
Regulatory Compliance Enforcement Update: *Getting Results from the Guidance*

2020 Montana Hospital Association Fall Convention

October 5, 2020

Presented by:

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Shannon manages PYA's Compliance Advisory Services and serves as the Firm's Compliance Officer. A CPA certified in healthcare compliance, she has more than two decades' experience in healthcare internal auditing and compliance programs. She advises large health systems and legal counsel in strengthening their compliance programs, and aids in areas of Anti-Kickback Statute and Stark Law compliance. Shannon also assists health systems regarding compliance with Corporate Integrity Agreements (CIAs) and Non-Prosecution Agreements (NPAs), conducts health system merger/acquisition/divestiture due diligence activities, and advises health system governing boards on their roles and responsibilities for effective compliance oversight.

At the direction of the Department of Justice, Shannon has served as the healthcare compliance and internal audit subject-matter expert for the largest federal compliance co-monitorship of a health system in U.S. history.



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Susan has spent nearly three decades working in a variety of managerial and clinical capacities including compliance management, clinical department leadership, provider practice administration, internal audit, quality outcomes, and healthcare advocacy.

A former corporate compliance officer and clinical department director, she has a demonstrated record of success in program development and expansion, as well as the ability to form mutually beneficial relationships. Susan is a hands-on manager and decisive team leader with highly developed negotiation skills and experience cultivating strategic healthcare business partnerships, recruiting physicians and other healthcare professionals, directing teams, developing performance improvement measures, and creating effective training programs.

Objectives



1. Review the sources of regulatory enforcement and investigation information available to healthcare organizations, including guidelines, statutory updates, best practices, settlements, case studies, etc.

2. Discuss how to interpret and implement the guidance information in order to strengthen the compliance function and protect the organization.



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Session Outline



- I. Compliance Regulatory Requirements for Healthcare Organizations
- II. Guidance Information Available for Consideration in Organizational Compliance Programs
- III. Internal and External Reporting to Ensure Regulatory Requirements Are Met
- IV. Best Practices for Implementation of Guidance Information
- V. Case Studies for Illustration of Guidance Implementation
- VI. Questions

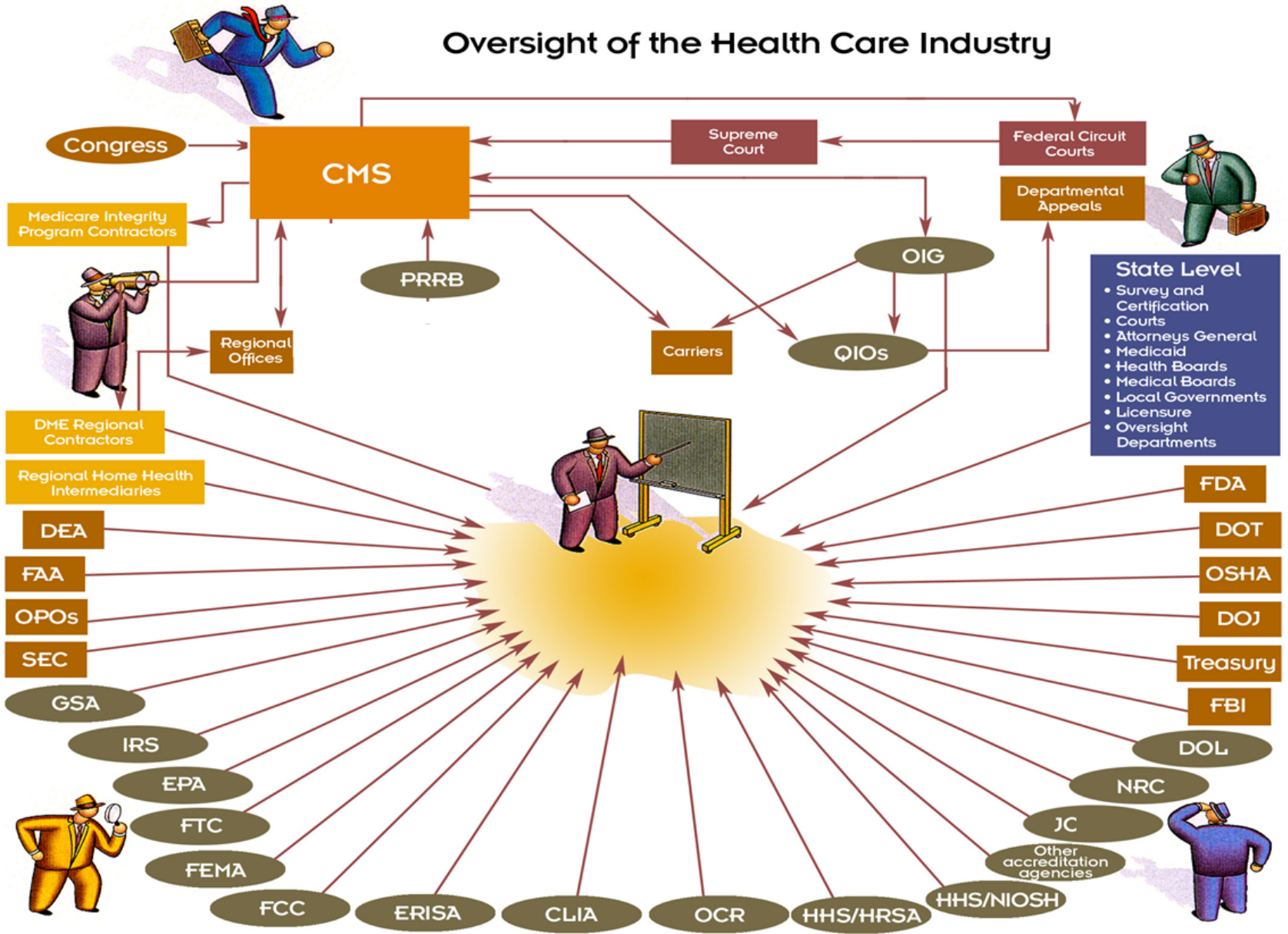
I. Compliance Regulatory Requirements for Healthcare Organizations



