

OIG Compliance Program Element #6 Conducting Internal Monitoring and Auditing

Ask the Experts Call
June 8, 2012

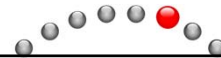


OIG Compliance Plan Guidance

- 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

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.”



Today’s Focus

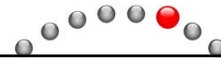
- OIG Element #6
Conduct internal monitoring and auditing.
- Action: *Prioritize compliance risk areas, determine how to monitor and audit them, make a schedule and stick to it*



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



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?
- How do you document results?
- How do you report results?
- What do you do with results?
- How do you use results for improvement?



The Seven OIG 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
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
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 audit them, make a schedule and stick to it
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



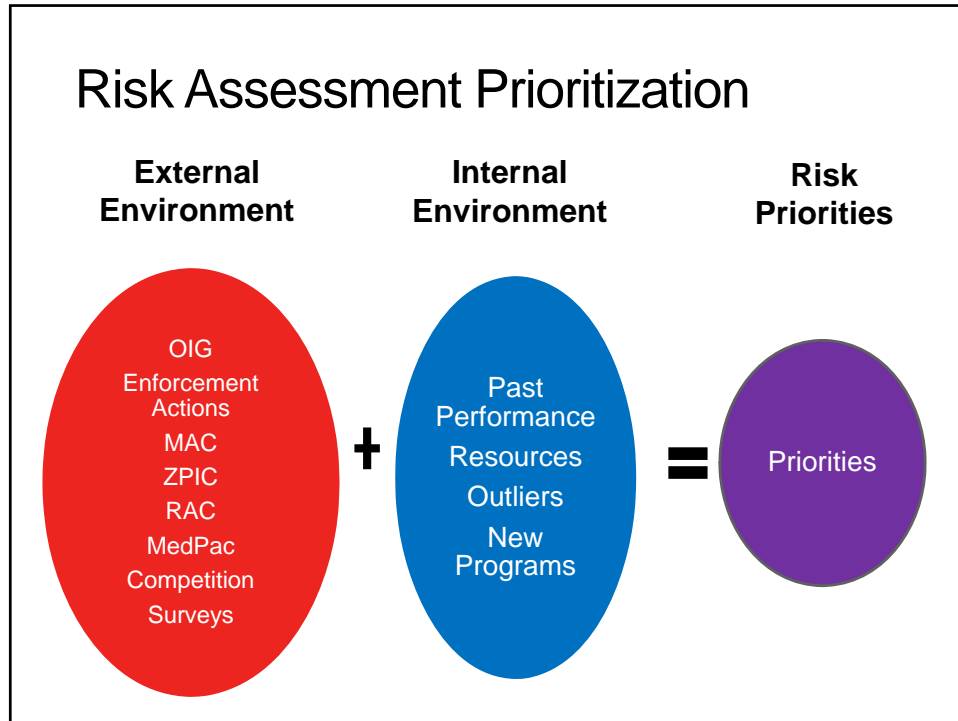
Audits & Monitors: A Quick Comparison

	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

Regulatory Hot Topics for Hospice

- Consider the Interface of:
 - OIG Program Compliance Guidance (28 risk areas)
 - OIG Annual Work Plan
 - OIG Report-Medicare Hospice Care for Nursing Home Residents: Services and Appropriate Payment
 - Enforcement Actions/CIAs
 - MedPac Report
 - Conditions of Participation
 - Payment Requirements



