

Being a Compliance "Operative"

Presenters:

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- Holly Robinson, Assistant Director, Medicare
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Working effectively within health plan functions

- ◇ The Org Chart notwithstanding,
Compliance is challenged to work
across departmental lines to produce
results.
- ◇ How to produce the results you want
and need.

Drilling, and the little red flags.....

- ◇ Everyone has the audit template;
- ◇ We all have the audit schedule;
- ◇ *They* have the compliance plan and all the requested documentation, BUT,

DO YOU HAVE THE PROOF?

Prove it to me!

- ◇ What is "proof" that:
 - Your Compliance Committee is –
 - You are interested in –
 - You are preventing and detecting -

After the questions..... are more questions.

◇ What might they be?

- An organization must have written policies, procedures and standards of conduct articulating the organization's commitment to comply with all applicable Federal and State standards which must include measures to detect, correct and prevent fraud, waste, and abuse. (*42 C.F.R. § 423.504(b)(4)(vi)(A) and § 422.503(b)(4)(vi)(A)*)
 - ◇ Specific Medicare Advantage (Part C) and Prescription Drug (Part D) written compliance policies, procedures and standards of conduct including fraud, waste and abuse provisions.

And, the answer is:

- ◇ We've got them, trust me.
- ◇ I sent you my only copy.
- ◇ I'll have to ask the compliance officer.
Wait! That's me.
- ◇ We thought many little policies might be confusing so we just have one big honkin' policy that covers A – D.

“..written policies, procedures and standards of conduct articulating..”

- ◇ Do policies and procedures include sufficient information regarding the implementation of measures to prevent and detect fraud, waste and abuse?
 - Find proof of implementation at all levels.

“..written policies, procedures and standards of conduct articulating..”

- ◇ Is there evidence they have been effectively integrated into day-to-day practice.
 - What evidence would you show?

“..written policies, procedures and standards of conduct articulating..”

- ◇ All employees, governing body members, and FDRs certify to reading, understanding and agreeing to comply with standards of conduct upon hire and/or upon contracting and periodically thereafter.
 - How do I show compliance’s fingerprints in all these varied areas?

Have v. Enforce v. Publicize?

- ◇ Organizations must have enforcement of standards through well publicized disciplinary guidelines. (42 CFR § 423.504(b)(4)(vi)(E), 42 CFR § 422.503(b)(4)(vi)(E), Chapter 9 PDBM Section 50.2.5).

Have v. Enforce v. Publicize?

- ◇ The impact can be enormous on employee behavior if the organization itself is not following its own guidelines.
- ◇ Why should the employee exhibit greater commitment to compliance than the organization?

“accountable to senior management.”

- ◇designate a Compliance Officer and Compliance Committee that are accountable to senior management. (42 CFR § 423.504(b)(4)(vi)(B), 42 CFR § 422.503(b)(4)(vi)(B), Chapter 9 PDBM Section 50.2.2).

“accountable to senior management.” AND

◇ Proof of:

- ...sufficient authority and independence and reports directly to senior management (e.g. governing body, the President or the Chief Executive Officer).
- ...sufficient financial resources/personnel.

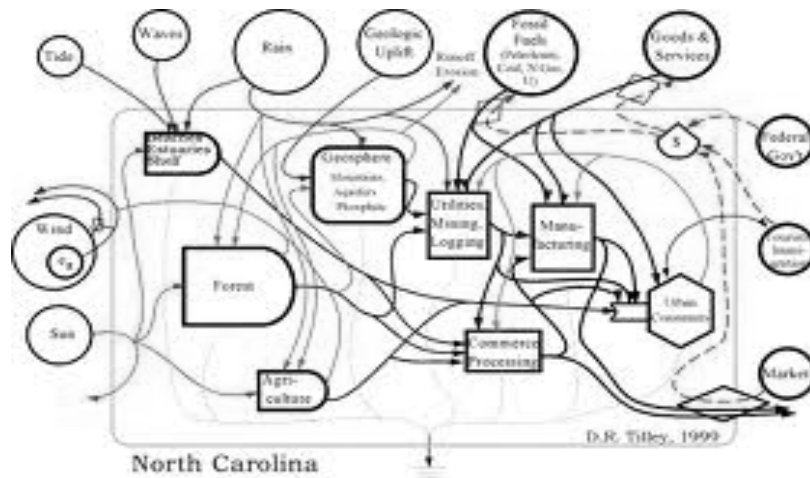
Professional Skeptics, Unite!

- ◇ Little red flags begin to rise....
- ◇ If you’ve seen it, they’ll see it too and ask you.
- ◇ Compliance self-evaluation tool

Working in the interstices....



Ludwig von Bertalanffy



Transition slide

- ◇ Holly Robinson, Assistant Director,
Medicare Compliance, The Regence
Group

What exactly is an “Operative?”

- ◇ Not a secret agent, though it could be,
but one who works in a manner that
produces a result.

More art than science, more intuition than text

◇ Holly Robinson, Operative

Steps that Regence's Medicare Compliance Officer has taken

- ◇ Participation on Government Programs Leadership Team
- ◇ Close relationship with Government Programs Line of Business Leader
- ◇ Bi-Annual Medicare Compliance Summit
- ◇ Nudging operational areas to have Compliance Specialists to work directly with on compliance issues

Summit Goal: "Creating a Seamless and Compliant Medicare Advantage and Part D Program"

- ◇ Cross-Functional Summit participants developed 5 objectives to reach this goal

Objective 1. "All Things Medicare" - Using Technology as a Communications Tool

- ◇ Routine Communications using technology
- ◇ "All Things Medicare" Intranet site
- ◇ Job profiles searchable by tasks, functions, areas of expertise

Objective 2. Institute Annual Compliance Summit

- ◇ Review guidelines, questions, concerns.
- ◇ Share ideas and department changes
- ◇ Share best practices and progress reports
- ◇ Share challenges and opportunities
- ◇ Develop own quality reports

Objective 3. Develop Cross team knowledge of CMS requirements and expectations

- ◇ Develop common frame of reference
- ◇ Be knowledgeable on all compliance areas and on how we impact each other
- ◇ Stay focused on member perspective and CMS' interpretation of members' perspective
- ◇ Develop cross functional score card or report card.

Objective 4. Create a Medicare Legal Regulatory Review Committee

- ◇ Strive for consistent interpretation and implementation of regulations across and within functions
- ◇ Come together to review guidelines and changes
- ◇ Write interdepartmental work flows and glossary of terms from policies and procedures and touchpoints

Objective 5. Commitment to Medicare Line of Business

- ❖ Understand functions, actions, and rules that apply to Medicare Advantage and Part D activities and functions.
- ❖ Achieve the right balance of integration in the organization to retain focus on Medicare Members, achieve efficiency and speak as one organization with one set of values

Compliance's Most Beneficial Impact

- ◇ Working with and educating Senior Management and Leadership
- ◇ Getting Management buy-in
- ◇ Using Communication Tools across operational areas
- ◇ Enhancing Visibility of Compliance Officer and Program
- ◇ Providing Effective Compliance Support and Services
- ◇ Survive a CMS Compliance Program Audit

Transition back slide

- ◇ Derek Jones, Healthcare Investigation Group/ Practice Management Alternatives, LLC

Tips from an auditor:



Special Investigation Units

- ◇ Status of state requirements
- ◇ Does an SIU fit in, or is it attached?
- ◇ Products and by-products of investigations.

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