

Auditing and Monitoring Focusing Your Resources

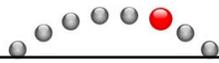
Subscriber Webinar
June 13, 2014



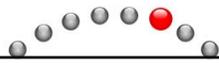
Today's Plan

- Why a hospice should devote resources to auditing and monitoring
- Setting priorities
- Guidelines for developing and executing and auditing and monitoring plan
- Sample audit work plans

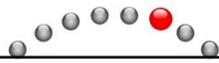
OIG Compliance Plan Guidance

- In 90s, OIG started strongly encouraging providers to voluntarily implement a comprehensive and effective compliance program
 - To support this, issued guidance to over a dozen specific provider groups
 - Framework the same across provider groups – 7 consistent elements
 - Each group's guidance included provider specific risk areas
 - Hospice guidance issued October 1999
 - ACA makes them mandatory – date uncertain
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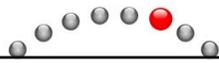
The Seven Compliance Program Elements

1. Implementing written policies, procedures and standards of conduct
Think through how people should act and write it down
 2. Designating a compliance officer & compliance committee
Identify who will be responsible (and accountable) for your compliance efforts; pull together a group to assist
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The Seven Compliance Program Elements

3. Conducting effective training & education
Train people – and make certain that you do it effectively
 4. Developing effective lines of communication
Make sure you have a way for the important information to flow
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The Seven Compliance Program Elements

5. Enforcing standards through well-publicized disciplinary guidelines
Decide what will happen if someone breaks the rules, tell everyone and follow through
 6. Conducting internal monitoring and auditing
Consider risk areas, figure out how to monitor them, make a schedule and stick to it
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The Seven Compliance Program Elements

7. Responding promptly to detected offenses and developing corrective action

When you discover a problem, respond to it and figure out what to do to fix it

8. Conducting on-going risk assessments

Review and update



FY 2013 OIG Work Plan Hospice Items

Hospitals

1. Acute-Care Hospital Inpatient Transfers to Inpatient Hospice Care

Hospice Care

2. Hospice Marketing Practices and Financial Relationships with Nursing Facilities
3. Hospices - General Inpatient Care

Medical Reviews: Other Medicaid Services & Payments

4. Hospice Services: Compliance With Reimbursement Requirements



FY 2014 OIG Work Plan Hospice Items

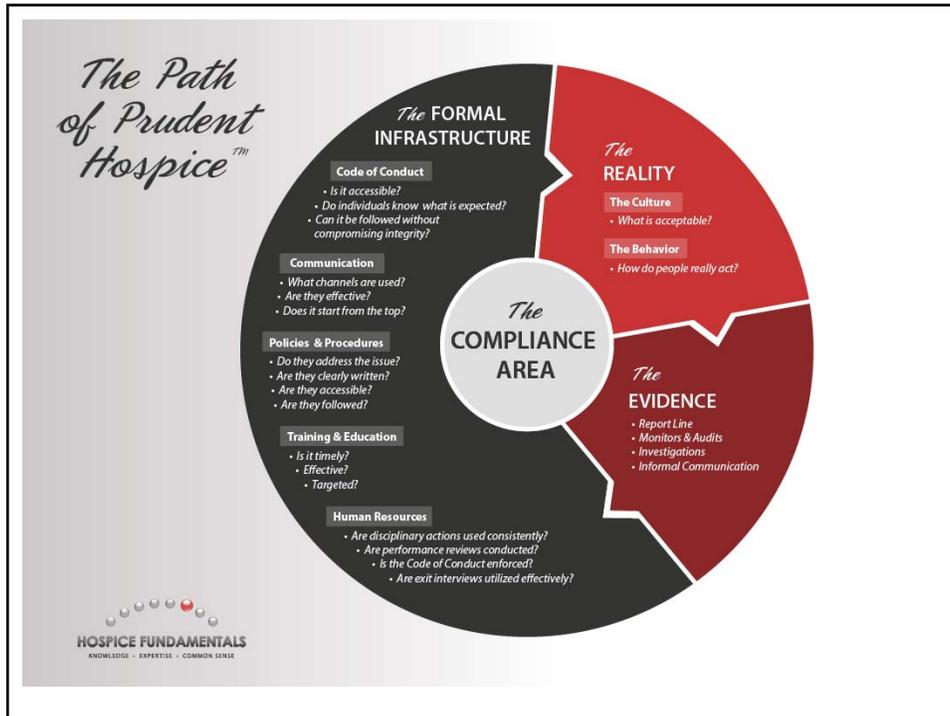
Hospice Care Section

1. Hospice in Assisted Living Facilities (new)
2. Hospices General Inpatient Care

OIG Comments

“The OIG recognizes the size differential that exists between operations...However, **regardless** of a hospice’s size and structure, the OIG believes that every hospice can and should strive to accomplish the objectives and principles underlying **all** of the compliance policies and procedures recommended within this guidance.”

