

“When Stepping to the Plate, Does Your Compliance Program Hit a Home Run?”

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HFMA Lone Star...
Major League Annual Institute
An HFMA Day at the Ball Park

August 23-24, 2011
Rangers Ballpark in Arlington
1000 Ballpark Way | Arlington, Texas 76011

Game Plan

- **When Stepping to the Plate, Does Your Compliance Program Hit a Home Run?**
 - What are the qualities of your Compliance Program?
 - Your Compliance Program in relation to your Organization’s Mission Vision and Guiding Principles/Values.
 - 7 elements of an effective compliance program and the bringing the ‘best stuff’ for your organization
 - Are the elements part of your Organization?
 - Key Elements of a compliant Compliance program, your Organization and healthcare reform.

- <http://www.youtube.com/watch?v=X5J7R1jQP2Q&feature=youtu.be>
- **OIG/HCCA Video** - If you haven't seen it already, I wanted to include the YouTube link to this video that the OIG and HCCA prepared on compliance programs and Board oversight. This project was underwritten by University Hospitals in Cleveland, a hospital system whose CIA will soon expire. They wanted to show their Board the government's views on compliance post-CIA, and they asked various government lawyers and companies to participate. The OIG thought it was a great idea and decided to work with HCCA to distribute it via YouTube.

What are the qualities of your Compliance Program?

- **Who is on the Ethics and Compliance Team?**
 - Company Mission, Vision, Core Values and Guiding Principles
 - Company Culture – See it, Say it, Fix it!
 - Website
 - Marketing Materials
 - Communications
 - Internal and External
- Have your players bought into the coach's system?

What are the qualities of your Compliance Program?

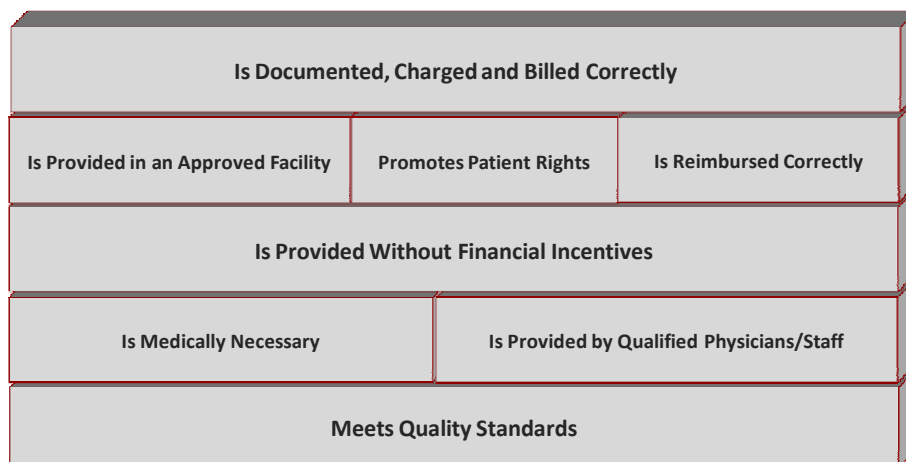
- **Where is Ethics in the Line Up?**
 - Identifying Right vs. Right Decision
 - A decision that gave you a funny feeling
 - Were you glad when it was over?
 - Do you hope you are not asked to decide again?
 - Consider a framework
 - What will be the results of my decision in ten minutes, ten months and ten years? Will it stand the test of time? Does it need to?
 - What will it look like in print to patients, physicians, the government and other payers, employees, shareholders, competitors and others
 - What does your Standards of Conduct provide?
 - Is it a valuable reference?
 - Is it current?
 - Is it understandable and relevant?

What are the qualities of your Compliance Program?