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Oversight of the Health Care Industry



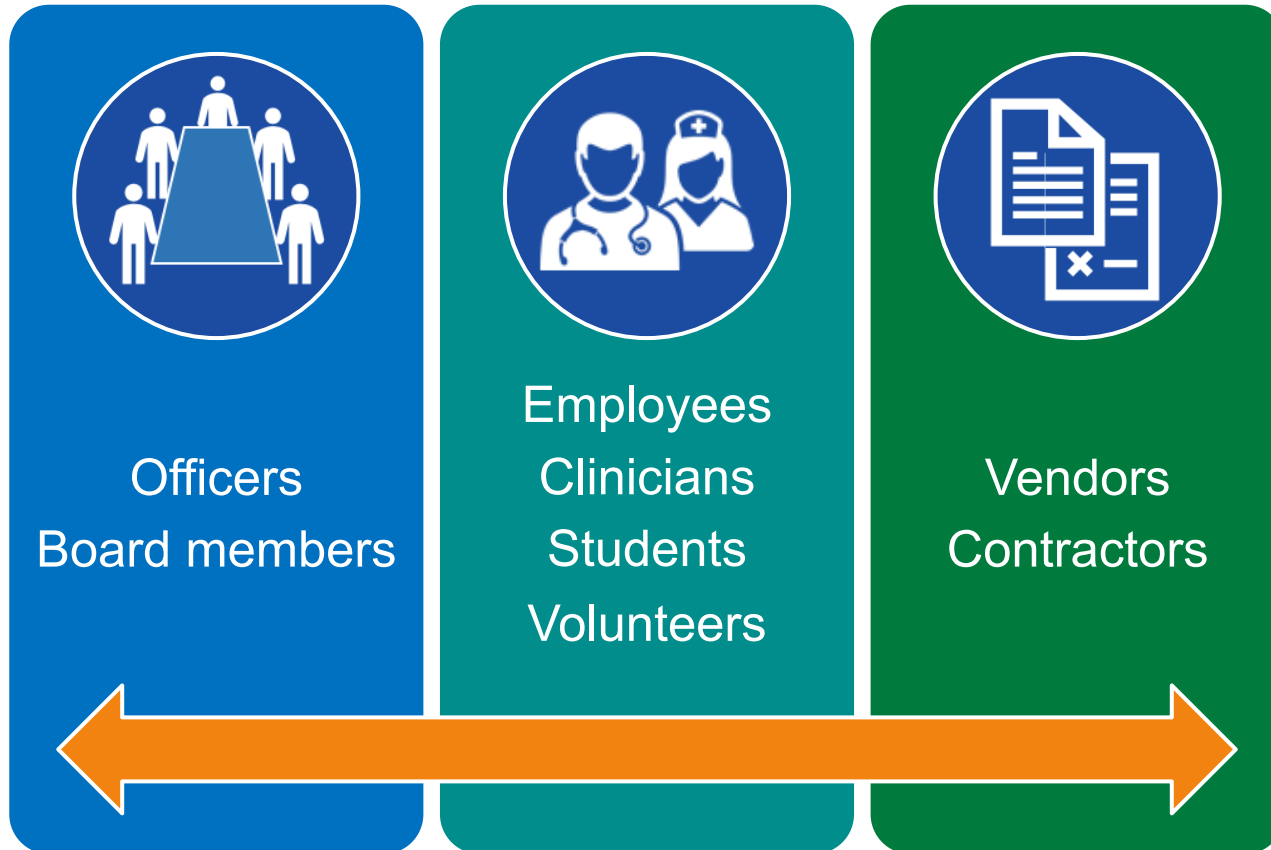
Compliance for Health Care Providers

- Activities that assist organizations and providers with conducting operations and activities ethically, with the highest level of integrity, and in compliance with legal and regulatory requirements
- Helps prevent violations and reduces risk and liability to the provider organization

Who Is Subject to Compliance?



