

Doing More with Less: Taking a Small Health Plan's Compliance Program to the Next Level



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Compliance Program Scope: Pre-2009

- **Conducted annual compliance reviews across organization.**
(2007 completed 31/37; 2008 completed 23/33)
 - Focused almost exclusively on Part C and Part D audit guides and worksheets.
 - Provided an organizational compliance level baseline.

At the same time:

- Some reviewed departments did reasonably well prompting whether or not to continue same level of review and frequency.
 - Regulators continued to issue bulletins and advisories on their hot issues.
 - Internal regulatory liaisons provided updated feedback gleaned from regular conversations with regulators and conferences.
- **Over 2007-2008 compliance team accountabilities increased:**
 - More formalized HIPAA incident tracking.
 - Targeted training based upon real-life experiences.
 - Building inspections regarding work area privacy practices.
 - Increased fraud, waste and abuse efforts.
 - Delegate oversight audits came to compliance team.

= *More tasks with same amount of staff (3)*



Compliance Program Scope: 2009 and after

*Nagging
Question*

*How to allocate few resources to
increasing number of accountabilities?*

- Strengthen rigor and develop better tools for issues evaluation.
 - Implemented a risk assessment grid.
 - Launched Compliance Dashboard.
 - Enhanced policy and procedure documentation management.
 - Improved tracking of available resources against accountabilities.
 - Surveyed internal customer satisfaction after compliance reviews.
 - Developed computer-based training modules.
 - Led a CMS audit readiness exercise.



Compliance Risk Assessment Grid

*9-square
grid*

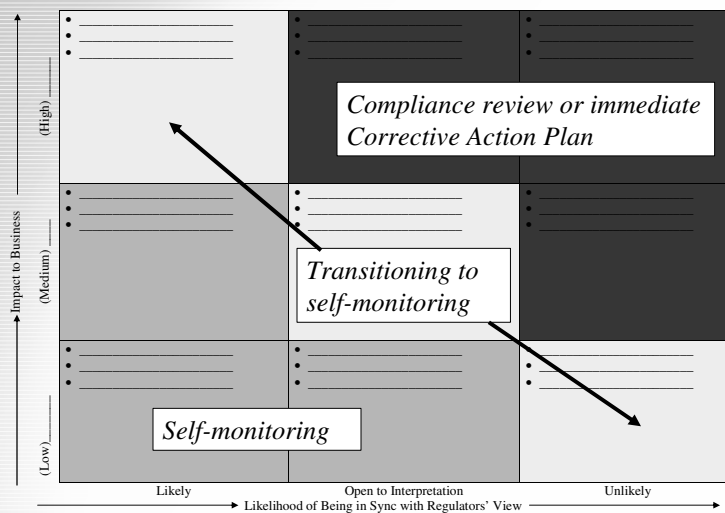
*Rank risks: “likelihood in sync
with regulator’s expectations”
against “impact to organization”*

*Updated monthly
based upon data
received*

- **Contents**
 - 2008 compliance review results.
 - Notices of noncompliance from regulators.
 - Internal reports.
 - Corrective Action Plan issues from internal and external reviews.
- **Communication**
 - Solicited department leads for what they saw as compliance priorities.
 - Regularly advised leadership team members of status.
 - Regularly discussed with internal regulatory liaisons for level of attention issues required based upon their interactions with regulators.
 - Incorporated into quarterly briefings with Compliance Council and annual briefing of Board of Directors.



Compliance Risk Assessment Grid



Compliance Program Dashboard

- One-page snap shot of organization's compliance status
 - New employee training and annual refreshers.
 - Annual review of policies and the posting of procedures supporting policies.
 - Corrective action plans.
 - HIPAA building walkthroughs.
 - Delegate audits.
- Reviewed by leadership to keep a pulse on compliance status.
- Contains links to the underlying data so leadership can follow-up on overdue actionable items.
- CEO spot checks status and is known to make phone calls to spur action.