- **What makes up the Team Roster for the 7 Elements of an Effective Compliance Program Team?**
 - Through experience, the OIG has identified 7 fundamental elements to an effective compliance program. They are:
 1. Implementing written policies, procedures and standards of conduct
 2. Designating a compliance officer and compliance committee
 3. Conducting effective training and education
 4. Developing effective lines of communications
 5. Enforcing standards through well-publicized disciplinary guidelines
 6. Conducting internal monitoring and auditing
 7. Responding promptly to detected offenses and developing corrective actions

How the Compliance Program Gives 100% Defining Compliance in Eight Key Areas

Healthcare is compliant when it is:



How are the 7 Elements Evidenced in Your Organization and Do They Effectively Safeguard your Organization?

- Executive Team
- Finance Department
- Business Office
- Business Development
- Service Lines
- Quality Department

Executive Team/Leadership

- Is Compliance part of your Executive Team?
- Does your Compliance Committee have the right membership?
- Are you using Compliance to maximize value?
- Can Compliance help solve problems in your Organization?
- Is Compliance part of your business plan development?
- Are you comfortable providing and receiving feedback through your Compliance Program?

Finance Department

- Are the controls sufficiently protecting the Organization?
 - What are the safeguards in place?
- What is your Organization's budget for Compliance?
- How current is the CDM?
- Is your Organization paying a vendor that could result in a Stark violation?
- Is Compliance included in the routine audit and reporting cycle?

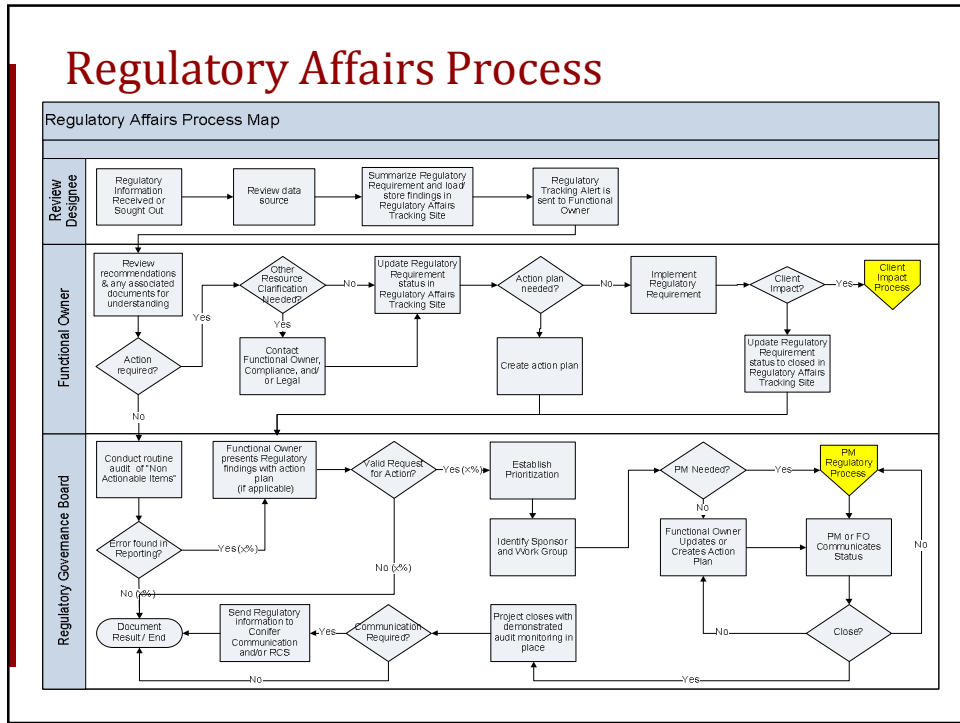
Business Office or Revenue Cycle Service Provider

- Is there sufficient auditing and monitoring to identify issues?
 - Before they arise
 - After they arise
 - When a payer audit identifies a potential issue?
- Billing
 - Are we sending money back quickly when we determine it is not ours?
 - Are the processes sufficient to ensure we are getting all the payments due?
- Regulatory Adherence