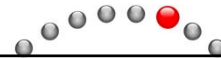


A Word of Caution

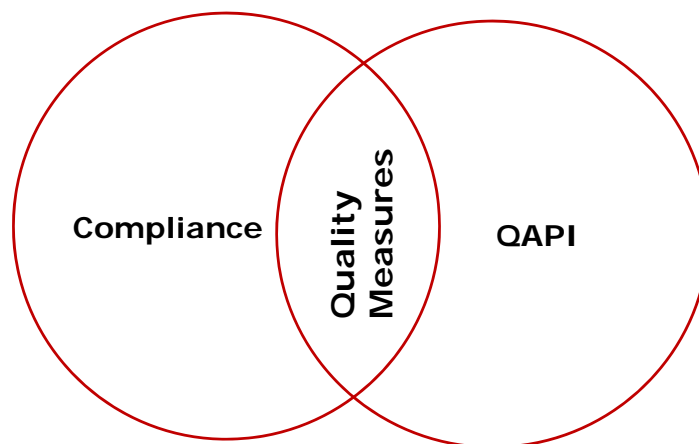
- Consider working with legal counsel to identify how audits and compliance activities may be protected from third parties
- Possibility the development of a formalized sub-committee structure, acting under the authority of the QAPI Committee
- Proceed with caution with any record audit - it's best to review before claims billed
- If see evidence of systemic problem, stop immediately and check with legal counsel before proceeding further
- Develop a record retention schedule to apply to audits and related compliance documents – again check with legal counsel

Auditing and Monitoring Plan

- Compliance Committee
- Conduct an inventory of existing measurement and assessment activities (quality and compliance)
- 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
- 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"



The Intersection



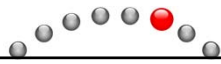
A Starting Point

- 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

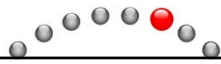
A Starting Point

- 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 no > 5 days after election

Fundamentals First Certifications and Recertifications

- Percentage
 - 100% monitoring by trained staff ongoing
 - 100% auditing until error free
 - Elements
 - Audit your forms-this is one time
 - Process
 - Understanding
 - Monitoring
 - Follow-Up
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Eligibility

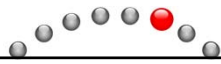
- What are you going to look at?
 - Fundamentals
 - Weights
 - FAST
 - PPS
 - ADLs
 - Are they documented and does the documentation make sense
 - Admission
 - Recertification
 - Long length of stays
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Work Plan Examples

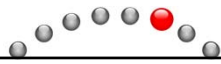
Focus Area: Eligibility	When	Who	Comments
Eligibility audits for all patients with a LOS > 180 days focusing on current benefit period	Until completed	Compliance	Audit One time only review
Eligibility audits for all patients with LOS > 1 year	Monthly for patients to be recertified in the month	Compliance/ Clinical Operations	Audit To be 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	Monthly	Compliance	Audit

Focus Area: NF Care	When	Who	Comments
Review of all NF contracts to ensure contract not expired and that they comply with all applicable laws and Medicare CoPs	Annually	Finance/ Compliance	Audit Implement once all contracts are updated. If contracts are evergreen, once audited and in place only need to do this if the regulations change
Ensure written agreement in place with NF prior to providing hospice services to a resident	On-going	Clinical Operations	Monitor

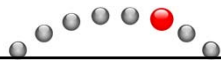
Reporting Results

- Analyze results
 - Limit distribution
 - Report in context
 - Label-Confidential Information-For Quality Improvement Purposes Only
 - Compliance Committee
 - Board
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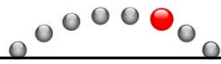
Auditing and Monitoring Plan Flexibility

- 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
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Auditing and Monitoring-Response

- Corrective action plans
 - Analyze the problem and possible solutions
 - Document plans, actions and results
 - Audit again
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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
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To Contact Us

We are here for you!!!

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The Path of Prudent Hospice™

Compliance Area

Regulation

External Risk

Performance Area

Formal Infrastructure

Code of Conduct

Is it accessible?

Does everyone know it?

Do staff follow it?

Training & Education

Is it timely? Effective? Targeted?

Communication

What channels are used?

Are they effective?

Does it start from the top?

Policies & Procedures

Do they address the issue?

Are they clearly written?

Are they accessible?

Are they followed?

Human Resources

Disciplinary actions used consistently?

Are performance reviews conducted?

Is the Code of Conduct enforced?

Reality

The Culture

What is acceptable?

The Behavior

How do people really act?

Tracking

Report Line

Monitors & Audits