Session Goals

Enable Compliance Professionals to do the following:
• Foster compliance activities by
  • Enabling operators to understand, recognize, and respond to risks of noncompliance.
  • Equipping operators with the knowledge and tools necessary to mitigate and prevent risk of noncompliance.
• Create three-part toolkits
  • Explanation of legal or regulatory requirement or concern;
  • Template for identifying and reporting compliance activity; and
  • Template for addressing compliance matter in a uniform fashion across the organization.
• Create mechanisms for tracking, trending, and reporting results of toolkit implementation
  • To involved operators to aid corrective action; and
  • To leaders / committees to empower effective oversight of compliance activities and results.

Hypothetical Handouts

Three different hypothetical fact patterns, or “hypos”:
1. Physician Arrangement
2. Provider-based status
3. Implantable Cardiac Defibrillator / National Coverage Determination compliance.

Each hypo contains a concern or allegation of error or misconduct.

You are invited to consider your hypo as we discuss the next section—Compliance Programs – Pieces of the Puzzle.
Compliance Programs – Pieces of the Puzzle


• Controls criminal sentencing of organizations
• Sentence allows credit for "effective programs to prevent and detect violations of law"
• Risk assessments (ongoing) if credit expected
• Compliance "culture"
• Compliance standards and procedures
• Compliance obligations
• Sufficient resources
• Employee screening practices

Compliance Programs - Pieces of the Puzzle

  • Must have process for anonymous reporting
  • "Specifically encourage prevention and deterrence of violations of the law as part of compliance programs"
  • Education and Training
• 2010 Revisions:
  • Appropriate response to the criminal conduct, including restitution to the victims, self-reporting, and cooperation with the authorities
  • Organization must assess their program and make changes to make more effective:
  • Encourages an independent monitor to ensure implementation of the changes.

Compliance Programs - Pieces of the Puzzle

Compliance Program Guidance Hospitals, – February 23, 1998

• SUMMARY: This Federal Register notice sets forth the recently issued compliance program guidance for hospitals developed by the Office of Inspector General (OIG) in cooperation with, and with input from, several provider groups and industry representatives. Many providers and provider organizations have expressed an interest in better protecting their operations from fraud and abuse through the adoption of voluntary compliance programs. The first compliance guidance, addressing clinical laboratories, was prepared by the OIG and published in the Federal Register on March 3, 1997. We believe the development of this second program guidance, for hospitals, will continue as a positive step towards promoting a higher level of ethical and lawful conduct throughout the health care industry.
Compliance Programs - Pieces of the Puzzle

Compliance Program Guidance, Hospitals 1998 - Compliance Program Elements

• (1) The development and distribution of written standards of conduct, as well as written policies and procedures (adherence to included in evaluation of managers and employees)
• (2) The designation of a chief compliance officer and other appropriate bodies, e.g., a corporate compliance committee, charged with the responsibility of operating and monitoring the compliance program, and who report directly to the CEO and the governing body;
• (3) The development and implementation of regular, effective education and training programs for all affected employees;
• (4) The maintenance of a process, such as a hotline, to receive complaints, and the adoption of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation;

Compliance Programs - Pieces of the Puzzle

Compliance Program Guidance, Hospitals 1998 - Compliance Program Elements

• (5) The development of a system to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or Federal health care program requirements;
• (6) The use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas; and
• (7) The investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals.

Compliance Programs - Pieces of the Puzzle

Supplemental Compliance Program Guidance, Hospitals 2005 - Compliance Program Elements

• January 31, 2005 - The supplemental CPG provides voluntary guidelines to assist hospitals and hospital systems in identifying significant risk areas and in evaluating and, as necessary, refining ongoing compliance efforts.
• This CPG adds Risk Assessment and evaluating effectiveness
• Discusses multiple fraud and abuse risk areas
• Discusses Hospital Compliance Program Effectiveness
In the context of a criminal investigation, a corporate compliance program is evaluated applying the “Filip Factors” – the existence and effectiveness of the pre-existing compliance program and the remedial efforts to implement an effective compliance program or to improve an existing one.

- Identified several topics and questions for use in evaluation of a corporate compliance program.
- Topics and questions have much correlation with OIG’s Supplemental Hospital Compliance Program Guidance 2005

**Evaluation Sample Topics and Questions:**

1. **Analysis and Remediation of Underlying Conduct**
   - Root Cause Analysis—systemic issues identified? Who did RCA?
   - Prior Indications—prior (missed?) opportunities to detect? Why?
   - Remediation—specific changes to reduce risk of recurrence of issue or of missed detection?

2. **Senior and Middle Management**
   - Conduct at the Top—monitored? Senior leader encourage or discourage misconduct? Concrete actions?
   - Shared Commitment—Senior leaders demonstrate commitment to compliance, remediation efforts, sharing information?
   - Oversight—What compliance expertise and information is available to the Board? Executive sessions with Compliance?