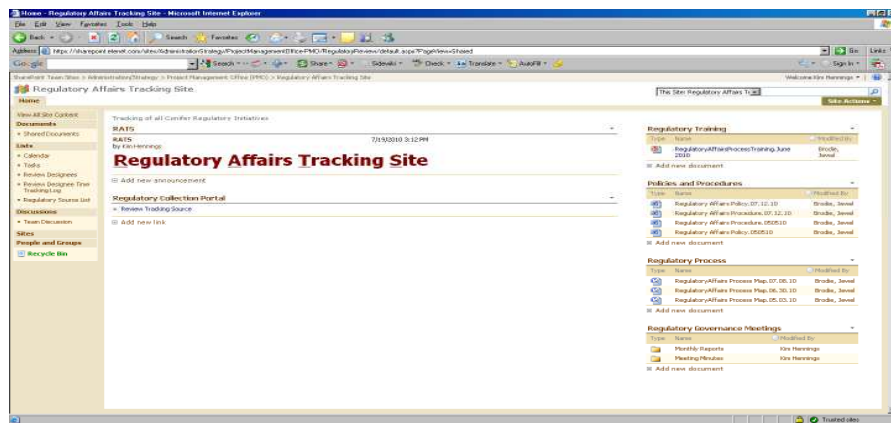
Regulatory Affairs Roles & Responsibilities

ROLE	RESPONSIBILITY
Regulatory Governance Board Member	<ul style="list-style-type: none">• Governing body for the Regulatory Affairs process• Regulatory change prioritization• Review action actions for open Regulatory items
Functional Owner	<ul style="list-style-type: none">• Subject matter expert for a designated functional area who identifies impact of Regulatory guidelines to Organization• Responsible for presenting Regulatory impact to Governance Board• Responsible for action plans and implementation
Review Designee	<ul style="list-style-type: none">• Person appointed by the Functional Owner to review, summarize and track Regulatory information from core sources• Load Regulatory summary in Regulatory Affairs Tracking Site for Functional Owner review

Regulatory Affairs Process



Regulatory Affairs Tracking Site (RATS)



Regulatory Collection portal is located on the Regulatory Affairs Tracking Site (RATS)

[Link: Regulatory Affairs Tracking Site](#)

Regulatory Dimensions Defined

Dimension	Definition
Date*	Date regulatory source is reviewed; default s current date
Review Month*	Monthly review cycle
Review Year*	Year
Review Designee*	Person who reviewed the source
Review Designee Functional Area*	<ul style="list-style-type: none"> •Billing/Claims Creation •Coding •Patient Access & Eligibility (MEP) •Revenue Integrity •Statutory/Judicial •Regulatory *** Note – AR option should no longer be utilized
Source*	List of Regulatory Sources Identified
Website Link	Website address of source
Doc Ref # or Regulatory Subject*	Title or subject line
Actionable by Conifer*	Y N – Information Only *** Note - N/A option should no longer be utilized
Communication to Facility Needed*	Y N
Item to be Address*	Summary of the nature of the issue; do not copy and paste the entire article
Recommended Action Plan*	How will the action item be implemented?
Actionable Item Timeline*	H (Must implemented in 30 days or less) M (Must implemented 31 - 120 days) L (Implemented in 120 days or greater)
Effective Date of Issue	Date action item goes into effect according to source
Action Plan Due Date*	Date Action Plan should be completed

Business Development

- Making promises the Organization cannot back-up
- Referral Source Arrangements
 - Contracts
 - Employed Physicians
- Balancing the pressures
 - Be a total team player
- Sufficiently sensitized
 - Focus on relationships not promises
- Accountable Care Organizations

Business Development

Accountable Care Organizations

The Affordable Care Act contains several provisions that support the development of Accountable Care Organizations (ACOs) to manage and coordinate care for beneficiaries. OIG guidance related to ACOs under the Affordable Care Act is below, along with related resources.