Department	Policies		Training				Auditing and Monitoring			
	Annual Review Up to Date and Posted	Done and Posted	New Employee Code of Conduct and Privacy Training	New Employee Compliance Accountability Training	Annual Privacy Refresher Training	Annual Code of Conduct Refresher Training	Department-Specific Training (e.g. Part D Fraud, Waste, Abuse)	Audit Related Deliverables Submitted to Compliance	HIPAA Walk-through	Corrective Action Plans Resolution Up to Date
Accounting	N/A		Link	Link	Link	Link	Link			
Administration, Executive Office, Human Resources, Materials	Link		Link	Link	Link	Link	Link			
Business Development	N/A		Link	Link	Link	Link	Link			
Claims	Link		Link	Link	Link	Link	Link			Link



Policy and Procedure Documentation Management

- Policy review committee, whose members represent a cross-section of the organization, is charged to:
 - Ensure policies are reviewed annually.
 - Identify needs for new policy development or policy revision.
 - Identify operational implications for departmental follow-up.
- Compliance director chairs policy review committee:
 - Incorporates status in Compliance dashboard accessible to leadership.
 - 65% up to date pre-dashboard; 99% up to date on 12/31.
 - Tracks progress of annual reviews and monitors consistency.
 - A “policy on policies” provides policy and procedure templates, definitions, and style guide.
 - Posted policies include links to referenced procedures, forms, and supplemental materials.
 - Coaching sessions provided for departments as they worked on updating and drafting policies and procedures.
 - SharePoint site is “one stop shop” for policies and procedures.



Additional Tools

- Month-at-a-glance accountabilities for Compliance team members.
- Internal customer satisfaction surveys.
 - Surveyed SMEs following compliance reviews to evaluate effectiveness on an ongoing basis.
 - Was the review process clearly outlined, including expectations and responsibilities?
 - Was the Compliance review conducted as outlined?
 - Were both best practices and improvement areas shared?
 - Were improvement area responsibilities clearly stated?
- Computer-based training modules (CBTs) for annual refresher training in privacy; code of conduct; and fraud, waste and abuse.



CMS Audit Readiness Exercise: Overview

- What** •Consultants delivered a two-day seminar: issues experienced in interactions with CMS; audit preparations; and related best practices.
- Who** •Compliance team, internal government liaisons, and company-wide subject matter experts (SMEs).
- Why** •Build on seminar momentum: “Can we practice what we’ve learned?”
- Familiarize staff on audit process.
 - Staff know how audit guides work, including specific elements.
 - Verify ability to accurately and timely produce audit materials and data.
 - Incorporate audit elements into everyday procedures.
 - Gap analysis and recommendations drive 2010 compliance agenda.
- How** •Six focus areas: enrollment; appeals and grievances; broker sales; Complaint Tracking Module (CTM); delegate oversight; universe and sample generation.
- Suspended other compliance reviews to concentrate on this exercise.



CMS Audit Readiness Exercise: Process

- Proposal
 - Teamed with internal regulatory liaisons and presented proposed plan to senior management for approval. Company-wide communication announced the initiative.
- Kickoff solicited schedule and scope buy-in from SMEs.
- Scope
 - Policies, procedures, supporting documentation, case files, related data required for review. Materials collected as if submitting to CMS.
- Mock Interview Preparation
 - Internal regulatory liaisons developed questions based upon CMS audit guides and prepared interviewees in standard audit practice.
- Interviews and Materials Review
- Final Report
 - Corrective Action Plans identified with full compliance on related tasks expected during 1Q 2010.
 - Senior management briefed on high-level results, corrective action plans, and recommendations for next steps.



CMS Audit Readiness Exercise: SME Lessons

- Materials Submission and Interview Answers
 - “There’s more we could’ve given you.” Question: Why didn’t you?
 - This might be only opportunity to tell the story.
 - Balance adequately telling the story but not airing everything.
 - Don’t assume another chance to talk through any gaps.
 - Connect dots between known processes and documentation.
- Policies and Procedures (P/Ps)
 - P/Ps reflect accountabilities and desired outcomes as well as process.
 - Include mechanism to tell whether or not in sync with what’s expected at any particular time and who’s responsible for keeping it there.
- Accountability during Exercise
 - SMEs agreed to conducting exercise as close to a CMS audit as possible, then some balked at accountabilities: “It’s not *really* a CMS audit.” Response: discussed disconnects with leadership.
 - Enthusiasm shift from initial training to actual exercise, e.g. when routine competes with exercise accountabilities. Next time: prior to starting exercise, confirm escalation process with leadership to avoid obstacles and conflicts.



