Compliance Investigations 101:
CO Toolbox Essentials

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

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Chief Privacy/Information Security Officer
AMIS Healthcare

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Compliance Professional

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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
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

SESSION BREAK
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>Notes</th>
<th>Status</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2/4/16</td>
<td>Compliance</td>
<td>OIG Exclusion List</td>
<td>Found the following hit</td>
<td>In Review</td>
<td>Meeting 2/12/16 to review findings. Final review scheduled for 2/24/16.</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.</td>
<td>Open</td>
<td>Meeting 2/14/16 to review findings. Presentation at Ops Meeting on 4/5/16.</td>
</tr>
</tbody>
</table>

Compliance Program – 90 Day Review

### Strategic Objectives

**Finishing the Awareness and Importance of the Commitment to Compliance**

- Develop departmental compliance program standards and expectations (7 element)  
  Responsible Parties: Compliance Officer and Committee  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3

**Develop and Implement Compliance Department Rotations - 3 or 6 month Internship**  
  Responsible Parties: Compliance Committee  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3

**Develop and Implement Quarterly “Do The Right Thing” Type of Recognition / Award**  
  Responsible Parties: Compliance Officer  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3

**Consider Refresh of Compliance Hotline & Awareness Posters**  
  Responsible Parties: Compliance Officer  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3

### Additional Objectives

**Devising Consistent Definition of and Increase Understanding of What Compliance Means Across the Organization**

- Increase (Education and or Training) understanding of Compliance with C-Level Staff  
  Responsible Parties: Compliance Officer  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3

- Increase (Education and or Training) understanding of Compliance with Board of Directors  
  Responsible Parties: Compliance Officer  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3

- Increase (Education and or Training) understanding of Compliance with Program Leaders  
  Responsible Parties: Compliance Officer  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3

- Establish leadership compliance competencies  
  Responsible Parties: Compliance Officer  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3

- Provide detailed training of Compliance expectations for employees  
  Responsible Parties: Compliance Officer  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3

**Provide Detailed training of Compliance expectations for employees**  
  Responsible Parties: Compliance Officer  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3

**Develop a Consistent Definition of and Increase Understanding of What Compliance Means Across the Organization**

- Develop and promote Compliance Program “branding”  
  Responsible Parties: Communications  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3

- Review & Evolve Intranet / Internet / Overall Compliance visibility  
  Responsible Parties: Compliance Officer and Communications  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3

**Develop and Implement Compliance Department Rotations - 3 or 6 month Internship**  
  Responsible Parties: Compliance Committee  
  Timeframe:  
  - Month 1  
  - Month 2  
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**Develop and Implement Quarterly “Do The Right Thing” Type of Recognition / Award**  
  Responsible Parties: Compliance Officer  
  Timeframe:  
  - Month 1  
  - Month 2  
  - Month 3
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 department level 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>x</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>x</td>
</tr>
<tr>
<td>Require Periodic Reporting on High risk monitoring metrics</td>
<td>Compliance Committee</td>
<td>x</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>
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### POLICY REVIEW / TRAINING PLANS

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>Direct review of Program Level Compliance Policies to Ensure Adequate</td>
<td>Program Leader</td>
<td>x</td>
</tr>
<tr>
<td>Review Corporate Compliance Training Materials / Approach</td>
<td>CCO</td>
<td>x</td>
</tr>
<tr>
<td>Review / Develop Program Level Compliance Training / Content &amp; Delivery / Tracking</td>
<td>CCO &amp; Program Leader</td>
<td>x</td>
</tr>
<tr>
<td>Notice: Crosswalk Compliance Training Materials</td>
<td>Updated</td>
<td></td>
</tr>
<tr>
<td>Notice: Develop Program Level Compliance Training</td>
<td>CCO &amp; Program Leader</td>
<td>x</td>
</tr>
</tbody>
</table>
SBAR
Situation – Background – Analysis - Recommendation

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>ANALYSIS</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
</table>
| 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.' | 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?'

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.

Source: Joint Commission
https://www.jointcommission.org/at_home_with_the_joint_commission/sbar%20-%20a%20powerful%20tool%20to%20help%20improve%20communication/
SESSION BREAK

Placemat Report

FY 2018 Risk Assessment

Placemat Report

FY 2018 Risk Assessment, Continued
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

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

Email Protection Tool - ALERT

A – 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

L – 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

E – 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

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

T – 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)