- **Federal Agencies Address Legal Issues Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program**
 - On March 31, 2011 as part of a cross-agency, coordinated effort, several Federal agencies issued documents addressing legal issues regarding Accountable Care Organizations participating in the Medicare Shared Savings Program (Shared Savings Program).
 - The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that would establish accountable care organizations (ACO) under the Shared Savings Program. The CMS proposed rule is available online at <http://www.cms.gov/sharedsavingsprogram>
 - CMS and HHS Office of Inspector General (OIG) jointly issued a notice with comment period outlining proposals for waivers of certain Federal laws—the physician self-referral law, the anti-kickback statute, and certain provisions of the civil monetary penalty law—in connection with the Shared Savings Program. CMS and OIG also sought comments on further waiver design considerations for the Shared Savings Program and for the separate waiver authority for the Center for Medicare and Medicaid Innovation under section 1115A of the Social Security Act. The joint notice with comment period is available online at <http://www.gpo.gov/fdsys/pkg/FR-2011-04-07/pdf/2011-7884.pdf> (PDF)
 - The Federal Trade Commission and the Department of Justice jointly issued a "Proposed Statement of Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program" (Antitrust Policy Statement). The Antitrust Policy Statement is available online at: <http://www.ftc.gov/opp/aco/>
 - And the Internal Revenue Service (IRS) issued a notice requesting comments regarding the need for guidance on participation by tax-exempt organizations in the Shared Savings Program through ACOs. The IRS notice is available online at <http://www.irs.gov/pub/irs-drop/n-11-20.pdf>

Service Lines

- Are you building Compliance components into your service line development
 - National Coverage Determinations (NCD)
 - Local Coverage Determinations (LCD)
 - Certification Requirements
 - Staffing Requirements
- Is financial analysis being performed on potential LCD impact?
- Is the LCD you are governed by different than other fiscal intermediaries LCD's?

Quality Department

- Pay for Performance
- Required reporting will only increase
- What is the process for developing required reports?
 - Are the reports accurate and compliant?
 - Is all the State and Federal reporting in shape and audit ready?
- How is your interface with HIM, Coding and Compliance loop?
- Boards of Directors: Ensuring the quality of care provided by health care organizations has never been more critical. While consumers are demanding greater transparency and information about the care they receive, Medicare and other payors are increasingly linking payment to the quality of care. Health care providers strive to deliver the highest quality care possible to their patients. Health care quality also is emerging as an enforcement priority for health care regulators. For these and other reasons, it is essential for health care boards of directors to understand their important role in overseeing the quality of care provided by their organizations.

The Future of Compliance Programs

Value

Measuring compliance

The Future of Compliance

- Will compliance programs survive into the Year 2020?
- Will they help us navigate healthcare reform?
- Will they be supported by your Organization: too expensive, too distracting and too hard to measure?
- The easy answer is that compliance programs will be thriving in the Year 2020
 - because they will be mandatory
 - fines are too high and the reputational risk is too great not to have one

The Future of Compliance

- Many Organizations will find that up to 80% of their revenue will be derived from a Federal program
- Compliance Programs need to be refined to survive in a post-reform environment
- The Compliance Program must deliver high quality for low cost
- The Compliance Program must have proven value
- Value Challenges
 - Organization culture
 - Structure today typically seen as reactive and responsive instead of insightful and proactive
 - Like home security systems, they deterred crime and were essential on the rare day when an intruder entered
- Compliance Programs of 2020
 - Integral in the delivery of better patient care
 - Function within cost constraints
 - Improve employee engagement
 - Protect the organization's reputation
 - Break down barriers and silos of healthcare

Compliance Program Qualities of the Future

- **Support of Mission and Values**
 - **Independence**
 - **Clear Scope**
 - **Business Focus**
 - **Employee Engagement**
 - **Collaboration**
 - **Credibility**
 - **Real Change**
- The effective compliance programs are an essential element of all healthcare businesses. They are not be essential because they are mandatory. The are essential because they are worth the investment.