CMS Audit Readiness Exercise: Results

- Recommended clarifications and enhancements for procedures.
- Recommended establishing clear ownership and accountability for coordinated and comprehensive delegate oversight activities.
 - Procedure enhancements regarding internal reporting.
- Recommended clarifications in case note documentation regarding the integrated process; updates to integrated health plan appeals process map; and policy enhancements.
- Corrective actions included evaluation of systems, processes and resources to ensure universes and samples are provided accurately and timely.



CMS Audit Readiness Exercise: Conclusions

- Overall themes applicable across organization, not just isolated findings.
 - Improvements reflect findings for the six topics symptomatic of organizational gaps.
 - Improvements align with 2010 strategic plan and department training plans.
- Follow-up activities position organization toward:
 - Successful regulatory examinations.
 - 2011 and annual data validation exercises.
 - RADV audits.
 - CMS Medicare C and D audits.
 - Strengthened relationships with regulators and an enhanced overall reputation.
 - Greater accountability within and between organization's departments.



CMS Audit Readiness Exercise: Organizational Improvements

1. Strengthen self-monitoring within departments.
 - Compliance coaches toward self-monitoring, building on departments' quality assurance efforts.
2. Prepare departments for CMS data validation process.
 - Compliance works with departments to determine vulnerable areas, any corrective actions, and ongoing monitoring measurements to be included in monthly audit readiness dashboard.
3. Establish delegate oversight committee.
 - Encourage uniform approach to delegate oversight.
 - Enhance overall delegate-organization business relationship.
4. Generate new ways of supporting accountability.
 - Department 2010 training plans include process for communicating compliance accountabilities related to change management (e.g. policies and procedures; interdepartmental process changes; regulatory or legislative changes).



Compliance Program Scope: 2010 and after

*New in
2010*

- Designate 2010 the “Year of Data Security”.
- Establish Data Security Officer as a Compliance function.
- Launch CBT for data security annual refresher.

- Develop self-monitoring dashboard.

- Analyze procedure gaps: what procedures are currently posted that address accountabilities identified in policies.
- Implement action plan for getting procedures in shape and posted.

- Explore Compliance Oversight Committee.
- Transfer Fraud, Waste and Abuse Committee Chair to Compliance.



Data Security

What • Designating 2010 the Year of Data Security.

Why

- New HITECH Act requirements necessitate process changes to ensure security compliance.
- Recent Compliance led internal security risk assessment resulted in a number of improvement recommendations.
- External vendor to conduct a vulnerability assessment in 2010.
- Ongoing need to raise employee awareness of compliance expectations.

How

- Centralize the privacy and data security functions by moving the data security officer position into Compliance.
- Preview Year of Data Security program initiatives at the all employee meeting in early 2010.
- Launch CBT data security annual refresher.
- Implement recommendations from the internal security risk assessment.
- Implement recommendations from the 2010 vulnerability assessment.



Self-Monitoring Dashboard

Compliance and internal regulatory liaisons develop and implement a monthly audit readiness dashboard.

- Meld CMS audit readiness exercise topics with key CMS standards (e.g. star ratings; surveillance reports; CTM trends; performance measures) and DHS contractual accountabilities.
- Identify 1-2 key measurements for each department that demonstrate level of audit readiness.
- Post dashboard on SharePoint; review at leadership team meetings; discuss at Compliance Council; include in periodic reports to Finance and Audit committee and annual compliance report to Board.



Compliance Oversight Committee

- Increase visibility and accountability of Compliance Program (i.e., compliance is everyone's responsibility).
 - Differentiate from Compliance Council and other leadership groups.
- Membership is balanced between leadership and subject matter experts: a vehicle for ongoing communication as well as fostering leadership skills for up-and-coming leaders.
- Reviews and makes recommendations to the Compliance Council and individual departments (e.g., compliance dashboard; self-monitoring dashboard; and compliance risk assessment).
- Offers a means of collaboration for staff performing compliance functions currently embedded within specific departments.



Continuing Opportunities

- Corrective Action Plan (CAP) Process
 - Balance between prescriptive CAPs versus allowing departments to figure it out on their own and come back with a plan.
 - Tighten turn around time between when reviews are completed, CAPs are articulated, and CAPs are completed.
 - With leadership, work toward “get in and get out” approach, disrupting operations as little as possible.
 - Define when outstanding issues are escalated to senior management when CAPs are not resolved in a timely manner.
 - Define CAP completion criteria to include root cause analysis.
- Culture Change
 - Foster critical thinking skills.
 - Increase accountability between departments.
 - “Compliance and audit readiness is business as usual.”