The ENTIRE organization



CMS Mandates for Compliance



- The Centers for Medicare & Medicaid Services (CMS) believes that compliance efforts are fundamentally designed to establish a culture within an organization that promotes the prevention, detection, and resolution of instances of conduct that do not conform to federal and state law, or to federal health care program requirements.

ACA Mandates for Compliance¹



- One of the major goals of the Patient Protection and Affordable Care Act (ACA) is to curb health care provider fraud and abuse, which will ultimately help conserve federal health care program funds to allow for greater access to health care coverage.
- Section 6401 of the ACA, enacted on March 23, 2010, mandates that **all** health care providers enrolled in Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) establish a compliance program as a condition of enrollment.

1. 42 U.S.C. § 1395cc(j)(8). Section 6401, Health and Human Services (HHS)

Compliance Program Essentials



Is a series of **internal controls, monitoring activities, and metrics** to meet the requirements of state and federal regulatory agencies



Establishes and maintains a **“culture of compliance”**



Provides an opportunity to **identify and correct potential risk areas** that may otherwise be obscured

What Is Covered by “Compliance”?



- **False Claims Act (FCA):** Fraud, waste, and abuse
- **Anti-Kickback Statute (AKS):** Incentives and/or bribes
- **Stark Law:** Physician self-referral
- **Civil Monetary Penalties (CMPs):** Settlement agreements
- **HIPAA/HITECH:** Protected Health Information (PHI) privacy and security
- **EEOC:** Employment discrimination
- **Harassment and Retaliation**
- **Whistleblower/Qui Tam**
- **Occupational Safety and Health Administration (OSHA):** Employee safety
- A host of other federal and state laws and regulations

Benefits of a Solid Compliance Program



*The General Counsel Roundtable found each dollar spent on compliance saves, on average, **\$5.21** in avoidance of legal liabilities, harm to the company's reputation, and lost productivity.²*



2. Determining the Effectiveness & ROI of Your GRC Program: Bob Conlin, SCCE Regional Conference, 2012

II. Guidance Information Available for Consideration in Organizational Compliance Programs



Expectations for Compliance Oversight



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U.S. Department of Justice
Criminal Division
Fraud Section

Evaluation of Corporate Compliance Programs



4



Measuring Compliance⁵ Program Effectiveness: A Resource Guide

ISSUE DATE: MARCH 27, 2017

HCCA-OIG Compliance Effectiveness Roundtable
Roundtable Meeting: January 17, 2017 | Washington, DC



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3. <https://www.justice.gov/criminal-fraud/page/file/937501/download>
4. <https://www.ussc.gov/sites/default/files/pdf/guidelines-manual/2016>

5. <https://oig.hhs.gov>
6. <https://oig.hhs.gov/compliance/101/files/HCCA-OIG-Resource-Guide.pdf>

- Sentencing Commission created by the Sentencing Reform Act of 1984:
 - Introduced Organizational Sentencing Guidelines (Chapter 8)
<https://www.ussc.gov/guidelines/2015-guidelines-manual/2015-chapter-8>
 - Pioneered the concept of punishment mitigation for organizations with effective compliance programs and for cooperation
 - Introduced the 7 Elements of an Effective Compliance Program
- According to the Ad Hoc Advisory Group of the U.S. Sentencing Commission, the guidelines have produced a profound influence on corporate behavior, asserting that the guidelines have been incredibly successful in galvanizing [and] inspiring companies to put compliance programs in place.⁷

7. U.S. Sentencing Commission, Report of the Ad Hoc Advisory Group on the Organizational Sentencing Guidelines, (Oct. 7, 2003)

DOJ Evaluation of Corporate Compliance Programs



- The DOJ Evaluation provides important communications from the DOJ Fraud Section outlining the agency’s expectations for effective corporate compliance programs
 - <https://www.justice.gov/criminal-fraud/page/file/937501/download>
- Titled “Evaluation of Corporate Compliance Programs”, the guidance was initially published by the DOJ in 2015, updated in 2017, and most recently revised in June 2020.⁸
- Asks three fundamental compliance program assessment questions that the DOJ considers relevant within the context of a criminal investigation
 - Is the corporation’s compliance program well-designed?
 - Is the corporation’s compliance program adequately resourced and empowered to function effectively?
 - Does the corporation’s compliance program work in practice?