Measuring Compliance Program Value

_____ HOSPITAL PRESIDENTS/FACILITY COMPLIANCE LIAISON
COMPLIANCE PROGRAM OBJECTIVES

Hospital: _____
 President: _____
 Facility Compliance Liaison: _____
 F.Y.: 2009

Compliance is critical to the success of _____. It is the expectation of _____'s Board and Management that each hospital President and Facility Compliance Liaison ensure that _____'s annual Compliance Workplan is properly implemented within her/his sphere of accountability. Categories 1-6 below contain objectives relating to each of the elements of an effective compliance program as described in the Federal Sentencing Guidelines and OIG guidance. Other objectives relate to areas determined to be high risk. The President and Facility Compliance Liaison will not be deemed to have met their performance objectives unless you obtain a score equal to or greater than ____% of possible points which can be earned below. These are fiscal year objectives.

		Possible	Total
		Points	Points
1. Policies and Procedures			
<ul style="list-style-type: none"> • All new compliance policies and procedures are communicated to affected (as described in each _____ Compliance Policy) full and part-time employees within 60 days. (Score is equal to percentage of completion above ____%. Below ____% = 0 pts. Audit method will be self-audit with Compliance Director verification.) 		100	
<ul style="list-style-type: none"> • New employees receive compliance introduction and orientation within 30 days of commencing employment. (Score is equal to percentage of completion above ____%, under ____% = 0.) 		100	
<ul style="list-style-type: none"> • New employees receive orientation to compliance policies and procedures (Administrative Policies in the Compliance Series) applicable to their job responsibility within 60 days of hire. (Score is equal to the percentage of completion above ____%. Below ____% = 0 points. Audit method will be self-audit with System Compliance Director verification.) 		100	
2. High Level Oversight			
<ul style="list-style-type: none"> • 25 points for each quarterly compliance meeting or audit exit conference where hospital President is present. (Maximum 100 points awarded) 		100	
<ul style="list-style-type: none"> • 20 points for each bi-monthly systemwide FCL conference call attended by FCL (20 points per call) 		120	
<ul style="list-style-type: none"> • 20 points for each hospital President/Hospital CFO disclosure certification form submitted on a timely basis 		240	
3. Education			
<ul style="list-style-type: none"> • All employees required to complete Compliance education programs have satisfactorily completed these requirements. (Score is equal to the percentage of employees who have completed requirements above ____%, if under ____% score = 0.) 		OCEP WebInservice /EduCode	200 100
4. Coding/Billing/Audits/Remediation			
<ul style="list-style-type: none"> • Inpatient Medicare Coding (annual and follow-up SWCT reviews only). Score is equal to the accuracy rate of the facility in the audit. Only overpayments will be considered. (Below ____ = 0 points; _____ = 70 points; _____ % and above 100 points.) 		100	

Compliance Comedy

- **Compliance officers cut loose in comedy contest**
- Executives from across the U.S. gathered at The Comic Strip in New York for a chance to be named America's Funniest Compliance Officer. The winner was Michael Shaw, an executive with pharmaceutical company GlaxoSmithKline. "Sometimes I use humor to better convey what might come off as complex and dry subject matter," Shaw said

<http://online.wsj.com/video/a-compliance-officer-walks-into-a-bar/CA836C1F-9102-47DE-9E87-EE54BC97895E.html>

