Compliance Investigations 101:
CO Toolbox Essentials

Session Speakers

Walter E. Johnson
Director of Compliance & Ethics
Kforce Government Solutions

Dawn E. Lambert
Chief Privacy/Information Security Officer
IASIS Healthcare

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Compliance Professional

Adam K. Weinstein
Chief Operating Officer/ Compliance
Best Companion Homecare Services
Agenda

• **Interviewing Basics**: Strategies to get the information you need from the employees; while covering privacy, security, HR and legal aspects are important during and after the interview

• **Partnerships**: Knowing when to engage Legal for establishing privilege and possibly IT to collect substantial evidence; HR is a powerful ally and often, management too!

• **Tools**: Using SBAR (and other tools) to document the investigation using clear, concise, and legible structure

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The Interview Before The Interview
Stages of a Complete Compliance Interview

• Introduction / Rapport
• Free Narrative
• Drawing
• Follow-Up Questions
• Reverse Order Technique
• Challenge Questions

Source: Michael Johnson, CEO, Clear Law Institute
(http://www.clearlawinstitute.com)

Introductory Question #1

To whom does the compliance officer report to at your organization:

a. CEO
b. CFO
c. GC
d. Board
e. Other
Introductory Question #2

How does your organization determine compliance risks?

a. Conducts a separate interview based compliance risk assessment
b. Reviews the OIG Work Plan with compliance committee members
c. Neither of the above
d. Something other than the above

Available TOOLS

• Compliance Dashboard
• GAP Assessment
• HIPAA Investigation
• Sanction Score Card
• Phase 2 OCR Protocols
Kitchen Cabinet Report

- An Up-to-Date Report on everything regulatory
- Updated as of: MM/DD/YYYY
- All entries must have dates

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Department</th>
<th>Subject</th>
<th>Status</th>
<th>Leader</th>
<th>Follow up</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2/4/16</td>
<td>Compliance</td>
<td>OIG Exclusion</td>
<td>List for January found the following hit 1/10/16 Report</td>
<td>Mary Delaney</td>
<td>Medicine Dr Walter Johnson – see attachment 2.1 Report finds MC suspension  In Review with Finance, Legal and Chairmen as of 2/5/16  Follow up meeting 2/12/16</td>
<td>Open with follow up meeting on 2/12/16</td>
</tr>
<tr>
<td>2</td>
<td>2/4/16</td>
<td>Department of Cardiology</td>
<td>Audit on top ten billing codes</td>
<td>List of top ten codes billed for the past twelve months for review to HIM Coder and MD Billing, 2/4/16</td>
<td>Keith Jacoby</td>
<td>List forwarded to HIM and Billing Dept on 2/4/16 Follow up meeting scheduled for 2/14/16 to review findings, Final review scheduled for 2/24/16 Presentation at Ops Meeting on 4/5/16</td>
<td>Open with closing date of 2/24 and presentation to Ops on 3/5/16</td>
</tr>
</tbody>
</table>
## Compliance Program – 90 Day Review

