

Compliance 101

Debbie Troklus, CHC,
University of
Louisville, School of
Medicine
and
Greg Warner, Mayo
Clinic



Why Compliance Programs Are Essential

Communicate Organization's Commitment

Raise Awareness

Mitigating Factor

Avoid CIA

Reduce Threat of Qui-Tams

Compliance Programs

How Comprehensive Should They Be?

Medicare Billing Compliance

Employment/Labor Law

EMTALA

Safety

HIPAA

Research

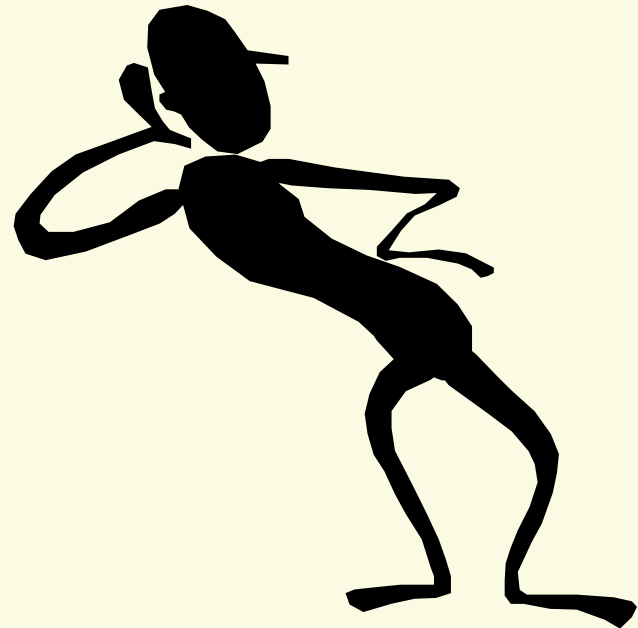
Other Federal &/or State Laws

How to Prevent Qui Tam Suits

Create an atmosphere that encourages compliance

Set up a hotline

Listen to employees



A Compliance Program Provides:

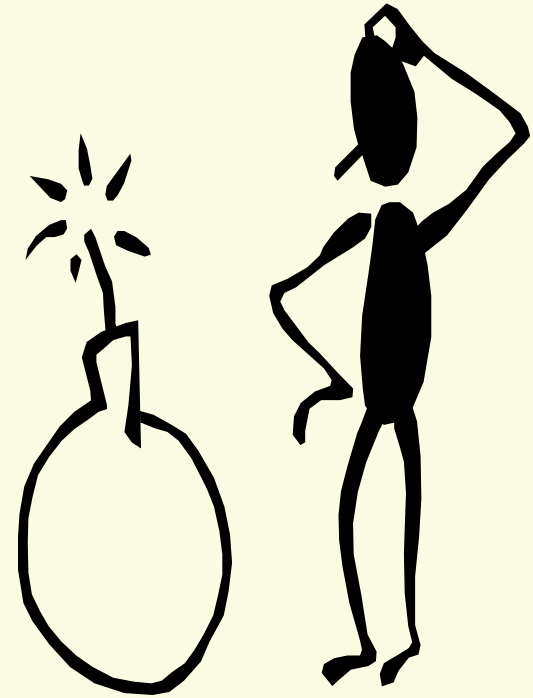
Education

Prevention

Early Detection

Collaboration

Enforcement



What Is a Compliance Program?

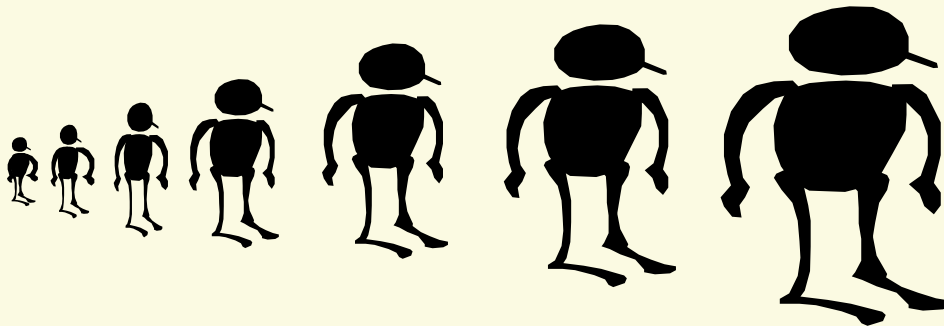
Recommended by the Government

Ethical and proper way to do business

Commitment

Encourage problems to be reported

A process with constant monitoring



Who Needs a Compliance Program?