OIG Compliance Guidance for Hospices (1999)



The OIG's Thoughts

An ongoing evaluation process is critical to a successful compliance program...an effective program should incorporate thorough monitoring of its implementation and regular reporting to senior hospice or corporate officers...The extent and frequency of the audit function may vary depending on factors such as the size and available resources, prior history of noncompliance, and the risk factors that a particular hospice confronts.

Compliance Guidance for Hospices, 1999

1. Which risk factors are on your hospice's list?
2. How often and on what basis is the list updated?
3. How do you know how you are doing in those areas?
4. If process changes are instituted based on changes to the list, how do you know if they are effective?

Today's Focus

- **OIG Element #6**
Conduct internal monitoring and auditing.
- **Action:** *Prioritize compliance risk areas, determine how to monitor and audit them, make a schedule and stick to it*
- Fundamental component of effective compliance program
- Regular reporting to senior management & Board



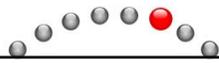
It's about
assessing the
state of your
hospice!



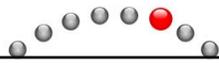
Audits & Monitors: A Quick Comparison

	AUDIT	MONITOR
WHAT	Formal review using a methodical and structured approach that includes planning, sampling, testing, and validating	Less structured system of on-going or periodic checking and measuring
BY WHOM	Individual(s) independent of the operation under review Operations personnel as opposed to audit personnel	Operations personnel as opposed to audit personnel
WHEN	Episodically as indicated by monitor findings and threat areas, or periodically as defined by policy	On-going spot checks; may be continual or at pre-defined intervals
WHY	To conduct an in-depth examination of a certain area	To identify trends and deviations from norm and allow adjustments as necessary
FOLLOW-UP ACTION	Report of findings to board or committee (as defined in policy and based on audit area) with recommendations for corrective actions and follow-up	Analysis with corrective steps (staff education, process change, etc.) or initiation of full audit

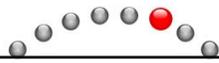
A Word of Caution

- Consider working with legal counsel to identify how audits and compliance activities may be protected from third parties
 - Proceed with caution with any record audit - it's best to review before claims billed
 - If evidence of systemic problem is found, stop immediately and check with legal counsel before proceeding further
 - Develop a record retention schedule to apply to audits and related compliance documents - may want to seek advice from your legal counsel
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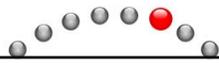
A Few More Words of Caution...

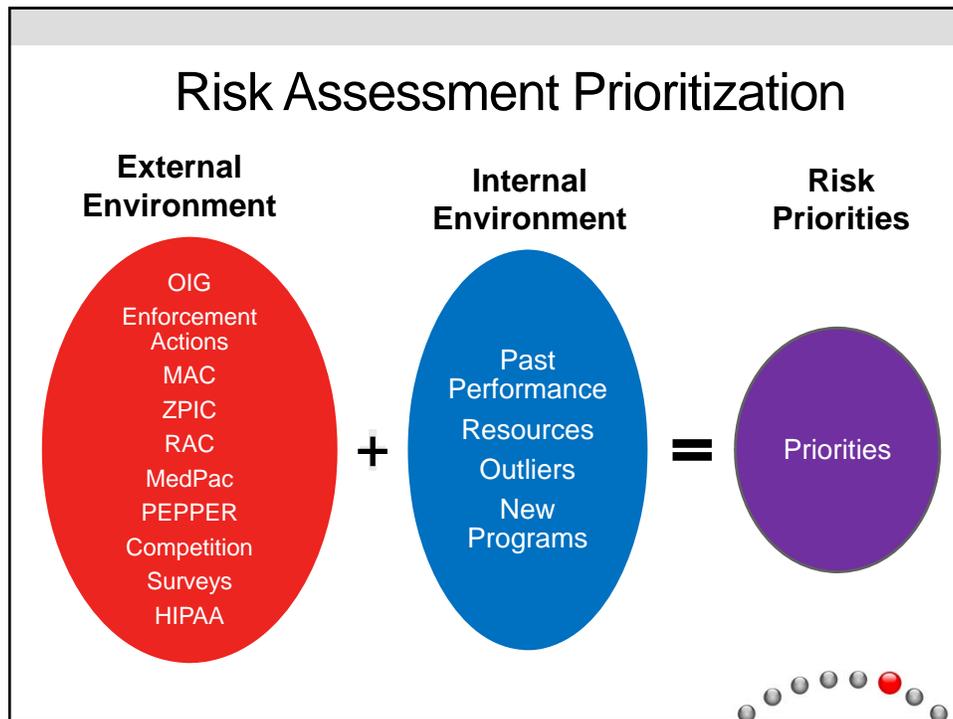
- Scope creep in routine or special audits is a common but serious problem
 - If you identify additional/new problems during an audit, the issue(s) should be treated as a new audit and investigation procedures followed (including consideration of attorney-client privilege)
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Develop an Auditing and Monitoring Plan