3. **Autonomy and Resources**
   - Compliance Role—Compliance involved in training and decisions relevant to misconduct?
   - Stature—Does Compliance function experience “stature, compensation levels, rank/title, reporting line, resources, and access to key decision-makers”? Turnover rate?
   - Experience and Qualifications—Have Compliance personnel had the appropriate experience and qualifications?
   - Autonomy—Direct reporting lines and meetings with Board? Is senior management present during meetings? Who hires, fires, reviews, gives raises or bonuses to Compliance Officer? Has company ensured independence?
   - Empowerment—Response to Compliance concerns? Transactions or deals stopped, modified, or examined?
   - Funding and Resources—how are allocations decided? Rationale? Who outsources? How oversee?
   - Outsourced Compliance Functions—Rationale? Who decided, managed, oversees, assesses effectiveness? Access level granted to external company?
4. Policies and Procedures
- Design and Accountability—Policies and Procedure design, implementation, Socialization?
- Applicable Policies and Procedures—P&Ps prohibit the misconduct? Effective Implementation assessed? Owners of policies held accountable for supervisory oversight?
- Gatekeepers—Guidance or training for key gatekeepers of controls that are relevant to misconduct? Mechanism for gatekeeper communication of concerns?
- Accessibility—P&Ps communicated to relevant employees and 3Ps? Evaluated usefulness of each P&P?

5. Risk Assessment
- Risk Management Process—Method for identifying, analyzing, addressing risks faced?
- Information Gathering and Analysis—Information, metrics used to help detect misconduct? How have the information and metrics informed the Compliance program?
- Manifested Risk—How does the risk assessment account for the manifested risks?

6. Training and Communications
- Risk-Based Training—Tailored training relevant to employees function? Training where misconduct has occurred? How determine who is trained on what topic?
- Form/Content/Effectiveness of Training—Offered in form and language effective with intended audience? Effectiveness measured?
- Communications about Misconduct—Senior management message on misconduct? Communication of terms for failure to comply (e.g., anonymized descriptions) of the conduct that yielded discipline?
- Availability of Guidance—Resources available to employees on compliance policies? Assess employee knowledge of when to seek advice? Willingness to seek advice?

7. Confidential Reporting and Investigation
- Effectiveness of the Reporting Mechanism—Collect, analyze, use information from reporting mechanisms? Compliance full access?
- Properly Scoped Investigation by Qualified Personnel—Ensure proper scope, independence, objectivity, documentation, and conduct?

8. Incentives and Disciplinary Measures
- Accountability—What disciplinary actions were taken? Managers held accountable? Discipline for oversight failure? Terminate, warn, reduce bonuses?
- Human Resources Process—Who makes disciplinary decisions on which types of misconduct?
- Consistent Application—Are disciplinary actions and incentives fairly and consistently applied across the organization?
- Incentive System—Is compliant and ethical behavior incentivized? Has company considered potential negative compliance implications of what is rewarded? Have compliance or ethics considerations resulted in denial of promotions or awards?

9. Continuous Improvement, Periodic Testing and Review
- Internal Audit—Risks assessed, findings, remediation reported, followed by Board, management?
- Control Testing—Program review with testing, tracking of controls, data collection and analysis?
- Evolving Updates—Updates to Risk Assessments? Review P&Ps?
10. Third Party Management
- Risk-Based and Integrated Processes—Assess enterprise risk? Procurement and vendor processes?
- Appropriate Controls—Contract implementation, payment, work performed FMV and monitored?
- Management of Relationships—Incentive models for 3Ps, training for relationship managers?
- Real Actions and Consequences—Red flags from due diligence? Monitoring? Suspensions, terms?

11. Mergers & Acquisitions
- Due Diligence Process—Who conducts risk review, due diligence? How? Misconduct identified?
- Integration in the M&A Process—Is Compliance integrated into merger, acquisition, integration?
- Process Connecting Due Diligence to Implementation—Process for tracking, remediating (risk of) misconducts identified during due diligence? How are company P&Ps implemented at acquisition?

Hospital Compliance Program Effectiveness -
Operationalize It / Complete the Puzzle

Goal: A Proactive Effective Compliance Program

Identify

Investigate

Assess

Next Issue

Next Risk

CAP:
- Repayment,
- Penalties,
- Sanction, or other

Hospital Compliance Program Effectiveness -
Operationalize It / Put The Pieces Together

A common method of assessing compliance program effectiveness is measurement of various outcomes indicators:
- Billing and coding error rates
- Identified overpayments
- Audit results

However, the OIG recommends examination of program outcomes and assessment of the underlying structure and process of each compliance program element to accomplish:
- Begin with a baseline assessment using the OIG’s CPG Topics / Questions.
- Budget Time—
  - Time intensive;
  - May require a resource to remediate / identify corrective action and follow up.
- Or this baseline assessment could be outsourced!
COMPLIANCE PROGRAM EFFECTIVENESS ASSESSMENT

In the Supplemental Compliance Program Guidance for Hospitals, the OIG identified a number of factors that may be useful when evaluating the effectiveness of a hospital’s Compliance Program. The OIG instructed that hospitals consider these factors, as well as others, when assessing their compliance programs.

