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

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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

Commitment to the Standard of Conduct

I have received a copy of the RHC's Standard of Conduct. I understand that I have an obligation to read it, understand it, and I agree to abide by its principles. I understand that the clinic has an "open door" policy on compliance. I agree to conduct myself in an ethical, legal, and responsible manner. I also agree to keep my copy of the Standard of Conduct for future reference. I understand that I may ask for clarification from my supervisor, manager, or the Compliance Officer. I understand that a signed copy of this agreement shall be included in my personnel records.

Printed Name: _____

Signature: _____

DATE: _____

RHC Standard of Conduct

(THE CLINIC/GROUP/ORGANIZATION) is committed to legal, ethical and professional conduct in the way in which we provide care to our patients and community and in the way in which we treat each other. We are also committed to a culture of regulatory compliance with all federal, state, and local laws. By adhering to these standards, as detailed in our corporate Compliance Plan, Code of Conduct and our other administrative and patient care policies, we have a shared responsibility to know, to understand and to be committed to behavior in the workplace which promotes integrity, professionalism and compliance. **The bolded statements in each section summarize a required workplace behavior.**

Patient and Employee Civil Rights

All individuals with whom we interact daily—patients, family member of patients, members of our community, physicians and other licensed healthcare providers, co-workers, payers, vendors, and representatives of federal and state agencies—shall be treated with respect, consideration and compassion. This conduct is reflected in our communication styles, in the way in which we accommodate individuals, in our delivery of healthcare services and in our workplace relationships. *The medical services and the employment opportunities we provide shall not exclude, deny benefits to, or otherwise discriminate against any persons on the grounds of race, color, or national origin, or on the basis of disability or age or sex (including gender identity) in admission to, participation in, or receipt of the services and benefits under any of its programs or activities, which are carried out by our organization as a provider directly or through a contractor with which our organization as provider arranges to carry out its programs and activities.* **I/We strictly adhere to policies that insure that our patients, our employees and other individuals in our community or industry are not discriminated against as stated above and mandated by federal law.**

Citations: Title VI of the Civil Rights of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Regulations of the US Department of HHS issued pursuant to these statutes at Title 45 Code of Federal Register Parts 80, 84, and 91, and Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116.

Referrals and Kickbacks

Our clinic accepts and gives patient referrals based solely on medical necessity and the clinical needs of each patient within the guidelines of appropriate care management. We do not refer patients to other providers in exchange for anything of value—cash, gifts, freebies, goods, services, discounts, rebates--which may benefit our organization or any one individual in our organization. Neither do we receive referrals from other providers for which any type of consideration is given in exchange for the referral. Likewise, we do not accept goods or services of significant value in exchange for doing business or making a business decision with another company, payer, or supplier. **Our healthcare services are provided and our business decisions are made without the influence or existence of unlawful referrals or kickbacks per federal and state regulations. I/We shall not accept unlawful kickbacks or give/receive referrals based on consideration.**

OIG Exclusions

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

.oig.hhs.gov

An official website of the United States government. Here's how you know >

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Visit our tips page to learn how to best use the Exclusions Databa ... se email the webmaster at webmaster@oig.hhs.gov.

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Related Content

- LEIE Downloadable Databases
- Monthly Supplement Archive
- Waivers
- Quick Tips
- Background Information
- Applying for Reinstatement

2.

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 <u>all</u> 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

Enforce Disciplinary Actions

7.

- 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

Resources

OIG Compliance Resource Materials

https://oig.hhs.gov/compliance/compliance-guidance/compliance-resource-material.asp

RHC Conditions of Certification

https://www.govinfo.gov/content/pkg/CFR-2017-title42-vol5/xml/CFR-2017-title42-vol5-part491.xml

CMS IOM Policy Benefit Manual, Chapter 13 (RHC)

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf

CMS IOM Claims Processing Manual, Chapter 9 (RHC)

https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf

SOM Appendix G

https://www.cms.gov/files/document/appendix-g-state-operations-manual

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 (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 has been recognized as an ICD-10 Trainer. She is also Certified in Healthcare Compliance (CHC®) thorough 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 regional, state and national organizations throughout her healthcare career including NARHC, NRHA, AHIMA, MGMA, and HFMA. Patty currently serves on the Board of NARHC and LRHA.

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