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*
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”

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### The Intersection

![Diagram showing the intersection of Compliance, Quality Measures, and QAPI]
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

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**
### Focus Area: Eligibility

<table>
<thead>
<tr>
<th>When</th>
<th>Who</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility audits for all patients with a LOS &gt; 180 days focusing on current benefit period</td>
<td>Until completed Compliance</td>
<td>Audit One time only review</td>
</tr>
<tr>
<td>Eligibility audits for all patients with LOS &gt; 1 year</td>
<td>Monthly for patients to be recertified in the month Compliance/Clinical Operations</td>
<td>Audit To be established once above review is completed</td>
</tr>
<tr>
<td>Hospice Eligibility Audit – total of 15% of all recerts for the month to include those with LOS &gt; 1 year,</td>
<td>Monthly Compliance</td>
<td>Audit</td>
</tr>
<tr>
<td>Hospice Eligibility Audit – 20% of admissions</td>
<td>Monthly Compliance</td>
<td>Audit</td>
</tr>
</tbody>
</table>

### Focus Area: NF Care

<table>
<thead>
<tr>
<th>When</th>
<th>Who</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of all NF contracts to ensure contract not expired and that they comply with all applicable laws and Medicare CoPs</td>
<td>Annually Finance/Compliance</td>
<td>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</td>
</tr>
<tr>
<td>Ensure written agreement in place with NF prior to providing hospice services to a resident</td>
<td>On-going Clinical Operations</td>
<td>Monitor</td>
</tr>
</tbody>
</table>
 Reporting Results

• Analyze results
• Limit distribution
• Report in context
• Label-Confidential Information-For Quality Improvement Purposes Only
• Compliance Committee
• Board

 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

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

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!!!

Info@HospiceFundamentals.com

Susan Balfour
919-491-0699
Susan@HospiceFundamentals.com

Roseanne Berry
480-650-5604
Roseanne@HospiceFundamentals.com

Charlene Ross
602-740-0783
Charlene@HospiceFundamentals.com
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?
- **Policies & Procedures**
  - Do they address the issue?
  - Are they clearly written?
  - Are they accessible?
  - Are they followed?
- **Training & Education**
  - Is it timely? Effective? Targeted?
- **Communication**
  - What channels are used?
  - Are they effective?
  - Does it start from the top?
- **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**

visit www.hospicefundamentals.com or call us at 919-491-0699