8. <https://www.uscc.gov/guidelines/2015-guidelines-manual/2015-chapter-8>

DOJ Evaluation of Corporate Compliance Programs



- Important updates in the 2020 evaluation guidance apply to the following areas:
 - Compliance risk assessments
 - Policies and procedures
 - Training and communications
 - Confidential reporting structure and investigations process
 - Third-party management
 - Mergers and acquisitions
 - Compliance resources
 - Compliance structure
 - Incentive and disciplinary measures
- Use this newly updated guidance as a tool in evaluating compliance program effectiveness, and, where appropriate, enhance the program in line with the guidance.

OIG and HCCA: Measuring Compliance Program Effectiveness



- In 2017, HCCA compliance professionals and the OIG developed a comprehensive mechanism to measure compliance program effectiveness.
 - <https://oig.hhs.gov/compliance/compliance-resource-portal/files/HCCA-OIG-Resource-Guide.pdf>
- Measuring compliance program effectiveness is recommended by several authorities, including the U.S. Sentencing Commission.
- High-level oversight of compliance programs is one of the 7 Elements, requiring engagement of Board members and executive management.

Compliance Program Guidance



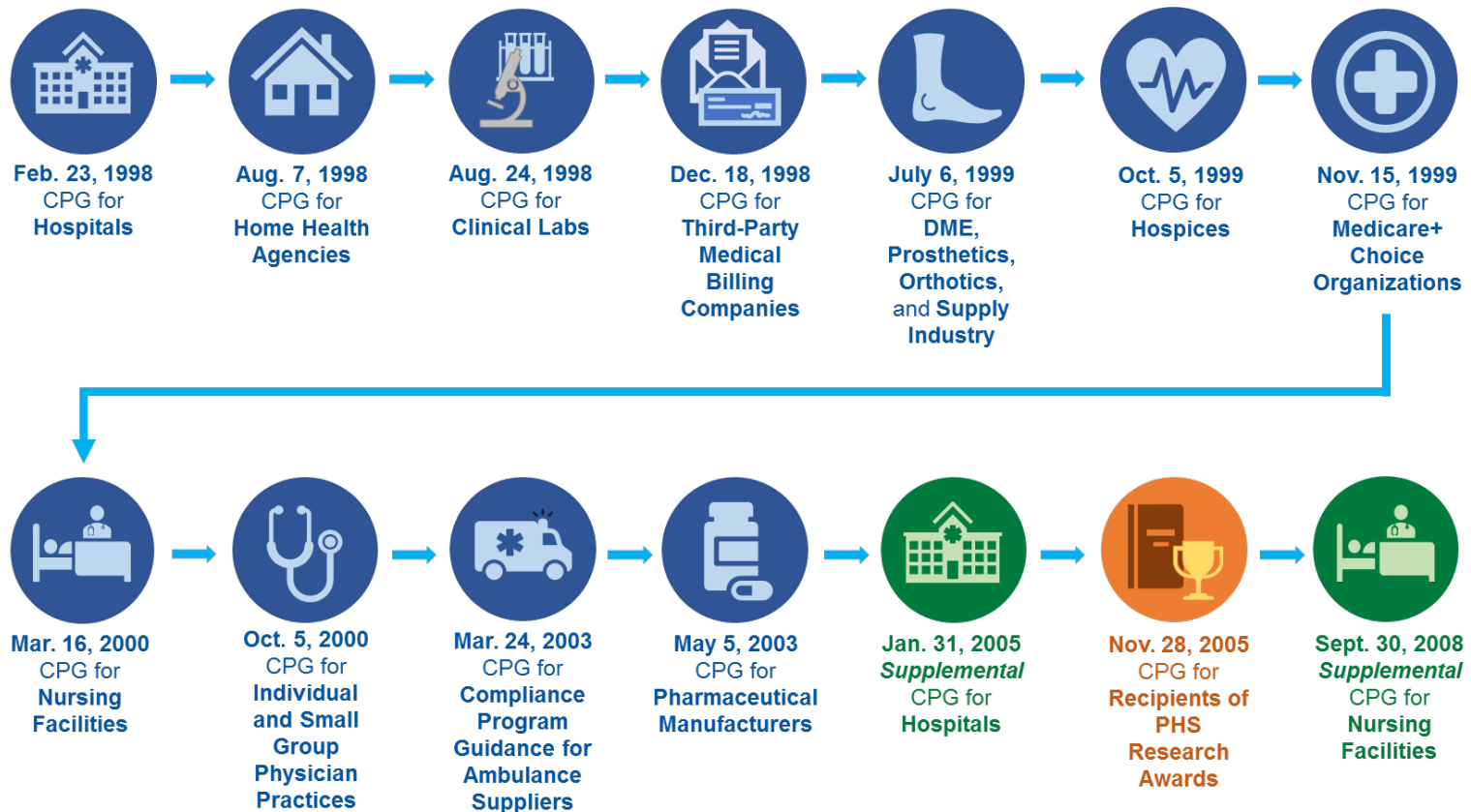
- HCCA Report on Medicare Compliance
 - <https://www.hcca-info.org/Resources/HCCAPublications/ReportonMedicareCompliance.aspx>
- Medicare Fraud and Abuse
 - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud_and_Abuse.pdf
- OIG Work Plan
 - <https://oig.hhs.gov/reports-and-publications/workplan/index.asp>
- Practical Guidance for Health Care Governing Boards on Compliance Oversight
 - <https://oig.hhs.gov/compliance/compliance-guidance/docs/practical-guidance-for-health-care-boards-on-compliance-oversight.pdf>

