SNF Compliance: What’s at Stake?

HARMONY UNIVERSITY
The Provider Unit of
Harmony Healthcare International, Inc. (HHI)

Presented by:
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Vice President of Operations
About Elisa

Elisa Bovee, MS OTR/L

Elisa Bovee is the Vice President of Operations at Harmony Healthcare International, (HHI) an industry leader in Long Term Care consulting.

- Over 20 years of experience in the long-term care industry
- Appeals Coordinator for a National nursing home company

Follow Me! @ElisaBovee
Objectives

The learner will be able to:

Learners will be able to state the latest compliance risks the OIG is targeting in long term care organizations

Learners will be able to state three ways to use data analysis and auditing methodologies to address risks and keep their organization compliant

Learners will be able to utilize strategies for maintaining a current compliance program
OIG AUDIT
The Significant Impact on SNF Providers
Thomas Burton, November 2012

- “More intensive services were done than actually performed”
- “Patients could not benefit from it”
- “Cutting fraud” Obama
Sample 499 claims by 245 (stays) nursing facilities

- 1 home reached a settlement agreement on allegations of fraudulent billing for “medically unnecessary” therapy
- “More therapy during the period on which bills were based”
- “Look-Back Period”
OIG Report:
Claims in 2009

- 25% billed all claims in error: 1.5 billion
- 26% claims not supported in the medical record
- 542 million in over payment
- “Majority” error “upcoded”*
- Many Ultra High

* Original RUG was a higher paying RUG than the revised RUG
OIG Report: Claims in 2009

Billing Errors

Issues found with skilled-nursing facilities’ Medicare claims, based on an outside review of 2009 data

- 20.30% Billed for a more expensive treatment than was provided
- 2.50% Billed for a less expensive treatment than was provided
- 2.10% Billed for a condition not covered by Medicare
- 75.10% Properly billed

Source: Department of Health and Human Services Office of Inspector General
OIG Recommendations

1. Increase and **expand reviews** of SNF claims
   - CMS should instruct its contractors to conduct more medical reviews of SNF claims

2. Use its **Fraud Prevention System** to identify SNFs that are Billing for Higher Paying RUGs
   - CMS should use its Fraud Prevention System to identify and target these SNFs

3. Monitor **Compliance** with the **New Therapy Assessments**
   - As of October 2011, SNFs must complete a “change of therapy” assessment when the amount of therapy provided no longer reflects the RUG and an “end of therapy” assessment when therapy is discontinued for 3 days
   - CMS should instruct its MACs and RACs to closely monitor SNFs utilization of these assessments through **analyses of claims data**. Such analyses will identify SNFs that are using the assessments infrequently or not at all.
OIG Recommendations

4. Change the Current Method for Determining How Much Therapy is Needed to Ensure Appropriate Payments

5. CMS should instruct the MACs to provide education to all SNFs, as well as specific training to selected SNFs, to improve the accuracy of their MDS reporting

6. Follow up on the SNFs that Billed in Error

   In a separate memorandum, we will refer to CMS for appropriate action for the SNFs with claims in our sample that had inaccurate RUGs or that did not meet coverage requirements
OIG Website

Utilize this site as a resource for educating the team on Compliance Program expectations of the government.

https://oig.hhs.gov/compliance/
http://oig.hhs.gov/authorities/docs/cpgnf.pdf
OIG Work Plan
2015
Medicare Part A Billing
Skilled Nursing Facilities

Changes in billing practices

- Therapy Services billed at highest level even though beneficiary characteristic remain unchanged
- As of 2009, 25% of all claims billed erroneously ($1.5 billion)
Questionable Billing Patterns for Part B Services During Nursing Home Stays

- Congress directed OIG to monitor Part B billing for abuse
- Identify questionable billing patterns in broad categories including foot care
State Agency Verification of Deficiency Corrections

- Review State programs to ensure compliance with Federal requirements relating to Correctional Plans for Deficiencies

- Ensure Correctional Plans are submitted to State Agency or CMS
National Background Checks for Long Term Care Employees

- Section 6201 – Patient Protection & Affordable Care Act – requires national & state background checks for direct access patient employees

- Review data/procedures and costs of Background Check pilot programs

- Analyze date to determine unintended consequences
Hospitalizations of Nursing Home Residents for Manageable and Preventable Conditions

- Analyze data to determine extent of manageable/preventable conditions hospitalization
- In 2013, 25% of Nursing Home hospitalizations were for any reason
- Hospitalizations are costly and could indicate quality-of-care issues
Probe Reviews and RAC Audits

Program for Evaluating Payment Patterns
Electronic Reports
(PEPPER)
This report will contain the SNFs detailed facility specific Medicare claims data in certain targeted areas and compare the SNF to other SNFs nationally.

Skilled Nursing Facilities (SNFs) should sign up to receive email notification that your PEPPER is available.

PEPPERResources.org from the PEPPER HELP Desk

(http://pepperresources.org/HelpContactUs.aspx)
Where is My Pepper?