Physician Practices

Hospitals

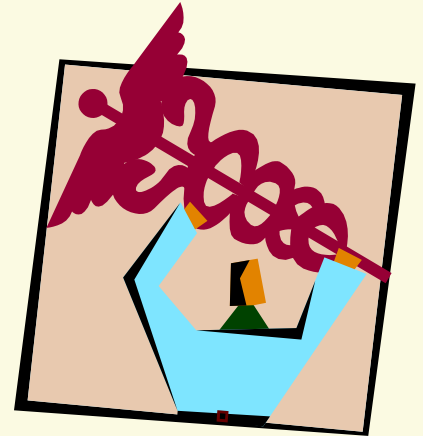
Laboratories

Teaching Institutions

DME Distributors

Home Health Agencies/ Hospices

Others





Organizational Steps to an Effective Compliance Program

Gain Support / Commitment

Board

Management

Providers

Staff



Financial Support

Development/Start-up

Educational Materials

Staffing

Ongoing Operations



Develop Code of Conduct

Organizations ethical attitude

Address weak areas

Letter of endorsement

Chain of command

Identify Staffing Needs

Appoint compliance officer

Develop job descriptions for staff

Supply vs. demand

Oversight Committee

Counsel



Conduct Internal Assessment

What is an assessment?

Employee interviews

Identify risk areas

- What is currently occurring?
- Who is responsible?
- What is the information flow?
- What are areas for concern?

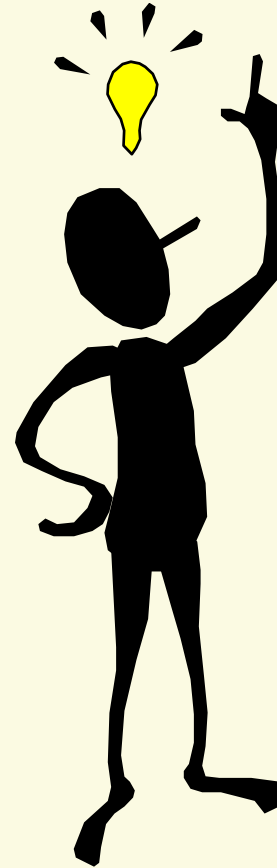


Develop Mission and Goals

Achievable

Measurable

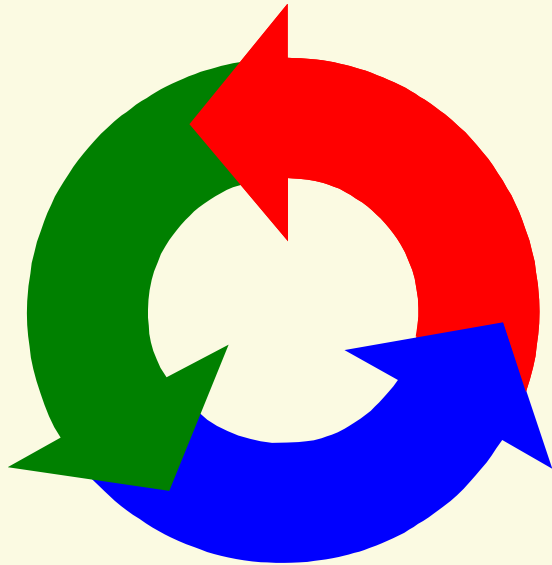
Communicate



PDCA


Plan
Do
Check
Act

Continuous Improvement



Case Study (30 min)

You are a new Compliance Officer and charged with implementing a compliance program over the next year. Develop a timeline for implementation along with an organizational chart.

 (“Regional Health System” 450 bed teaching hospital, two physician practices located within a 50 mile radius and one nursing home two blocks from the hospital)

Seven Essential Elements of a Compliance Plan

Standards and Procedures

Oversight

Education and Training

Monitoring and Auditing

Reporting

Enforcement and Discipline

Response and Prevention



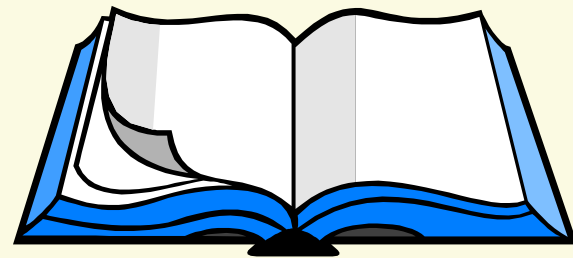
Standards and Procedures

Code of Conduct

Keep It Simple

Outline specific legal duty

Attestation



Oversight

Compliance Officer

Oversight Committee

Other Committees

Board



Education and Training

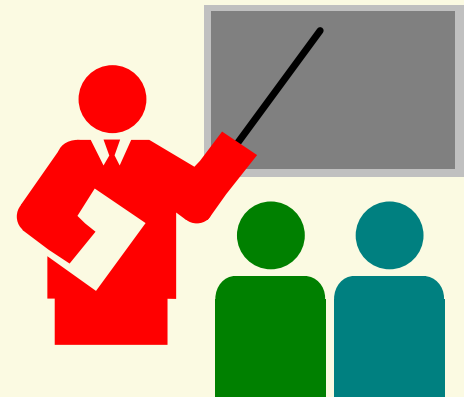
Communication Process

Internal Vs. External

Mandatory Vs. Voluntary

Web Based Training

Sanctions



Monitoring and Auditing

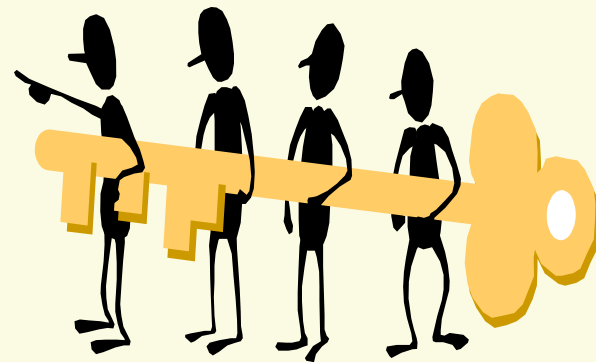
Program Effectiveness

Internal “Audits”

Compliance “Reviews”

Outline Audit Procedures

Staff Training



Reporting and Investigation

Hotline

Policies and Procedures

No Retribution for Reporting

– Privacy and confidentiality



Enforcement and Discipline

Sanctions for non-compliant behavior

Consistency

Stand firm

OIG sanctions reviews



Response and Prevention

Internal Investigation

Is it really a problem?