- How do you decide what to monitor or audit?
 - Once decided what, how do you decide how many? And how often?
 - Who decides?
 - Who is responsible for doing it?
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Results

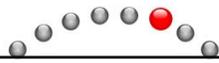
- How do you document results?
 - What do you do with results?
 - Analyze results
 - How and to whom do you report results?
 - Limit distribution
 - Report in context
 - Label-Confidential Information-For Quality Improvement Purposes Only
 - How do you use results for improvement?
 - Compliance Committee
 - Board
- 



- ## Regulatory Hot Topics
- Consider the interface of:
- OIG Program Compliance Guidance (28 risk areas)
 - OIG Annual Work Plan
 - OIG Reports
 - Medicare Hospice Care for Nursing Home Residents: Services and Appropriate Payment
 - Medicare Could Be Paying Twice for Prescription Medications
 - Medicare Hospice: Use of General Inpatient Care
 - Enforcement Actions/CIAs
 - MedPac Report
 - Conditions of Participation
 - Payment Requirements

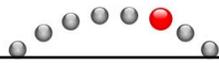
Where Are You Today?

Conduct an inventory of existing measurement and assessment activities

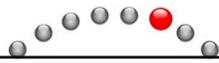
- What are you currently measuring?
 - How many are related to the OIG risk areas?
 - What is the purpose of each measurement activity? Does it measure both quality and compliance?
 - Who is involved in collecting and analyzing the data?
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Where Are You Today?

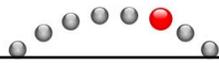
Quality of care-substandard care is risk factor

- False Claims Act
 - OIG Risk Areas
 - Billing for hospice care provided by unqualified or unlicensed clinical personnel
 - Inadequate or incomplete services rendered by the IDG
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Where Are You Today?

- Review any past audit findings to identify trends and any action plans in place
 - Assess effectiveness of any past corrective action plans
 - Target risk areas
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Auditing and Monitoring Plan

- List the measurement activities that are not currently addressed
 - Use your inventory to identify the gap
 - Develop a strategy for measuring and assessing the activities not currently addressed
 - How will you prioritize activities?
 - Who will be involved in the data collection and analysis?
 - What is your time frame for carrying out these activities?
- 

Auditing and Monitoring Plan

Evaluate your hospice's evaluation process

- Does it include benchmarks
 - With itself over time
 - With other organizations
 - With standards & best practices

When is intensive evaluation triggered in your hospice

- Adverse events
- Sentinel events
- Significant complaints
- Compliance issues

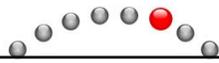


Auditing and Monitoring Plan Flexibility

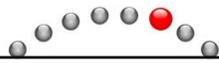
- Remember the “8th element” - ongoing risk assessment
- Risk assessment is not a static, one time a year process - compliance priorities may need to be changed periodically to address new enforcement activities
- Requires current understanding of the regulatory environment and a flexible approach



Auditing and Monitoring-Response

- Analyze the problem and possible solutions
 - Corrective action plans
 - Requirement
 - Approval
 - Implementation
 - Document plans, actions and results
- 

Auditing and Monitoring-Response

- Develop a systematic process for implementing improvement strategies
 - Does it include
 - Identification of potential areas for improvement
 - Testing the approach for improvement
 - Analyzing data from the test to determine desired results
 - Implementing the improved process organization wide
 - How do you determine which improvement activities to put into practice
- 

Considerations

- It is very important to address audit results that show a systematic issue
- Without thoroughly evaluating and addressing, could create potential exposure
 - Analyze
 - Determine need for additional action