### Strategic Objectives

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Responsible Parties</th>
<th>Timeframe for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REFRESH &amp; STRENGTHEN THE AWARENESS AND IMPORTANCE OF THE COMMITMENT TO COMPLIANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop &amp; Then Deliver Message from the CEO (all employee distribution)</td>
<td>CEO</td>
<td>Month 1  x</td>
</tr>
<tr>
<td>Develop &amp; Then Deliver Message from Board (perhaps smaller distribution)</td>
<td>Board</td>
<td>Month 2  x</td>
</tr>
<tr>
<td>Message from Compliance Officer to Key Leaders (Program Managers)</td>
<td>CEO</td>
<td>Month 3 x</td>
</tr>
<tr>
<td>Introduction in Various Leadership Forums</td>
<td>Various</td>
<td></td>
</tr>
<tr>
<td>Revisit / Revise Compliance Committee Charter (if needed)</td>
<td>Compliance Officer</td>
<td></td>
</tr>
<tr>
<td>Create/Kick-off Compliance Committee</td>
<td>CCO</td>
<td>x</td>
</tr>
<tr>
<td>Set &amp; Hold Calendar of Compliance Meetings with Program Managers (bi-monthly ?)</td>
<td>Compliance Officer</td>
<td>x</td>
</tr>
<tr>
<td>Develop and promote Compliance Program “branding”</td>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>Review &amp; Evolve Intranet / Internet / Overall Compliance Visibility</td>
<td>CCO / Communications</td>
<td>x</td>
</tr>
<tr>
<td>Develop and Implement Compliance Department Relations - 3 or 6 month Internship</td>
<td>Compliance Committee</td>
<td>x</td>
</tr>
<tr>
<td>Develop and Implement Quarterly “Do The Right Thing” Type of Recognition / Award</td>
<td>CCO</td>
<td>Month 1 x  x</td>
</tr>
<tr>
<td>Consider Refresh of Compliance Hotline &amp; Awareness Posters</td>
<td>CCO</td>
<td>x</td>
</tr>
<tr>
<td><strong>DEVELOP CONSISTENT DEFINITION OF AND INCREASE UNDERSTANDING OF WHAT COMPLIANCE MEANS ACROSS THE ORGANIZATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop departmental compliance program standards and expectations (? element)</td>
<td>CCO &amp; committee</td>
<td>Month 1  x</td>
</tr>
<tr>
<td>Increase (Education and or Training) understanding of Compliance with C-Level Staff</td>
<td>CCO</td>
<td>Month 2 x  x</td>
</tr>
<tr>
<td>Increase (Education and or Training) understanding of Compliance with Board of Directors</td>
<td>CCO</td>
<td>Month 3 x</td>
</tr>
<tr>
<td>Increase (Education and or Training) understanding of Compliance with Program Managers</td>
<td>CCO</td>
<td></td>
</tr>
<tr>
<td>Establish leadership compliance competencies</td>
<td>CCO</td>
<td>x</td>
</tr>
<tr>
<td>Provide detailed training of Compliance expectations for employees</td>
<td>CCO</td>
<td>x</td>
</tr>
<tr>
<td>Select and train departmental compliance liaisons</td>
<td>CCO &amp; committee</td>
<td>x</td>
</tr>
</tbody>
</table>
## Compliance Program – 90 Day Review

(continued)

### Increase Program Level and Department Level Accountabilities for Program Development

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assign individuals to assist with the development of departmental compliance programs</td>
<td>Compliance Officer</td>
<td>x</td>
</tr>
<tr>
<td>Select pilot department to proceed through the development process</td>
<td>Compliance Committee</td>
<td></td>
</tr>
<tr>
<td>Select department to develop and implement departmental compliance program</td>
<td>CCO &amp; committee</td>
<td>x</td>
</tr>
<tr>
<td>Direct additional departments to develop and implement departmental programs</td>
<td>CCO &amp; committee</td>
<td>x</td>
</tr>
<tr>
<td>Direct remainder of departments to develop and implement departmental programs</td>
<td>CCO &amp; committee</td>
<td>x</td>
</tr>
</tbody>
</table>