- Updated Release Schedule: On or about May 6 through May 12, 2014
- Staged Release
- Freestanding SNFs will receive via a secure portal on the PEPPERresources.org website
- SNFs/Swing beds that are part of a short-term acute care hospital (3rd digit in the PTAN/CMS certification number/provider number = “U”) will receive electronically via QualityNet secure file exchange
Access to the PEPPER will be restricted to the provider’s Chief Executive Officer, President or Administrator.

Corporate offices and/or facility management companies will need to obtain PEPPERs from each individual provider in their organization.
Accessing Your SNF PEPPER

What you will need:

- Facility specific 6-digit CMS Certification Number
  - The 3rd digit of this number will be a 5 or a 6
  - This is not the same number as the tax identification number or national provider identification number
Accessing Your SNF PEPPER

For verification purposes, requestors will be required to enter either one of the following from the UB-04 for a fee-for-service Medicare patient who received services at the provider between September 1-30, 2013:

- A Patient Control Number (found at form locator 03a on the UB04 claim form)

  or

- A Medical Record Number (found at form locator 03b on the UB04 claim form)
Targeted areas were derived from two recent Office of Inspector General (OIG) Reports:

- “Inappropriate Payments to Skilled Nursing Facilities cost Medicare more than a Billion Dollars in 2009” (November 2012)
- “Questionable Billing by Skilled Nursing Facilities” (December 2010)
Fraud, Waste and Abuse

- The Government Accountability Office has designated Medicare as a program at high risk for fraud, waste and abuse.
- Payments to skilled nursing facilities (SNFs) have been identified as vulnerable to abuse.
- In 2012 the Office of Inspector General (OIG) found that approximately 25% of SNF claims were billed in error.
Compliance

- The Office of Inspector General encourages SNFs to develop and implement a compliance program to protect their operations from fraud and abuse.
- Beginning in 2013, SNFs are required to have a compliance program.
- As part of a compliance program, a SNF should conduct regular audits to ensure services provided are necessary and that charges for Medicare services are correctly documented and billed.
Compliance

- The Program for Evaluating Payment Patterns Electronic Report (PEPPER) can help guide the SNF’s auditing and monitoring activities
- There is no “Good” or “Bad” PEPPER
- Facility Specific
PEPPER

PEPPER gives provider-specific Medicare data statistics for services vulnerable to improper payments.

Allows providers to see how their facility compares to all other SNFs:

- Nation
- Medicare Administrative Contractor (MAC)
- State (MAC only)
Claims Data

- The SNF PEPPER provides SNFs with their jurisdiction, state and national percentile values for each target area with reportable data for the most recent three fiscal years.
- **FY 2013** (October 1 2012 through September 30th 2013) is displayed on the first table.
- When the target (numerator) count is less than 11 for a target area for a time period, statistics are not displayed.
Claims Data

Claim “From Date” and claim “Through Date” fall within the time period of October 1, 2010 through September 30, 2013

Additional claims for June 1, 2010 through September 30, 2010 will be included for episodes of care beginning prior to the reporting period.
Target Areas

- Therapy RUGs with High ADLs
- Non-therapy RUGs with High ADLs
- Change of Therapy Assessment
- Ultra High RUGs
- Therapy RUGs
- 90+ Day Episodes of Care
Percentiles

- Percentiles are calculated for each of the three comparison groups:
  - State
  - Medicare Audit Contractor (MAC/FI) jurisdiction
  - Nation

- SNF are to focus on National Data:
  - Given the MAC may potentially use data for Additional Documentation Requests (ADR) reviews, all data is important.

- SNFs whose target percents are at or above the 80th percentile (i.e., in the top 20 percent) are considered at risk for improper Medicare payments with areas at risk for overcoding.

- SNFs whose target percents are at or below the 20th percentile (i.e., in the bottom 20 percent) are considered at risk for improper Medicare payments with areas at risk for undercoding.
Target Area Reports

- **Target area graph** provides a visual representation of the SNF’s target area percent over **three years**

- **Target Area SNF Data Table** titled “Your SNF” includes total number of episodes of care for the target area (numerator) and total (denominator)
  - Roughly correlates to Patients Episodes
  - Based on the definition of the target area

- **Comparative Data** for National, State and Jurisdiction
  - Some include 80th and 20th Percentile
  - Some only include 80th percentile

- **Average Length of Stay** for the numerator and for the denominator
## Comparative Data-FY2013

<table>
<thead>
<tr>
<th>Target Area</th>
<th>20th Percentile</th>
<th>50th Percentile</th>
<th>80th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy RUG Days</td>
<td>85.5%</td>
<td>93.2%</td>
<td>97.3%</td>
</tr>
<tr>
<td>Ultra High RUG Days</td>
<td>28.1%</td>
<td>53.9%</td>
<td>73.1%</td>
</tr>
<tr>
<td>Therapy High ADL Days</td>
<td>20.0%</td>
<td>32.9%</td>
<td>48.1%</td>
</tr>
<tr>
<td>Non-Therapy High ADL Days</td>
<td>11.5%</td>
<td>23.4%</td>
<td>42.2%</td>
</tr>
<tr>
<td>90+ Day Episode of Care</td>
<td>7.5%</td>
<td>14.1%</td>
<td>25.9%</td>
</tr>
<tr>
<td>Change of Therapy Assessments</td>
<td>7.0%</td>
<td>12.7%</td>
<td>19.0%</td>
</tr>
</tbody>
</table>
Facility Specific Risk Factors

