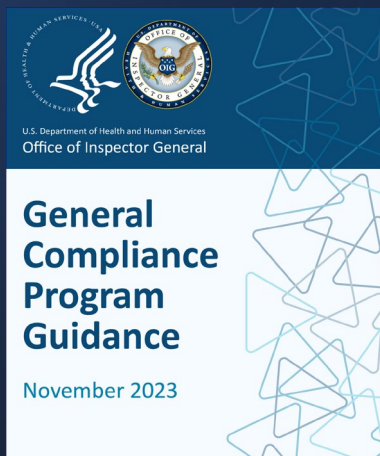
Assess current state risk and organizational risk awareness

Listen to learn AND to identify champions, obstacles, resources – both quantity and quality

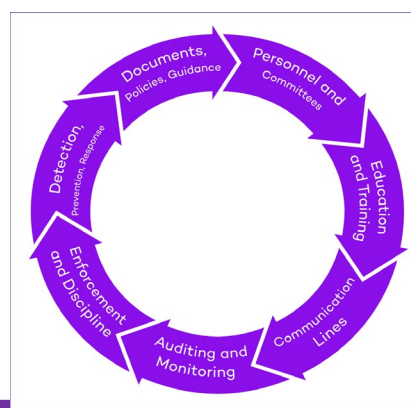
Determine the foundation of the existing compliance program – what is in place in the program and what is in place in the greater organization that is essential to the operation of compliance program

A Commercial for HHS OIG GCPGs

- Compliance has been guided by federal guidance by decades.
- The Department of Health and Human Services (“HHS”) Office of the Inspector General (“OIG”) has published guidance for many areas of compliance – hospitals, home health agencies, laboratories, billing companies, DMEPOS companies, hospices, nursing facilities, physicians, ambulance companies, pharmaceutical manufacturers, and yes, Medicare Advantage!
- You might not agree with me, but I see health plan compliance as fortunate to also have a regulation-based framework for compliance.
- I’ll explain what I mean! And recommend a review of the General Compliance Program Guidance issued by HHS OIG in November, 2023.



Program Evaluation First Steps



Are we ready for an effectiveness review? How much do we emphasize infrastructure review?
Ascertain maturity in concert with risk.

Pick a process – for this discussion, we'll use the Seven Elements of an effective compliance program as set forth in government guidance.

Consider recent compliance issues, government audits, enforcement landscape.

Assess and confirm the maturity level of your current compliance program.

Discuss with organizational leadership.

A Few Words about Engaging Leadership in the Evaluation Process

- To whom do you report?
- Does Compliance report directly to the board? Audit and Compliance Committee? Other?
- Are they familiar with the need for periodic evaluation?
- Introduce or refresh on the U.S. Department of Justice's thoughts on compliance program evaluation. [Microsoft Word - 2023.03.03 – Revised ECCP \(revised3\) \(justice.gov\)](#)
- Exercise as much flexibility as possible to engender the cooperation and support needed to gain access to the resources and attention required for an effective evaluation.
- Talk through the evaluation, the desired product, and the communication and follow up process that will best aid the organization.
- Introduce the GCPGs and their inclusion of Risk Assessment as a core function – and as a part of the Compliance Committee's responsibility.
- **CAREFULLY SELECT YOUR EXTERNAL EVALUATOR.**

Fundamental Evaluation Questions Adopted from Enforcement Scrutiny

Are we operating a purposefully designed program?

Do we assess the compliance risks or particular organization faces, and do we devote program activity to prioritizing and mitigating them?

Are our policies and code of conduct well-designed and accessible, and do we tailor our training and communications to integrate compliance processes into the fabric of the organization?

Do we operate reporting mechanisms by which concerns can be reported confidentially, investigated thoroughly? Do we respond the investigative findings or recommendations?

Do we manage our third-party partners with appropriate controls and accountability?

Fundamental Evaluation Questions Adopted from Enforcement Scrutiny

How is the compliance program empowered and resourced?

Does senior and middle management demonstrate commitment to the program? What is the 'tone at the top'? Is there compliance expertise on the board committee?

Does the compliance officer have the necessary autonomy and resources to oversee an effective program? Where does Compliance sit? Is the CO experienced? Is the department funded? Does the department have access to the data it needs?

How does the Human Resources process work when a compliance issue requires discipline? Does the organization enforce its own policies? Is discipline consistent regardless of position and contribution?

Does the organization offer incentives for compliance? Are business targets set after evaluation of what is achievable when operating compliantly?

Is there evidence of the effect of the compliance program on the organization's compliance culture? Has the organization enforced or penalized its members for noncompliance?

Fundamental Evaluation Questions Adopted from Enforcement Scrutiny

Does the organization's compliance actually WORK? How is noncompliance detected? Are resources brought to bear as needed? Was remediated effective?

Does the organization strive to improve, regardless of where they started? Does it audit itself? Test it's processes, listen to its workforce?

Is the compliance program resourced and empowered to operate an effective investigative process? Are investigations well-documented and responses to findings reported to leadership, as needed?