OIG Compliance Program Guidance (CPG)



OIG began issuing CPG documents in 1998.

- To date, OIG has issued 12 CPG documents covering 11 areas of health care.⁹



9. OIG Compliance Guidance. Found at <https://oig.hhs.gov/compliance/compliance-guidance/index.asp>

Additional OIG Compliance Resources¹⁰



- Toolkits
 - Adverse Events Trigger Tools
 - <https://oig.hhs.gov/compliance/compliance-resource-portal/tools.asp>
 - Toolkit for Health Care Boards
 - <https://oig.hhs.gov/newsroom/video/2011/toolkit-handout.pdf>
- Provider Compliance Resources and Training
 - <https://oig.hhs.gov/compliance/provider-compliance-training/index.asp#materials>
- Advisory Opinions
 - <https://oig.hhs.gov/compliance/advisory-opinions/index.asp>

10. <https://oig.hhs.gov/compliance/compliance-resource-portal/>

Additional OIG Compliance Resources¹¹



- Voluntary Compliance and Exclusions Resources
 - OIG Provider Self-Disclosure Protocol
 - <https://oig.hhs.gov/compliance/self-disclosure-info/index.asp>
 - CIAs
 - <https://oig.hhs.gov/compliance/corporate-integrity-agreements/index.asp>
- Special Fraud Alerts, Other Guidance, and Safe Harbor Regulations
 - Special Fraud Alerts
 - <https://oig.hhs.gov/compliance/alerts/index.asp>
 - Safe Harbor Regulations
 - <https://oig.hhs.gov/compliance/safe-harbor-regulations/index.asp#2014>

11. <https://oig.hhs.gov/compliance/compliance-resource-portal/>

Additional OIG Compliance Resources¹²



- Resources for Health Care Boards
 - Compliance Resources for Health Care Boards
 - <https://oig.hhs.gov/compliance/compliance-guidance/compliance-resource-material.asp#hcb>
 - Videos: Compliance Oversight for Health Care Leaders
 - <https://youtu.be/vbOUb9MC4Vw>
- Accountable Care Organizations
 - <https://oig.hhs.gov/compliance/accountable-care-organizations/index.asp>

12. <https://oig.hhs.gov/compliance/compliance-resource-portal/>

Additional OIG Compliance Resources¹³



- Resources for Physicians
 - A Roadmap for New Physicians
 - <https://oig.hhs.gov/compliance/physician-education/index.asp>
 - Safeguarding Your Medical Identity
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining.html>
 - Avoiding Medicare Fraud and Abuse
 - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Avoiding_Medicare_Fraud_Physicians_FactSheet_905645.pdf

13. <https://oig.hhs.gov/compliance/compliance-resource-portal/>

III. Internal and External Reporting to Ensure Regulatory Requirements Are Met



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Internal Compliance Reporting



Reports to the Compliance Committee



- Meeting frequency:
 - Optimal – monthly
 - Minimum – quarterly
- Reports from operational areas submitted on a scheduled and as needed basis, for example:
 - Information Technology
 - Human Resources
 - Legal
 - Physician Services
 - Supply Chain
 - Clinical Areas
 - Revenue Cycle – patient access, documentation, coding, billing, reimbursement, denials
 - Internal Audit
 - Risk Management
 - Quality
 - Credentialing
 - Strategic Planning
 - Nursing

Reports to the Compliance Committee



- Compliance work plan updates
- Compliance program activity reports
 - Hotline calls and internal reporting
 - Privacy issues
 - Issues identified by federal and state agencies
 - Investigations
 - Exclusion checks
 - Training
 - Publicity of compliance program
 - Compliance initiatives
- Additional compliance initiatives
 - Ongoing review of the compliance program
 - Resource needs and utilization of compliance program
 - Compliance program updates – policies and procedures, charter, committee, staffing
- Regulatory and industry updates

