Comparing Everyday Compliance Functions across Healthcare Entities

WHO IS RESTORIXHEALTH

RestorixHealth specializes in developing and managing clinically and financially successful wound healing and limb preservation centers in partnership with hospitals and healthcare facilities.

Dedicated to healing wounds, saving limbs and optimizing patient outcomes, we provide our partners with custom, turnkey solutions for establishing advanced wound healing programs that can help:

- Improve Population Health
- Enhance Quality
- Ensure Compliance
- Develop a Profitable Service Line
- Gain a Competitive Advantage
OUR MISSION

Our mission is simple… to restore health and improve the quality of life and access to care for patients with wounds.

Healing patients is the most important part of what we do.

OUR ETHICS

COMMITTED TO THE HIGHEST STANDARDS OF ETHICAL CONDUCT AND BUSINESS INTEGRITY

Comprehensive **compliance program** to ensure adherence to all local, state and federal regulations

Knowledge and competencies required to run a successful, sustainable wound care program

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A long **history** of exceptional performance resulting in measurable improvement in patients’ lives and long-term relationships with our partners

**Transparency** through direct EMR access — partner retains full control of data

**Revenue integrity** education combined with expertise in the complexities of billing and coding
STRATEGIC SERVICE OFFERINGS

COMPREHENSIVE WOUND CARE
Our Comprehensive Wound Center (CWC) offering is a coordinated outpatient program that utilizes advanced techniques and procedures to treat patients with all types of wounds, especially those that are complex and difficult to heal. Program works in conjunction with the inpatient units to support the wound care continuum.

AMPUTATION PREVENTION
An exclusive offering from RestorixHealth, an Amputation Prevention Center (APC) is a surgically focused inpatient and outpatient program, operating in conjunction with a Comprehensive Wound Center, that specializes in treating patients with limb-threatening conditions, such as diabetic foot ulcers/infections.

RURAL HOSPITAL PROGRAMS
RestorixHealth offers turnkey, custom solutions for wound care specifically designed for the rural and critical access hospital. Comprehensive wound care is provided via a team of clinicians that travel to multiple hospitals throughout a region.

AT-Home WOUND CARE
Working with Medicare advantage plans, our At-Home program is designed to address the wound care needs for those that are home-bound. Patients receive the same advanced level of comprehensive wound care provided in an outpatient setting in the comfort and convenience of their home.

BEDSIDE CARE DELIVERY
Through our Wound Care Specialists Professional (WCS Professional) Services Program, licensed nurse practitioners deliver comprehensive wound care to a patient’s bedside in a hospital or skilled nursing facility setting.

NATIONWIDE SNAPSHOT
- Leading developer and operator of advanced wound healing centers
- Exclusive provider of Amputation Prevention Centers of America®
- Nationwide footprint of more than 230 hospital partners in 32 states
- Additional 26 centers under contract/construction
- Contracts with acute care, critical access and long-term acute care hospital
- Two corporate locations:
  445 Hamilton Avenue, White Plains, NY 10601
  3445 N. Causeway Blvd, Metairie, LA 70002
- 585 Ambulances
- 62,000 Square Miles
- 21 Million Residents Served

- 74 Parishes/Counties Served
- Serving Louisiana, Texas, Mississippi and Tennessee

- Over 5,000 EMT's and paramedics trained since its inception

- Flies more first response missions than any other Air Medical program in the county

- Provides safety, medical, security, health, inspection and training services to customers around the world

- Charter flights for business and personal use
MISSION

Our mission is to improve the lives of our patients, customers and employees through our innovative spirit and diversity in medical, safety, transportation, security and educational services.

VISION

Our vision is for the name “Acadian” to be synonymous with the best health, safety and security services in the nation and the world.

ABOUT PEOPLES HEALTH

Mission
- To provide high quality, cost-effective health care services to the members we serve

Medicare Experts
- We put the our members at the center of everything we do
  - Providing Medicare benefits since 1997
  - Currently serving over 75,000 members in Louisiana
  - Holds NCQA accreditation

2019 Plan Year Overview
- 2 HMO plans in 23 parishes (counties)
- 1 HMO-POS plan in 12 parishes
- 2 D-SNPs in 64 parishes
- 2 group retiree plans (EGWPs)
**COMPLIANCE DEPARTMENT**

Compliance Team

**Consists of 3 FTE's**

- Chief Compliance Officer
  - Oversight of the compliance program
- Corporate Compliance Officer
  - Daily Operations of the compliance program
- Compliance Coordinator
  - Supports all activities of the compliance program

**COMPLIANCE PROGRAM STRUCTURE**

Decentralized Compliance Department

- Compliance Officer
- Privacy Officer
- IT Security Officer
- General Counsel
- Billing Compliance
COMPLIANCE PROGRAM

External Practices (Conducted every 2-3 years)
  o IT/Security Risk Assessment
  o HIPAA Compliance Risk Assessment
  o Corrective Action Plans

