What exactly is Compliance?
What does RHC Compliance look like? How is that different?
What are the elements of a formal Compliance Plan?
Where do we go wrong with Compliance?
How do we make Compliance Practical and Manageable?

What is Compliance?
- Looking at the big picture before you get into the weeds.
- How is RHC compliance different from hospital compliance? How are they the same?
- Regulatory Compliance: Multi-Faceted and yet straightforward.
- Who should lead in RHC compliance?
- Is compliance different for provider-based RHCS versus Independent RHCS?
Let’s make it simple: Government control means uniformity, regulation, fees, inspection, and yes, compliance. -- Tom Graves

Healthcare is a regulated industry.

The framework for compliance already exists.

Don’t re-invent the wheel. Use what we already know. And if we don’t know, learn and teach!

Compliance can include all these areas.

- HHS Regulatory Compliance
- CMS Conditions of Participation
- CMS RHC Conditions for Certification 42 CFR §491
- CMS Guidance (IOMs and Appendices)
- Office of Civil Rights/HIPAA
- OIG Enforcement
- Other Federal Laws
- labor laws
- OSHA
- State Laws
- Local Laws (County and City)

It can be overwhelming to either create or revamp a compliance plan.

What is needed for RHC Certification may be different from what is need for the parent organization or to meet other regulations.

What is needed for RHC Certification is not everything needed for regulatory compliance.
Use the regulations as a compliance blueprint.

• Would you plan a house without a blueprint?
• Would your contractor build the house without ever looking at the plans?
• Federal, State and Local Regulations are the blueprint for any type of facility’s compliance.

Federal RHC/FQHC Regulations

42 CFR §491
Conditions for certification

42 CFR §405
Subpart X

42 CFR §413.65
Provider Based Status

Federal Hospital Regulations

42 CFR §482
Conditions of Participation

42 CFR §412
Inpatient PPS System

42 CFR §419
Outpatient PPS System
Federal Regulations
Critical Access Hospitals

42 CFR §485
Subpart F
Conditions of Participation

Federal Regulations
Medicare Program

42 CFR §405
Federal Healthcare for the Aged and Disabled

42 CFR §420
Program Integrity-Medicare

42 CFR §455
Program Integrity-Medicaid

https://www.ecfr.gov/cgi-bin/ECFR?page=browse
CMS Internet-Only Manuals

The Internet-Only Manuals (IOMs) are a collection of the Centers for Medicare & Medicaid Services' (CMS) regulations. They provide guidance on how to comply with Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) regulations. They include important insights into Medicare and Medicaid information on the general public.


“The aim of the wise is not to secure pleasure, but to avoid pain.”
— Aristotle

Healthcare is a reactive industry by nature.

Taking time to be strategic and proactive is **difficult** but necessary.

Changing our mindset about compliance is the first step.

Creating Policies and Evidence for RHC Certification
Develop Written Policies based on your regulatory blueprints

- Written policies are required for RHC Conditions of Certification
- Written policies are needed to meet Conditions of Participation
- A formal Compliance Plan to prevent fraud, waste and abuse is needed.
- Accreditation Organizations may have other requirements.

Tips for Policy Development

- Don’t make policy writing more difficult than it needs to be. More is not more!
- Use broad language that established compliance without locking you into a rigid process or procedure that might change.
- Organize policies topically or in the order of the survey tags or standards.
- Policies should not be used to manage people but to ensure practical compliance.

A true professional not only follows but loves the processes, policies and principles set by his profession.” — Amit Kalantri

Policies are broad statements of compliance which are static unless there is a regulatory change. Less is More.

Processes are more defined by nature are dynamic. They are usually created internally or in conjunction with other guidance. Provide Clarity. Can Be addendums or supplemental documents.

Procedures are specific steps in performing a task. These are dynamic, promote efficiencies in workflow and ensure quality performance. Used for training and internal guidance. Promotes standardization of tasks.
• Systematically Organize Policies
• Number Policies
• Have Standard Format
• Show Effective Dates

Identify Which “Evidence” Documents demonstrate Compliance
Organize these documents for easy retrieval.

Organizational Structure and Ownership

<table>
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<th>Policy Type</th>
<th>Policy Number: 110.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td></td>
</tr>
</tbody>
</table>
“What can be asserted without evidence can also be dismissed without evidence.” — Christopher Hitchens

Proof of compliance especially during a survey can be difficult if supporting “evidence” documents are not easy to retrieve.

Correlate supporting evidence to policy numbers or to survey tags or standards.

Refer to the SOM Appendices or the AO guidance to determine what might be needed.

Examples of Evidence Documents

- Licenses
- Certificates
- Inspection Reports
- Correspondence to/from CMS/Medicare Contractor
- Correspondence to/from state agencies
- Other Agency Correspondence
- Quality, QAPI, and Risk Documents and Forms
- Samples of Notices and Disclosures
- Proof of Education and Training

Identify Supporting Evidence Documents and Keep them Up-to-Date
“Wasted strokes, like missed deadlines, are preventable and costly.” — Lorii Myers

Some policy or document management systems have a built-in tickler function.

Spreadsheets, calendars or tickler organizers can all work. Create a format that works for you and your facility.

Set reminders far enough in advance to allow for processing time, approval time, or scheduling.