Compliance Department Dashboard Example



Location					
Compliance Leader					
Prepared By					
As of Date					
Date reviewed with Administrative Leader					
Date reviewed with Compliance Committee					
Date reviewed with Board					
Element/Metric	Q1	Q2	Q3	Q4	Annual
Oversight					
% Completion of Board Members Compliance Training					
% Quarterly Reports to Board (Compliance Plan = 1 per quarter)					
Compliance Issues Addressed as an Outcome of Education					
Code of Conduct/ Policies and Procedures					
% Completion of CoC attestation - Physicians					
% Completion of CoC attestation - Employees					
% Policy and Procedure Receipt Sign-off New Employees					
% Compliance Policies and Procedures Reviewed per schedule					
Exclusion Screening					
% OIG/GSA Physician Screening prior to hire/contract					
% OIG/GSA Vendor Screening prior to hire/contract					
% OIG/GSA Employee Screening prior to hire/contract					
% OIG/GSA Physician Screening monthly					
% OIG/GSA Vendor Screening monthly					
% Open Screening /Requires Additional Documentation					

Compliance Department Dashboard Example



Education					
% Completion of Compliance Training within 30 days of hire					
% Completion of HIPAA Training					
% Completion of Role Specific Training					
Annual Re-training					
Compliance Investigations					
Number of Hotline Calls					
Number of issues reported - other than hotline					
Total					
Number of issues requiring compliance investigation					
Number of issues closed					
Number of issues pending					
Number of compliance surveys returned					
Average time to initiate compliance investigation					
Average time to complete compliance investigation					
Top Three Concerns Reported #1					
Top Three Concerns Reported #2					
Top Three Concerns Reported #3					
Departmental Monitoring and Auditing					
% Denied claims requiring resubmission					
Average % of billing accuracy					
Number of inappropriate IS access or logins					
Number of employees disciplined for compliance violations					
Systemic/Repeat Issues					

Reporting to the Compliance Committee (CC) of the Board



Reporting to the CC of the Board



- CC Responsibilities
 - Regular meetings
 - Preferred – Monthly
 - Minimum - Quarterly
 - Organizational governance requiring complete and timely compliance information
 - Determine whether the organization has dedicated appropriate oversight, autonomy, and resources to its compliance program
 - Familiarity with the processes and internal controls management has put in place in order to evaluate the effectiveness of the compliance program
 - Understand specific policies and procedures in place to identify and mitigate regulatory-related risks
 - Discuss with management specific organizational risks that have been identified that may have been received through the organization's monitoring and reporting mechanisms, as well as corrective action plans for responding to such risks
 - Monitor any actual violations, including management's response.

Reporting to the ACC of the Board



- Questions for the CC to Consider
 - Does the committee hear directly from the person who has day-to-day responsibility for compliance matters? Does this person have the ability to hold these discussions in an executive session?
 - Does the compliance governance framework, organizational structure, and reporting lines provide sufficient independence for the audit committee to execute its responsibilities (e.g., does the chief ethics and compliance officer report directly or indirectly to the audit committee)?
 - Does the compliance officer have adequate staff, technology, and other resources to do an
 - effective job?
 - Does the company regularly and systematically scrutinize the sources of compliance failures and react appropriately?
 - How does management take action on reports? Is there evidence of employees being disciplined promptly, appropriately, and consistently?
 - Does the reporting process keep the audit committee informed of compliance issues, as well as the actions taken to address them? Is compliance a regular item on the committee's agenda?
 - What type of ongoing monitoring and auditing processes are in place to assess the effectiveness of the compliance program?
 - Is the company's risk culture encouraging the right type of behaviors?

CC Reporting Topics



- Hotline Calls and Compliance Concerns Investigations
- PHI Incidents Reported and Detected
- Medicare/Medicaid Turn Around Time Results
- Disaster/Business Continuity Rest Results
- Vendor Management
 - Number of vendors with potential COIs
 - Number of critical suppliers with incomplete compliance training documentation/attestation
 - Number of new suppliers with incomplete vendor packets by department
- Fraud, Waste and Abuse
- Credentialing Results
- Training Completion Percentages
 - New Hire
 - Annually
 - Board
- Regulatory Updates and Follow-up Actions
 - Number of open investigations and their nearness to completion or resolution
 - Amount associated with potential damages or penalties associated with probes
 - Number of open probes by geography, regulator or the nature of the problem

■ Compliance Audits

- Financial Relationships with Physicians
- Vendor Management
- HIPAA Privacy
- NPP Chart Audits
- Shadow Claims
- Cash Controls
- Controls for Contractual Adjustments
- Charge Capture
- Others