The screenshot shows a WSJ article page. At the top, there's a navigation bar with 'U.S. Edition Home', 'Today's Paper', 'Video', 'Blogs', and 'Journal Community'. Below that is a menu with categories like 'World', 'U.S.', 'New York', 'Business', 'Markets', 'Tech', 'Personal Finance', 'Life & Culture', 'Opinion', 'Careers', 'Real Estate', and 'Small Business'. A 'TOP STORIES IN U.S.' section features headlines such as 'Gold Fever Stirs Ghost Town', 'Obama Campaigns as Mr. Outsider', 'Fed Eyes Cash Europe Banks Have in U.S.', and 'Exxon, U. Find'. The main article title is 'If You Think Accountants Are Hilarious, Try These Guys' with a sub-headline 'Search for America's Funniest Compliance Officer Is Tough; a Whoop for Dodd-Frank'. The article is by Ashby Jones and dated June 14, 2011. The text includes a video player with a play button and a description: 'At a recent event at The Comic Strip in Manhattan, corporate professionals from all over the country vied for the title of Funniest Compliance Officer. WSJ's Ashby Jones reports from New York.' There are also social media sharing options like 'Email', 'Print', 'Save', 'Like', and 'Tweet'. A sidebar on the right has a 'There's good news and there's good news.' banner and a section for 'Available to WSJ.com Subscribers' with images of people.

Thank you! - Questions?

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Appendix

- Latest News:
 - August 17, 2011; U.S. Department of Justice
 - **Four Individuals Convicted in \$4.7 Million Louisiana Medicare Fraud Scheme** <http://go.usa.gov/Kwx>
 -
 - August 17, 2011; U.S. Attorney; Southern District of Florida
 - **Miami Mother Sentenced to Jail in \$12.3 Million Health Care Fraud Scheme** <http://go.usa.gov/Kwx>
 -
 - August 11, 2011; U.S. Attorney; Western District of Kentucky
 - **Baptist Healthcare, Inc. and Hardin Memorial Hospital to Pay \$8,900,000 to Settle Improper Billing of Medicare** <http://go.usa.gov/Kwx>

The Rules

OIG Guidance Documents.

- <http://oig.hhs.gov/fraud/complianceguidance.asp>
- Compliance Program Guidance for:
 - Hospitals (also Supplemental)
 - Clinical laboratories
 - Third-party medical billing companies
 - Ambulance suppliers
 - Pharmaceutical manufacturers
- <http://oig.hhs.gov/compliance/alerts/index.asp>

CMS guidance documents

- <http://www.cms.hhs.gov/CFCsAndCoPs/>
 - Conditions of participation

United States Sentencing Commission

- http://www.ussc.gov/Guidelines/Organizational_Guidelines/ORGOVERVIEW.pdf

Ethics and Compliance 2011 Risk Assessment Process



Internet Resources:

The screenshot shows the CMS website interface. At the top, there is a search bar and navigation links for Home, Medicare, Medicaid, SCHIP, About CMS, Regulations & Guidance, Research, Statistics, Data & Systems, Outreach & Education, and Tools. Below this, there are sections for CMS Programs & Information and CMS Highlights.

U.S. Department of Health & Human Services
CMS Centers for Medicare & Medicaid Services

CMS Programs & Information

- » **Medicare**
 - » Provider Enrollment & Certification
 - » Fee-for-Service Payment
 - » Coverage
 - » CMS Forms
 - » Health Plans
 - » Coding
 - » Prescription Drug Coverage
 - » [More...](#)
- » **Medicaid**
 - » Medicaid Waiver & Demonstration Projects
 - » Medicaid Consumer Enrollment & Coverage
 - » Medicaid Prescription Drugs
 - » [More...](#)
- » **Regulations & Guidance**
 - » Manuals
 - » Transmittals
 - » Quarterly Provider Updates
 - » Legislation
 - » Health Insurance Portability and Accountability Act (HIPAA)
 - » [More...](#)
- » **Research, Statistics, Data, & Systems**
 - » CMS Information Technology
 - » Statistics, Trends, & Reports
 - » Computer Data & Systems
 - » [More...](#)

CMS Highlights

- » [Medicaid Eligibility](#)
- » [Medicare Part C And D Corrective Action Plan Data](#)
- » [2008 Drug Plan Information](#)
- » [Tamper-resistant Prescription Pad Guidance](#)
- » [Press Release: Medicare Part D Plan Premiums For 2008](#)