### Auditing and Monitoring / Risk Assessment

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review each of the high risk areas identified for each program</td>
<td>CCO &amp; Program Leader</td>
<td>x</td>
</tr>
<tr>
<td>Develop Monitoring Guidance Sheet - description of risk, variables measured, periodicity</td>
<td>Program Leader</td>
<td>x</td>
</tr>
<tr>
<td>For Highest (or High) Risk Areas - Develop Monitoring Protocol - Ensure Implementation</td>
<td>Program Leader</td>
<td>x</td>
</tr>
<tr>
<td>For Less Than High Risk - Ensure Mechanism to periodically assess</td>
<td>Program Leader</td>
<td></td>
</tr>
<tr>
<td>Require Periodic Reporting on High Risk Monitoring metrics - Compliance Committee</td>
<td>CCO &amp; committee</td>
<td></td>
</tr>
<tr>
<td>Develop Overall Compliance Scorecard by Program for All Highest Risk Items</td>
<td>CCO &amp; Program Leader</td>
<td>x</td>
</tr>
<tr>
<td>Develop and Implement Corrective Action Planning Process / Format</td>
<td>CCO &amp; Program Leader</td>
<td>x</td>
</tr>
</tbody>
</table>
Compliance Program – 90 Day Review
(continued)

<table>
<thead>
<tr>
<th>POLICY REVIEW / TRAINING PLANS</th>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Existing Body of Compliance Policies to Ensure Comprehensive &amp; Complete</td>
<td>CCO</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Direct review of Program Level Compliance Policies to Ensure Adequate</td>
<td>CCO &amp; Program Leader</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Review Corporate Compliance Training Materials / Approach</td>
<td>CCO</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Review / Develop Program Level Compliance Training / Content &amp; Delivery / Tracking</td>
<td>CCO &amp; Program Leader</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

SBAR
Situation – Background – Analysis - Recommendation

**Situation:** Clearly and *briefly* define the situation. For example, 'Mr. Jones has multiple prescriptions of Coumadin in his home and he is unclear as to which ones he is supposed to take.

**Background:** Provide clear, relevant background information that relates to the situation. In the example above, you should consider including the patient's diagnosis, the prescribing physicians, and the dates and dosages of the medications.

**Analysis**

**Assessment:** A statement of your professional conclusion

**Recommendation:** What do you need from this individual? For example, 'Please clarify which is the correct dose of Coumadin for Mr. Jones to take and which physician will be responsible for managing his anticoagulant therapy?'

Source: Joint Commission

(https://www.jointcommission.org/at_home_with_the_joint_commission/sbar_%e2%80%93_a_powerful_tool_to_help_improve_communication/)
SBAR
Situation – Background – Analysis – Recommendation

SITUATION
United Airlines terminated the flight without any notice. It is possible that the decision was made at the request of government officials.

BACKGROUND
- Continental Airlines had a regular flight from Newark, New Jersey to South Carolina.
- Due to poor performance, Continental Airlines cancelled the flight just before merging with United Airlines.
- In 2015, the flight from Newark Liberty International Airport to Columbia, South Carolina was re-routed.
- In 2013, David Sessum became chairman of the Port Authority.
- In 2016, the flight from Newark Liberty International Airport to Columbia, South Carolina was cancelled.
- In 2014, David Sessum resigned as chairman of the Port Authority. On 08/08/2017, the flight was re-routed to resume the regular flight.

ANALYSIS
- On 08/08/2017, a decision was made to cancel the flight from Newark, New Jersey to South Carolina.
- This decision was supported by financial analysis and approved by the Department of Transportation.
- On 08/08/2017, the last regular flight from Newark, New Jersey to South Carolina occurred.
- As chairman of the Port Authority, David Sessum had the approval authority over United Airlines' new route.
- Interviews indicate that David Sessum would not approve the ban on the flight to Rome, New Jersey to South Carolina due to its financial impact.
- The Port Authority chairman used his authority over the ban to ensure the flight remained.
- David Sessum resigned as chairman of the Port Authority.
- The flight was re-routed to resume the route.
- It was cancelled two years after an announcement that it was the same time David Sessum resigned as chairman of the Port Authority.