■ Compliance Program Monitoring

- Compliance Work Plan Status
- Access of Employee and VIP PHI
- Conflict of Interest Disclosures
- Exclusion Checks
- Follow-up Actions to Issues of Non-compliance

Reporting to the Board of Directors



Reporting to the Board: Frequency



- Optimal: Quarterly
- Minimum: Annually



Ideas for Effective Board Interaction

Report on meaningful metrics

Turn Board reports into training sessions

Propose a series of trainings and have others help with the presentations

Partner with other Board committees

Change the training method

Invite Board members to participate in staff compliance training and to report back to the full Board

Reports to the Board



BEST Hospital Compliance Management 201X Annual Report



Report on Compliance & Audit Activities

201X Executive Summary

Like all healthcare provider organizations, Best Hospital is undergoing a significant amount of change initiated from both internal and external sources. Some of the changes include:

- Budgetary impacts of state and federal healthcare funding adjustments
- Organizational and operational efficiency initiatives
- Ongoing regulatory changes including healthcare reform, medical necessity, patient privacy and information security
- Outward focus of healthcare provision in-

cluding employed practitioners, wellness, increased collaboration with community partners

- The shift of payment focus on quality and value rather than fee for service
- Expanding use of emerging technology and data sharing

While many of these changes indicate opportunities for exciting strategic developments for BEST, they also expose our organization to risk—operational, financial, regulatory and reputational. The role of Compliance Management is to proactively work with Leadership to navigate these risks and provide assurance that poli-

cies, auditing, monitoring and internal controls are in place for strategic success. This report highlights the outcomes of key activities performed by Compliance Management in 201X to assist Leadership identify and address important issues facing our organization and drive efficiencies to make the best use of our resources. In addition, this report will demonstrate the accountability of the Compliance Management Program with information regarding our program metrics.



201 X BEST Compliance By the Numbers

- Dollars protected from payer recoupment
- Revenue Generated for Observation Services
- High Risk Contracts Reviewed
- BEST Associates who completed HIPAA Training
- Incident To errors identified
- Providers Educated on Appropriate Coding
- Number of Work Plan Items Completed
- Number of PHI Breach Incidents reported
- Certifications achieved by Compliance Management staff

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Patient Privacy, Confidentiality and Information Security

The Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA) has been a defining feature of the healthcare landscape for 20 years. Key pieces of HIPAA are the Privacy and Security Rules which mandate how BEST and our Business Associates must safeguard patient protected healthcare information (PHI). Compliance Management works closely with the Information Security Team

to assure necessary procedures are in place for HIPAA compliance.

BEST has investigated, reported and mitigated the following privacy and security incidents:



Performance Metrics

Our 201X Performance Dashboard included metrics for the five anchors of the BEST Strategic Plan. We monitored over 20 measures—demonstrating our department's commitment to strategic success of the organization.

Anchor/Metric	Value	Desired Trend	Target %
Growth & Innovation:			
• Observation Charge Capture Revenue			
• Average Charge Per Outpatient			
Quality and Safety:			
• Number of Priority Work Plan Items Reviewed:			
• 'Incident-To' Errors Identified:			
Service:			
• Focus Group Survey Aggregate Results:			
• Physician Agreements Reconciled:			
• Number of Contracts Reviewed:			
• Number of BAAs Reviewed:			
• Number of Contracts 'Touched':			
People:			
• Number of PHI Incidents Reported/Detected:			
• % of BEST Associates Completed HIPAA Training			
Physicians:			
• Number of Physicians Educated on Coding:			
• ED Charts Not Coded:			
• Physician Coding Accuracy:			
• Reported ED Work RVU:			
Finance:			
• Dollars Lost Due to Incomplete Stop Times:			
• Dollars Protected from Recoupment:			
• Overturned Audited Claims:			
• Appeals Written In-House:			



Looking Towards the Future

BEST Compliance Management carries out an organizational compliance risk assessment annually. The information gathered from this exercise, along with other industry sources, is used to formulate the Compliance Work Plan.