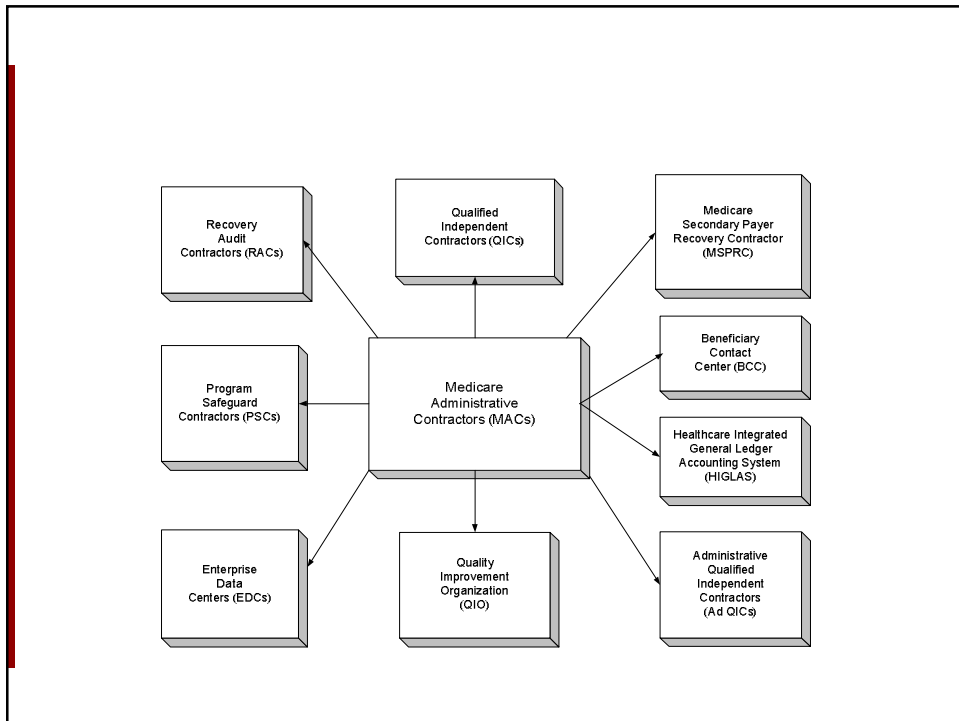
GET VACCINATED
 DON'T GET FLU. DON'T SPREAD FLU.
www.cdc.gov/flu

CONIFER HEALTH SOLUTIONS

The screenshot shows a list of internet resources for CMS, organized into categories.

- » **Coding**
 - » [HCPCS - General Information](#)
 - » [HCPCS Release & Code Sets](#)
 - » [ICD-9-CM](#)
 - » [ICD-10](#)
 - » [National Correct Coding Initiative Edits](#)
 - » [Outpatient Code Editor \(OCE\)](#)
- » **Coordination of Benefits**
 - » [Coordination of Benefits - General Information](#)
 - » [Beneficiary & Advocate Services](#)
 - » [Coordination of Benefits Agreement](#)
 - » [Coordination of Benefits Prescription Drugs](#)
 - » [Employer Services](#)
 - » [Insurer Services](#)
 - » [IRS-SSA-CMS Data Match](#)
 - » [Medicare Initial Enrollment Questionnaire](#)
 - » [Medicare Secondary Payer & You](#)
 - » [Provider Services](#)
 - » [Workers Compensation Agency Services](#)
- » **Coverage**
 - » [Medicare Coverage - General Information](#)
 - » [Council on Technology & Innovation](#)
 - » [Coverage Information Exchange](#)
 - » [Medicare Clinical Trial Policies](#)
- » **Acute Inpatient PPS**
 - » [Ambulance Fee Schedule](#)
 - » [Ambulatory Surgical Center \(ASC\) Payment](#)
 - » [Clinical Laboratory Fee Schedule](#)
 - » [Competitive Acquisition DMEPOS](#)
 - » [Durable Medical Equipment, Prosthetics/Orthotics, and Supplies Fee Schedule](#)
 - » [Home Health PPS](#)
 - » [Hospital-Acquired Conditions \(Present on Admission Indicator\)](#)
 - » [Hospital Outpatient PPS](#)
 - » [Inpatient Psychiatric Facility PPS](#)
 - » [Inpatient Rehabilitation Facility PPS](#)
 - » [Long-Term Care Hospital PPS](#)
 - » [PC Pricer](#)
 - » [Physician Fee Schedule](#)
 - » [Physician Fee Schedule Look-Up](#)
 - » [Physician Bonuses](#)
 - » [Skilled Nursing Facility PPS](#)
 - » [Sustainable Growth Rates & Conversion Factors](#)
- » **Medicare Secondary Payer Recovery**
 - » [Medicare Secondary Payer Recovery - General Information](#)
 - » [Medicare Secondary Payer Recovery Claim Process](#)