Build-in accountability so that more than one person is aware of a deadline.

Examples of Tickler Dates

- Licenses Renewals
- Inspections
- Required Employee Training
  - Periodic
  - Annual Education Fair
- Policy Review Dates
- Program Evaluation Dates
- Performance Evaluations
- Updated Employee Forms
- Emergency Preparedness Testing/Training
- Employee Health
- Anything that a policy specifically states will require review or retraining.
7 Elements of a Compliance Plan

1. Developing and Implementing Compliance Standards

- Written Standard of Conduct document
- Fraud, Waste and Abuse
- Ethics
- Patient Care
- Quality
- Other written guidance
- Policies
- Processes
- Procedures
- Job Aids
- Performance Evaluations
2020 NRHA RHC Conference

Simplifying RHC Compliance

Patty Harper, Presenter

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OIG Exclusions

https://exclusions.oig.hhs.gov/default.aspx

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Designating a Compliance Professional

- Can be System-wide
- Can be Facility-wide
- Can be RHC specific
- Must have independence and authority
- Can report to Board or Ownership
- Responsible for Keeping Up and Coordinating Compliance Plan
3. Open Communication

- Open Door Policy
- Hotlines
- Complaint Boxes
- Non-retaliatory Policy (Really?)
- Culture of Compliance and Communication

4. Training and Education

- Fraud, Waste and Abuse
- Quality of Care
- Policies, Processes and Procedures
- Roles and Responsibilities

The most influential people strive for genuine buy-in and commitment - they don’t rely on compliance techniques that only secure short-term persuasion.—Mark Goulston

- Create Buy-in by engaging all staff.
- Substance Over Form; Be creative and interactive.
- Have a training schedule: on hire, whenever there is a change, and periodically thereafter. Facilitate training and engagement.
- Make training specific to role or department
- Obtain feedback from staff.
- Document Training
5. Respond Promptly to Concerns and Incidents of Non-Compliance

- Take all concerns seriously
- Have a process for investigation
- Internal v. External

6. Conducting Monitoring and Auditing

Monitoring is Internal
Auditing is External

Examples of Auditing and Monitoring

- Coding and Billing Reviews (internal/external)
- Accuracy
- NCCI Edits
- Medical Necessity
- Revenue Cycle Functions/Checks & Balances
- Clinical Documentation
- Professional Services Contracts and Employment Agreements
- Medical Staff Functions
- Standard of Care
7. Enforce Disciplinary Actions

- Established policies
- Consistency
- Retraining
- Consequences
- Self Reporting

7 Elements of a Compliance Plan

- Implementing Compliance Standards
- Designating a Compliance Professional
- Open Communication
- Training and Education
- Respond Promptly to Concerns and Incidents of Non-Compliance
- Conducting Monitoring and Auditing
- Enforce Disciplinary Actions

Keeping Compliance Relevant
Where do we go wrong?

We fail to create a culture of compliance.
We reduce compliance to an HR checklist or we have form over substance.
We make policies too complex and difficult to follow.
We distance the compliance function from daily operations.
We don’t stay current with regulations, policy maintenance or education.
We assume that everyone knows what to do.

Compliance is both static and dynamic!

- Redesign your blueprint as needed
- Keep training methods fresh
- Retool monitoring when you have operational changes
- Balance responsibility and authority

“To be relevant, you need to be purposeful” — Sunday Adelaja

Don’t assume that the written policies or compliance plan you inherited are up-to-date or complete. Even corporate level policies can fail to meet compliance especially when rural health providers are scarce within the system.

Don’t wait for a survey deficiency or a payer audit to reveal a gap in compliance.

Revise and Simplify—making sure that the policies and training are following the regulatory blueprint.
Monitoring Changes in Regulations

- Sign up for newsletters, announcements, newsfeeds and mailing lists.
- Set up email folders for these activities.
- Allocate time weekly to review updates and clean up the folder.
- Attend state, regional and national meetings.
- Develop relationships with other stakeholders outside your organization.
- Join professional associations.

Resources

- OIG Compliance Resource Materials
  https://oig.hhs.gov/compliance/compliance-guidance/compliance-resource-material.asp
- RHC Conditions of Certification
- CMS IOM Policy Benefit Manual, Chapter 13 (RHC)
- CMS IOM Claims Processing Manual, Chapter 9 (RHC)
- SOM Appendix G

Questions? Comments?
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Patty Harper is CEO of InQuiseek, LLC, a business and healthcare consulting company based in Louisiana. She has over 21 years of healthcare experience in the areas of healthcare finance & reimbursement, health information management, compliance, and practice management. She began her healthcare career as a hospital controller and reimbursement analyst. Patty holds a B.S. in Health Information Administration (summa cum laude) from Louisiana Tech University. She is credentialed through AHIMA as a RHIA, CHTS-IM, and CHTS-PW. Patty successfully completed AHIMA’s ICD-10 Academy and is an ICD-10 Trainer. She is also Certified in Healthcare Compliance (CHC®) through the Compliance Certification Board. Patty is a frequent speaker and contributor for national, state, and regional and rural healthcare associations on these and other reimbursement-related topics. She has held memberships in regional, state and national organizations throughout her healthcare career including NARHC, NRHA, AHIMA, AAGNA, and NFMA. Patty currently serves on the Board of NARHC and LRHA.