A Starting Point

- Certs/Recerts
- Election of Benefits
- Eligibility
 - Admission & Ongoing
 - Continuous Home Care
 - General Inpatient
- Live Discharges
- Nursing Facility
 - Professional Management
 - Room and Board Payment
 - Pharmacy Costs
 - Other Payments to NF
 - Contracts
- Business Development
 - Sales Incentive Programs
 - Marketing Materials
- Related / Unrelated
 - Hospitalizations
 - Medications
 - Medical Equipment
- OIG Exclusion checks
- HIPAA

A Starting Point - Conditions of Participation

Top Survey Deficiencies

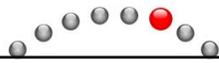
- Plan of care
- Hospice aide supervisory visits
- Drug profile review
- Coordination of care
- Bereavement counseling
- Competency evaluation hospice aides
- Timeframe for comprehensive assessment > 5 days after election



Monitors for Consideration

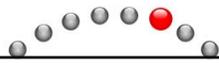
- ALOS
- MLOS
- % in NF
- GIP %
- GIP ALOS
- CHC %
- Live discharge <25 days
- Discharges and quick readmissions
- Visits 7 days before death
- Plan of care at least every 15 days

Case: Certifications and Recertifications

- Top denial issue
 - What is your prebilling monitoring process?
 - What is your prebilling auditing plan?
 - Does it cover all of the technical requirements?
 - How well does your EMR support the process?
 - What are the gaps?
 - What is the action plan?
 - Education
 - Process
 - Forms
 - What does the data show? What is your level of risk?
 - Should this be a priority?
- 

Eligibility

What are you going to look at?

- Fundamentals
 - Weights
 - FAST
 - PPS
 - ADLs
 - Are they documented and does the documentation make sense
 - Admission
 - Recertification
 - Long length of stays
- 

Sample Work Plan: Eligibility

What / How Many	When	Who	Comments
Eligibility audits for all patients with a LOS > 180 days focusing on current benefit period	Until completed	Compliance	Audit One time only review
Eligibility audits for all patients with LOS > 1 year	Monthly for patients to be recerted in month	Compliance/ Clinical Ops	Audit Established once above review is completed
Hospice Eligibility Audit –total of 15% of all recerts for the month to include those with LOS > 1 year,	Monthly	Compliance	Audit
Hospice Eligibility Audit – 20% of admissions			

Sample Work Plan: Certifications / Recertifications

What / How Many	When	Who	Comments
Certification date and element check for 100% of claims	Pre-billing, on-going	Operations/Team Clerk	Monitor
10% all admissions in month for certification date and element check	Pre-billing January, April, July, October	Compliance	Audit
10% of all recertifications in month recertification date and element check	February, May, August, November	Compliance	Audit
Quality of physician narrative	March and September	Compliance	Audit

Sample Work Plan: Care Planning

What / How Many	When	Who	Comments
20% of all admissions. Plan of care identified the patient/ family 's immediate needs during the initial assessment	January & July	Compliance	Review sample from each admission nurse.
20% of all admissions. The initial plan of care was developed before services were provided			
20% of all current patients. Plan of care is reviewed/revised as frequently as the patient's condition requires but no less frequently than every 15 calendar days	February & August	Compliance/ Clinical Ops	Review sample from each team.
20% of all current patients Care is provided according to the plan of care			
20% of all current patients. Visit frequencies for each discipline correspond to frequencies on the plan of care			

Summary

- Understand the external environment
- Know your past performance
- Determine what are your priority risk areas
- Develop an annual work plan
- Follow the plan
- Revise if and when necessary



To Contact Us

We are here for you!!!

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Top Ten

Audit & Monitor Mistakes



10

Outdated monitors – they used to make sense, data is still being collected but they are no longer relevant.

9

Non-actionable results – data is collected but there are no actions that can be taken to impact the area.

8

Ill-planned audits – inquiries undertaken without adequate examination of the methodology.

7

No reporting to the board – they need to be getting information to fulfill their oversight responsibility

6

Data discounting – we don't like where the data is pointing so let's just say it's bad.

5

Orphan results – something is being monitored but no one is responsible for paying attention to or acting on the results – even though the data provide very helpful information.

4

Lack of legal advice – it's important to structure the compliance and QAPI committees to afford your hospice needed protection.

3

Key monitoring areas overlooked – especially Condition of Payment requirements.

2

Too many monitors – no prioritization of monitoring activity so results are meaningless or overwhelming.

1 Mistake

No monitors at all – short term time savings but very dangerous.