The screenshot shows the CMS website for Medicare Coverage Center. The browser address bar displays <http://www.cms.hhs.gov/center/coverage.asp>. The page header includes the CMS logo and the text "Centers for Medicare & Medicaid Services". A navigation menu at the top lists: Home, Medicare, Medicaid, SCHIP, About CMS, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. A secondary menu lists: People with Medicare & Medicaid, Questions, Careers, Newsroom, Contact CMS, Acronyms, Help, Email, and Print. The main content area is titled "Browse by Special Topic Medicare Coverage Center". It features a "Spotlight" section with links to "Current Clinical Trial Policy", "What's New", "NCAs (Tracking sheets and Decision Memos)", "NCDs (Final Policies in the NCD Manual)", "Lab NCDs & Codes", "Medicare Coverage Database", "Public Comments", "List of MedCAC Meetings", and "E-Mail Subscriptions". Below this is an "Important Links" section with two columns of links: "Coverage Process" (including Medicare Evidence Development & Coverage Advisory Committee, Regulations, Notices & Laws, Local Coverage Determinations, and How to Request an NCD) and "Coverage Database" (including Search, Indexes, Reports, and Downloads). A left sidebar lists other special topics like American Indian/Alaska Native Center, End Stage Renal Disease (ESRD) Center, Intergovernmental Center, Legislative Affairs Center, Medicare Coverage Center (highlighted), Newsroom Center, Ombudsman Center, Open Enrollment Center, Partnering with CMS Center, People With Medicare & Medicaid Center, and Quality of Care Center.



NORIDIAN
Administrative Services LLC

Medicare Administrative Contract (MAC) Jurisdiction 3
Arizona, Montana, North Dakota, South Dakota, Utah, Wyoming

Publications | Enrollment | Coverage / MR | Training / Events | Appeals | Claims | Audit / Reimbursement | Forms | Contact

Home / Medicare Part A / Coverage / Active Local Coverage Determinations (LCDs) [Site Map](#) | [Advanced Search](#) | Quick Search:

ACTIVE LOCAL COVERAGE DETERMINATIONS (LCDs)

The results on this page include only active LCDs.

Active LCDs

To see retired, future or draft LCDs, select the applicable option from the links immediately below

- Retired LCDs
- Future Effective LCDs
- Draft LCDs

Please Note: All LCDs are available via the CMS Web site. To view these LCDs, please **select one of the options below to be redirected to the Medicare Coverage Database on the CMS Web site.** All LCDs for J3 states are the same.

Search the CMS Medicare Coverage Database for Active LCDs

State:

Search Terms: (Opens in a new window)

Enter the Medicare Database Number (L Number), Key Word, CPT Code, etc. to search.

- Google
- LCDs:
 - Trailblazer
 - Palmetto
 - Noridan
 - www.noridianmedicare.com
 - Select: "PART A"
- NCDs:
 - <http://www.cms.hhs.gov/manuals/>
 - IOM 100-3

RAC

- CMS Web Site: www.cms.hhs.gov/RAC
- CMS RAC Email: RAC@cms.hhs.gov