The Work Plan, along with Key Performance Indicators for Compliance Management, as well as the BEST Strategic Initiatives direct and maintain an effective and meaningful compliance plan. BEST Compliance Management Department has developed the following targets for 201X:



External Compliance Reporting



External Reporting of Compliance Information



- Industry Benchmark Surveys
 - Professional Organizations
 - HCCA, AHLA, AHIA, HFMA
 - State or National Associations
 - Hospital Associations, Departments of Health
- Self-disclosures
 - Overpayments, Improper billing, Stark or AKS violations, Exclusion from Federal Healthcare Programs
- Corporate Integrity Agreements/Non-Prosecution Agreements
 - Reportable Events, Annual Report, Monitor Requests

External Reporting of Compliance Information



- Legal Issues
 - Litigation, Court Orders
- Financial Transactions
 - Due Diligence, Shareholder Meetings, Joint Ventures
- Facility Licensure
 - Capacity Change, New or Discontinued Services, Survey Deficiency Corrective Action
- External Financial Audits

External Reporting of Compliance Information



- Regulatory and Enforcement Agencies
 - OIG, DOJ, OCR, EEOC, State Agencies
- Payer Incentive Programs
 - CMS (MACRA/MIPS, VBP, HRRP, VM, HAC, SNF-VBP, HHVBP, etc.)
 - Commercial (PCMH, CPC+, others)

IV. Best Practices for Implementation of Guidance Information



Image Source: Shutterstock.com



Guidance Implementation Considerations



- 1 Assign responsibility to review guidance and updates.
- 2 Maintain an organizational repository of guidance that is available to affected departments.
- 3 Share guidance information affected departments.
- 4 Share relevant guidance information with the Compliance Committee.
- 5 Update policies and procedure in accordance with regulatory guidance and updates.
- 6 Provide Training to affected departments on significant regulatory guidance.
- 7 Include key guidance information in the compliance work plan.



How to Utilize the OIG Work Plan

- Frequently check the Active Work Plan Items list, at minimum, once or twice a month.
- Determine if the Recently Added Items of the OIG Work Plan are relevant to the organization and if so, include in the organizational Compliance Work Plan.
- Inform Executives and the Board of relevant OIG Work Plan items that will be included in the organizational Compliance Work Plan.
- Route department specific OIG Work Plan items to the affected department.

How to Utilize the Corporate Integrity Agreements

- CIAs provide insight into where the federal government's enforcement efforts will be focused in the future
- CIAs identify what areas of the organization's compliance program need to be enhanced due to a reported or detected issue of non-compliance, most typically:
 - Hire a compliance officer/appoint a compliance committee
 - Develop written standards and policies
 - Conduct a robust risk assessment and develop corresponding work plan
 - Implement a comprehensive employee training program
 - Establish a confidential disclosure program
 - Restrict employment of ineligible persons
 - Report overpayments, reportable events and ongoing investigations/legal proceedings

How to Utilize the Corporate Integrity Agreements

- Best practices include:
 - Linking compliance to incentives and bonus eligibility criteria (including claw back provisions)
 - Inclusion of compliance metrics in balanced scorecards
 - Culture surveys
 - Audit results (internal and external)
 - Specific compliance matters
 - Embed code of conduct elements in performance evaluations
 - Board and management certifications regarding the effectiveness of the compliance program
 - Individual compliance programs in high-risk areas (e.g. physician compensation)
 - Focused education in high-risk areas (e.g. physician recruitment, real estate)
 - Using the audit testing steps for the Independent Review Organization to conduct “mock-audits” during the year

How to Utilize the DOJ's Evaluation of Corporate Compliance Programs

- Structure your evaluation around the three fundamental questions
 - Is the entity's compliance program well designed?
 - Is the program adequately resourced and empowered to function effectively?
 - Does the program work in practice?
- Break the evaluation into manageable segments using the questions to guide the analysis and agenda topics at appropriate meetings (e.g. compliance committee, board)
- Utilizing the Guidance, conduct a gap analysis and create actionable steps to address issues identified
- Best practices include using the guidance topics to create an education curriculum for the Board/Board Subcommittee

V. Case Studies



Image Source: Shutterstock.com



Using Compliance Program Guidance for Ambulance Suppliers

- In response to accusations of billing Medicare for unnecessary ambulance transports and subsequent settlements, the OIG published this voluntary CPG for ambulance suppliers
- Key guidance includes:
 - Ambulance billing should reflect the care provided by the emergency medical services (EMS) personnel, not the hospital.
 - Diagnosis of the patient.
 - Training for billing personnel and EMS providers on documentation and billing for ambulance services is often inadequate.
 - Ambulance suppliers should conduct regular claims reviews to ensure problems are identified and corrected prior to an audits.

Using the OIG Work Plan for Medicare Hospital Payments for Claims Involving the Acute and Post-Acute Care Transfer (PACT) Policies

- The OIG will review Medicare hospital discharges that were paid a full DRG payment when the patient was transferred to a facility covered by the acute and post-acute transfer policies where Medicare paid for the service.
- Hospitals and providers should ensure that all discharge and transfer information and data is complete and captured correctly for acute and post-acute transfers.
- Decisions to discharge or transfer a patient from the hospital should be based on the clinical condition of the patient.
- Hospitals should conduct regular claims reviews to ensure that transfers are carried in accordance with CMS' transfer regulatory requirements.

VI. Questions?



Thank you!



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