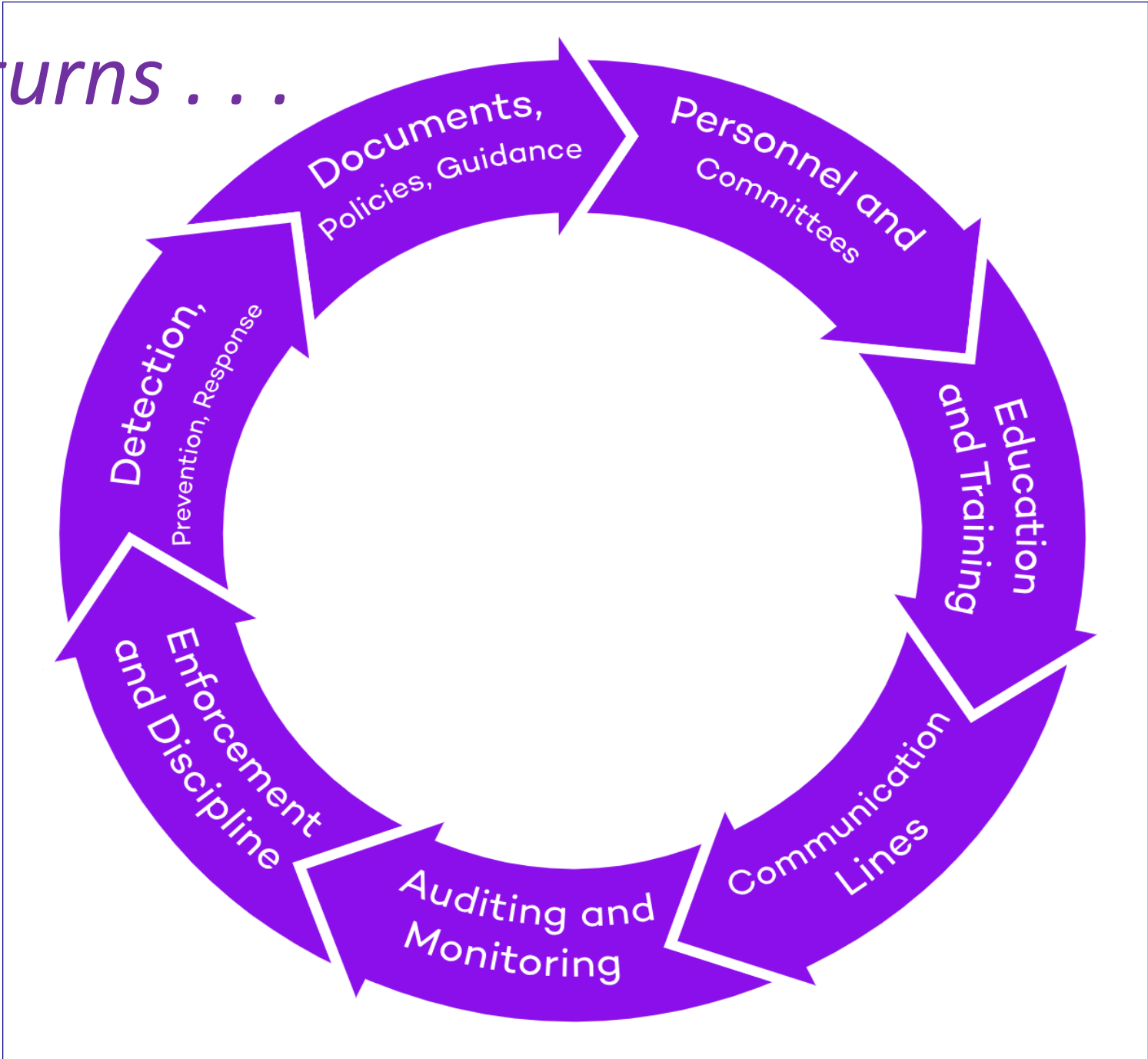
How does communication flow about matters? How does the organization manage data, its access, sharing, and protection?

Does the program perform root cause analysis of compliance issues, identify prior weaknesses, remediate, hold operator accountable?

Does the organization manage its vendors systematically? Review external financial relationships of its employees for potential conflicts of interest?

And so the wheel turns . . .

The Life
Cycle of a
Compliance
Program



What to keep, what to remodel, and what to discard

- What do our regulators say?
 - Recent audit feedback
 - Audit tools
 - Contract requirements
- Current performance
 - Are we meeting our requirements
 - What does leadership need?
Board?
- Ability to respond
 - Can we manage our risk? CAPs?
Audits



What to keep, what to remodel, and what to discard

- Cost of remodel vs. starting new
 - Cultural considerations
 - Institutional knowledge/inertia





What to keep, what to remodel, and what to discard

- How to discard
 - Acknowledge and honor the past
 - Transition to the new path
 - Make the goals clear
 - Repeat, repeat, repeat.

Questions?





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