<table>
<thead>
<tr>
<th>No.</th>
<th>Policy</th>
<th>Yes/No</th>
<th>Description/Comments</th>
<th>Responsible Person</th>
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<tbody>
<tr>
<td>1</td>
<td>Has the hospital created a response team, consisting of representatives from the compliance, audit, and other relevant functional areas, which may be able to evaluate/identify any detected deficiencies quickly?</td>
<td>Y</td>
<td>Individuals identified to assist in remediation efforts. Units also attend compliance committee per charter.</td>
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<td>2</td>
<td>Are all matters thoroughly and promptly investigated?</td>
<td>Y</td>
<td>Investigations policy XXX with tools implemented.</td>
<td></td>
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<tr>
<td>3</td>
<td>Are corrective action plans developed that take into account the root cause of each potential violation?</td>
<td>Y</td>
<td>Corrective action plans implemented.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Are periodic reviews of prior issues conducted to verify that the corrective action that was implemented successfully eliminated existing deficiencies?</td>
<td>Y</td>
<td>Responsible individual identified in part of CAP. Ongoing monitoring required in certain areas.</td>
<td></td>
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<td>5</td>
<td>When a detected deficiency results in an identified overpayment to the hospital, are overpayments promptly reported and repaid to the MAC?</td>
<td>Y</td>
<td>60-day policy implemented. Analysis of data, consistent process followed.</td>
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<td>6</td>
<td>If a matter results in a probable violation of law, does the hospital promptly disclose the matter to the appropriate law enforcement agency?</td>
<td>Y</td>
<td>Reportable Events policy, XXX implemented and staff trained on the policy.</td>
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Toolkits for Operational Compliance


- Create an investigative plan – who, when, where
- Pertinent questions/intake analysis (What, Where, When, Who, How?)
- Get the facts – interview(s), group discussion(s)
- Supplemental facts – obtain data – review and analyze (billing, coding, referrals, etc.)
- Repeat fact gathering as necessary
- Risk Rating
- Root Cause Analysis – The 5 Whys
- Stop the leak (quick fix)
- Corrective Action Planning
- Monitor - defined parameters

Investigation Tools

- Intake and Analysis
- Risk Rating
- Root Cause Analysis for Compliance Issues
Investigation Tools – Intake and Analysis

Use this document to guide in the investigation of reported or discovered Compliance concerns. May be uploaded to the case in IntegriLink or filed with additional investigation notes. This document is a tool that will assist in completing the IntegriLink Investigation and Resolution fields.

Investigation Tools – Risk Rating

Investigation Tools - Root Cause Analysis

Compliance RCA is an approach to identify underlying causes (not the one cause), of why an incident occurred, so that the most effective solutions can be identified and implemented. It’s typically used when something goes badly, but can also be used when something goes well.

- Problem solving, incident investigation and root cause analysis are all fundamentally connected by three basic questions:
  - 1. What’s the problem?
  - 2. Why did it happen?
  - 3. What will be done to prevent it?
Investigation Tools – Compliance Root Cause Analysis
Determine the Root Cause for ALL Compliance Issues/Investigations Using the 5 Whys technique:
• By repeatedly asking the question “Why” (five is a good rule), you can peel away the layers of symptoms which can lead to the root cause of a problem.
• Write down the specific problem. Writing the issue helps you formalize the problem and describe it completely. It also helps a team focus on the same problem.
• Ask Why the problem happens and write the answer down below the problem. Continue this step until the team is in agreement that the root cause is identified.
• Often the perceived reason for a problem will lead you to another question. Although this technique is called “5 Whys,” you may find that you will need to ask the question fewer or more times than five before you find the issue related to a problem.
Benefits of the 5 Whys
• Helps to identify the root cause of a problem (under the surface).
• Determine the relationship between different root causes of a problem.
• One of the simplest tools.

Investigation Tools - Root Cause Analysis
Cause-and-Effect Relationship / Building Blocks
• Start on the left. Investigating a problem begins with the problem and then backs into the causes by asking Why questions.

Activity - Hypotheticals
• Physician Arrangement
• Provider-based status
• Implantable Cardiac Defibrillator/National Coverage Determination
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<td>• Medicare Beneficiary Notice Delivery: Important Message From Medicare</td>
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<td>• Charging/coding/documentation: Hydration</td>
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<tr>
<td>• Specific service regulatory compliance: Swing Bed</td>
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<td>• Specific process for NCD compliance: Implantable Cardiac Defibrillator</td>
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<td>or Feel free to contact Anne or Barb via email</td>
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