RECOMMENDATION
Alternatives:
1) My recommendation is: [Reason]
2) An alternative is: [Reason]
SESSION BREAK

Placemat Report

FY 2018 Risk Assessment

Top Five Local Strategic Objectives & Operational Initiatives

Key System/Industry Risk Areas

1. Access, Care, and Admissions
2. Strategic Planning
3. Information Technology
4. Risk Management
5. Compliance

Risk Assessment & Audit Plan

System Risk Requiring Facility Validation

- Compliance
- Revenue Cycle
- Information Technology
- Patient Safety
- Operations
- Supply Chain
- Financial Reporting
- Risk Management
Placemat Report

Section 1557 Checklist

OCR at ocrmail@hhs.gov:

• An entity that applies to receive Federal financial assistance (FFA) must sign and date and submit an Assurance of Compliance form (HHS 690) that commits them to compliance with five civil rights statutes, as listed in the Assurance form. This form can be found on the Office for Civil Rights website.

• If an entity receives or is applying to receive ONLY Medicare Part B FFA, that entity is not required to sign and submit an Assurance of Compliance, because Medicare Part B is not considered FFA. If the entity receives other FFA, however, such as Medicaid, then it is obligated to sign and submit an Assurance of Compliance.
Section 1557 Checklist

– Section 1557 applies if you are a health program or perform health activities, which receive Federal financial assistance provided or made available by the Department, and every health program or activity administered by a Title I entity.

– Taglines mean short statements written in non-English languages that indicate the availability of language assistance services free of charge.

– § 92.8 Notice requirement – next 4 slides

Section 1557 Checklist

• Has the entity taken appropriate initial and continuing steps to notify beneficiaries, enrollees, applicants, and members of the public of the following:

  – The entity does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities

  – YES    NO    Partial
  – Supporting documentation:

  __________________________________________________________
Section 1557 Checklist

– The entity provides appropriate auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, free of charge and in a timely manner, when such aids and services are necessary to ensure equal opportunity to participate to individuals with disabilities

– YES     NO     Partial
– Supporting documentation:

Section 1557 Checklist

– The entity provides language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to individuals with limited English proficiency (LEP)

– YES     NO     Partial
– Supporting documentation:
Section 1557 Checklist

– The entity informs how to obtain aids and language assistance services

– YES NO Partial
– Supporting documentation:

Email Protection Tool

One billion Yahoo accounts are hacked per the NY Times
– That’s 9 zeros! 1,000,000,000

– SAN FRANCISCO — Yahoo, already reeling from its September disclosure that 500 million user accounts had been hacked in 2014, disclosed Wednesday that a different attack in 2013 compromised more than 1 billion accounts.
– The two attacks are the largest known security breaches of one company’s computer network.

Source: NYTimes.com 12/14/16
Email Protection Tool

PHISHING

- Appears to come from legitimate sources
- Directs recipients to a website or to divulge personal information
- Includes a sense of urgency for action

Sources: NYTimes.com 12/14/16 and Policy Patty Toolkit 12/29/16

Email Protection Tool - ALERT

- Be alert to emails that:
  - Come from unrecognized senders
  - Ask you to enter, verify, or confirm personal information even if it appears to come from a company you do business with
  - Try to urge or scare you into acting quickly by threatening a bad outcome

- Be careful with links:
  - Do not open or click on links, files, or attachments from unknown senders
  - Open attachments only when you expect them & know what’s in them
  - Read email in plain text – readily exposes URLs that images point to
  - For HTML - hover over links to display actual URL

- Avoid emailing personal or financial information:
  - Communicate personal info only via phone AND only if you initiate the call
  - Provide info only after you confirm security of the site
  - Check for the lock icon on browser status bar, or
  - HTTPS vs HTTP – the S means secure

- Check your accounts & bank statements regularly to:
  - Confirm activity
  - Ensure no unauthorized transactions were made

- Protect computer with these tips:
  - Use safeguard – firewall, spam filters, anti-virus software
  - Update software regularly
  - Beware of pop-ups:
    - Never enter personal info in a pop-up screen
    - Don’t click on links in a pop-up
    - Don’t copy web addresses from pop-ups

Source: Policy Patty Toolkit 12/29/16
Open Discussion (Q & A)