Internal Practices
  o Internal risk assessment completed annually
  o Work plan developed from risk assessment and audit findings

Corporate Compliance Committee
  o Quarterly meetings with all company wide department leaders
  o Minutes presenting to Board of Directors
  o Discussion of KPI’s, current issues, audits among all departments

COMPLIANCE-MEDICARE ADVANTAGE

Centralized Compliance department
  o 20 FTE’s staffing 3 units
    • Regulations and Guidance (Communication, Training & Education, Regulatory Guidance and Interpretation)
    • Monitoring and Auditing (Risk Assessment, Monitoring, Auditing and Corrective Actions)
    • First-Tier, Downstream and Related Entities (Vendor/Delegated Entity Oversight)

Medicare Advantage Compliance
  o Inclusive of fraud, waste and abuse
  o Protects beneficiary rights to access
    • To prevent harm
      • Part C (Medical)-Prior authorizations, claim payments, appeals processes high risk areas
      • Part D (Rx Drugs)-Point of Sale access, rejections, transition, utilization management

Highly Regulated by CMS
  o 2012 CMS released effectives expectations
    • The term effective or effectiveness is referenced 159 times
  o “Must” is used 126 times

CMS Audit protocols for CPE released

Your Medicare Health Team
KEY METRICS AND PROGRAM EFFECTIVENESS

- A risk assessment is completed annually.
- An audit plan is developed annually by evaluating trends from previous years and reviewing the risk assessment.
- Line of communication is open between the compliance officers and all employees, including an anonymous hotline, to receive complaints.
- The non-retaliation policy is regularly discussed and included in all trainings.
- A compliance program effectiveness review is completed by a third-party every 2-3 years.
- Exit Interviews are conducted by a third-party.

DASHBOARD SAMPLE

<table>
<thead>
<tr>
<th>Case Types</th>
<th>Case Status</th>
<th>Potential Risk</th>
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<tbody>
<tr>
<td>Falisification</td>
<td>Closed</td>
<td>Low</td>
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<tr>
<td>of Contracts, Reports or</td>
<td>Pending</td>
<td>Medium</td>
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<tr>
<td>Records</td>
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<td>High</td>
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<tr>
<td>Health Insurance</td>
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<tr>
<td>Portability and</td>
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<tr>
<td>Accountability Act</td>
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<tr>
<td>Patient Care</td>
<td></td>
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<tr>
<td>Safety, Health,</td>
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<tr>
<td>Environment</td>
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<tr>
<td>Other</td>
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<tr>
<td>Concerns</td>
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Developing data, metrics, reports is a top priority for all compliance related issues. This allows Acadian to track trends and identify risk areas.

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Risk Indicator</th>
<th>Jan-19</th>
<th>Feb-19</th>
<th>Mar-19</th>
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<tr>
<td>HIPAA</td>
<td># of Incidents Reported</td>
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<td>HIPAA</td>
<td>Average Med Rec Turnaround</td>
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<tr>
<td>HIPAA</td>
<td>Total Patients Affected</td>
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<td>HIPAA Compliance</td>
<td>Active B&amp;A Agreements</td>
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<td>Safety</td>
<td>Preventable Incidents</td>
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<td>Billing Compliance</td>
<td>Internal Records Audited</td>
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<tr>
<td>Billing Compliance</td>
<td>% Records At Risk</td>
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<td>Human Resources</td>
<td>Total # of Approved Drivers</td>
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<td>Station Audits - % Complete</td>
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<td>Compliance</td>
<td>Patient Satisfaction Scores</td>
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<td>Mandatory Training</td>
<td>Driver Training % Complete</td>
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<td>Access to Medical Records</td>
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<td>Mandatory Training</td>
<td>Diversity</td>
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Structure and Process review
- Through daily activities, structure and process is tested

Root cause drives risk assessment
- Overstated results in inappropriate allocation of resources
- Minimized give false sense of compliance

Risk Assessment measurement
- Updated in real time
- Effective corrective action measurement
- Rolling 3 year demonstrates corrective action and internal controls effectiveness
- Significant risks are driven by root causes that are indicative of
  - Lack of Understanding
  - Unanticipated results (lack of planning)
  - Did not realize
ROOT CAUSE TEMPLATE

Considerations
  o Impact
    • Number of members affected by the issue
    • Assess for clinical and/or financial harm
  o History of
    • Has this been an issue in the past and if so, what was done to remedy the issue?

Requires a full narrative of what is in place and if it contributed to the issue
  o Policy and Procedures
  o Systems
  o Internal Controls
  o Operations
  o Staffing

ENSURING ONGOING COMPLIANCE PROGRAM EFFECTIVENESS

Annual Self-assessment
  o Structure and processes

Annual external review
  o Required activity

Tracer Methodology
  o Prevention, Detection, Correction

Demonstrated engagement
  o Senior management, operational management, Board of Directors