How serious is it?

Are there enough facts to investigate?

Contact Counsel

Interview

Create Policy



Government Released Programs

www.dhhs.gov/oig

Laboratory

Home Health

Hospice

Medicare + Choice

Physician Offices

Third Party Billing

Hospital

DME

Nursing Facilities



Health Care Fraud Efforts Continue

**Enforcement environment --
heightened scrutiny**

Enforcement activity – Recoveries

Enforcement weapons

Compliance Program Elements

Where is your program?

Federal Sentencing Guidelines 1991



Oversight
Responsibilities

- ☞ CEO and Board Oversight
 - Frequency of Reporting
 - Governance structure
- ☞ Ownership-senior level down
 - Are sufficient resources allocated?
 - Are the compliance elements integrated into performance?
 - How are compliance issues reported and handled?
- ☞ Compliance Officer
 - Is your CO still the “right fit”?
 - Personal & Professional Risk

Compliance Program Elements (cont)



Due Care
Responsibilities

Discretionary authority
delegated
appropriately

Background checks

Additional “Due Care” Information

Identifying Arrangements with Sanctioned Providers

- Healthcare Integrity and Protection Data Bank**
- OIG’s Cumulative Sanction List**
- The GSA’s Department List**
- Licensing and Certification Bodies at the State Level**

Compliance Program Elements (cont)



Compliance
Standards and
Procedures

**Are risk areas identified and
policies developed?**

**Policy and procedure
verification.**

**Policies “reduce” the prospect of
criminal conduct?**

Continuous evaluation.

Compliance Program Elements (cont)



Employee
Training

Commitment still present?

Training geared to increasing compliance knowledge of employees?

Training for high risk areas all covered?

Training incorporated into day to day business aspects?

Proof and documentation

Compliance Program Elements (cont)



Monitoring
and
Auditing

Have you got an auditing plan?

Audit methodology, what type of audits are being done?

Has your program gone beyond the “process” audits?

Proactive vs. reactive audits

Compliance Program Elements (cont)



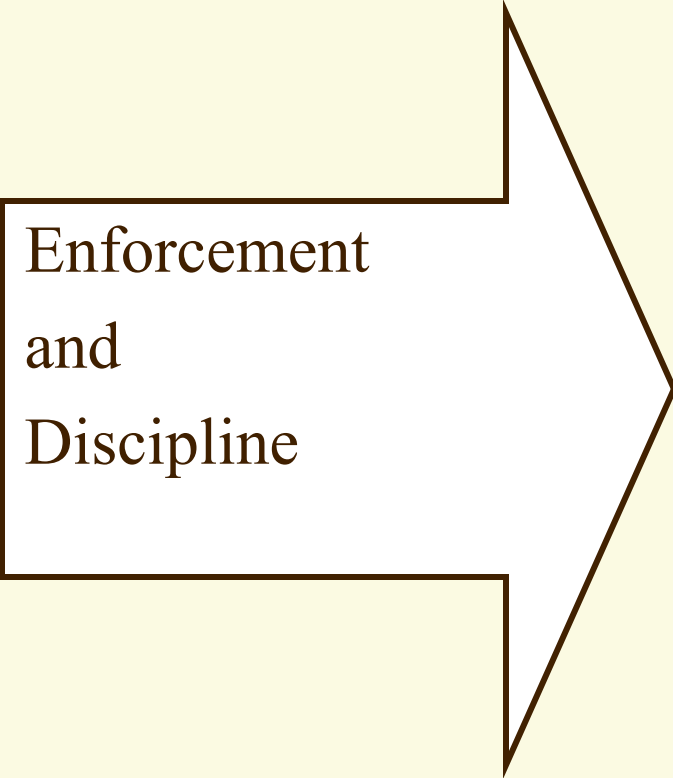
Monitoring
and
Auditing

**Audit strategy – protection of
workpapers and findings.**

Results Reporting

**Corrective Action and
verification.**

Compliance Program Elements (cont)



Enforcement
and
Discipline

**Appropriate and
consistent disciplinary
mechanisms in place**

**Tracking system
developed for
disciplinary actions**

Compliance Program Elements (cont)



Response
and
Prevention

**Appropriate and
consistent Responses**

**Awareness of roles and
responsibilities**

Disciplinary measures

Summary

 **HCCA's Annual Survey Summary Results**

 **Benchmarking**

 **Effectiveness Evaluations**