- Focus on National Data
- Risk Assessment
- Review areas approaching or at outliers (80th Percentile, 20th Percentile)
- Discuss with the team facility characteristics that may lead to High/Low Utilization target areas
  - Does the data make sense
# FY 2013 PEPPER ANALYSIS

Harmony Healthcare International (HHI)  
430 Boston Street, Suite 104, Topsfield, MA 01983  
MAC: NHIC

<table>
<thead>
<tr>
<th>Target Areas</th>
<th>Target Count</th>
<th>Percent</th>
<th>National</th>
<th>Jurisdiction (MAC)</th>
<th>State</th>
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<tbody>
<tr>
<td>Therapy High ADL Days</td>
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<td>82.70</td>
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<td>Non-Therapy High ADL Days</td>
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<td>Therapy RUG Days</td>
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<td>9.0%</td>
<td>25.90</td>
<td>36.90</td>
<td>32.90</td>
</tr>
</tbody>
</table>

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Harmony Healthcare International, Inc.
HHI Comparative Data

National Comparative Data (Actual Percentages)

Target Areas

- Therapy RUG Days
- Ultra High RUG Days
- Therapy High ADL Days
- Non-Therapy High ADL Days
- 90+ Day Episode of Care
- Change of Therapy Assessments

Percent

- 80th Percentile
- Actual SNF
- 20th Percentile

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## HHI Comparative Data

### National Comparative Data - Actual Percentages

<table>
<thead>
<tr>
<th>Actual SNF</th>
<th>Target Area</th>
<th>20th Percentile</th>
<th>50th Percentile</th>
<th>80th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>72.8%</td>
<td>Therapy RUG Days</td>
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Concluding Thoughts on PEPPER

- There is no “Good” or “Bad” PEPPER
- Compliance chart auditing at regular intervals for outlier areas
- Analyze PEPPER data
- Develop a Compliance Program
Concluding Thoughts on PEPPER

- PEPPER is a Tool for Ensuring Compliance with High Risk Areas
- Accurate and Appropriate Reimbursement for Care Provided
- Compliance is the Foundation for Accurate and Appropriate Reimbursement
Conduct Baseline Audits

- Identify areas of exposure
- Identify areas of strength
- Highlight weak areas and prioritize solutions
- Seek interdisciplinary participation
Introduction to Healthcare Compliance for the SNF
In 2012, the government received the highest amount of whistleblower complaints in its history.

This, combined with the advent of the Affordable Care Act and PEPPER, leaves the entire SNF industry under overwhelming scrutiny for accurate payment.

Numerous changes taking place specifically within the reimbursement process.

Medicare and Medicaid billing are now the most prominent risk areas in healthcare.
Critical changes have occurred with the False Claims Act

Most noteworthy change; Leaders be advised!

Revision of the "intent" to submit an incorrect claim
Historically, proof of "intent" was required to prosecute

Today, no proof or specific intent to defraud is required
The government only needs to show:

1. The provider had "actual knowledge of the information" or
2. The person acted in "deliberate ignorance" of the truth or the falsity of the information, or
3. The person or provider acted in "reckless disregard" of the truth or falsity of the information
Providers have only 120 days to correct MDS errors and submit a billing adjustment for Medicare Part A claims.

Late identification of billing errors yields mandatory self disclosure within 60 days of overpayment identification.

It is a felony not to return the payment.

The civil penalty for the aforementioned is $5,500 to $11,500 per false claim along with three times the amount of damages which the government sustained.
The only defense for an incorrect claim is a great offense in the form of an effective Compliance Program.
The following 7 elements are outlined for your success:

1. Written Policies and Procedures
2. Compliance Officer, Committee and Oversight
3. Effective Training and Education
4. Effective Lines of Communication
5. Transparent Disciplinary Standards
6. Effective Auditing and Monitoring
7. Prompt Response to Compliance Issues
Compliance Programs

- The Office of Inspector General encourages SNFs to develop and implement a **compliance program** to protect their operations from fraud and abuse.

- Beginning in 2013, SNFs are required to have a compliance program.

- As part of a compliance program, a SNF should conduct regular audits to ensure services provided are necessary and that charges for Medicare services are correctly documented and billed.
Compliance Programs

- Beginning March 2013, SNFs are required to have a compliance program.
- OIG has determined seven elements that are fundamental to an effective compliance program.
- Principles that each nursing facility should consider when developing and implementing an effective compliance program.
- May require a significant commitment of time and resources by all parts of the organization.
“Superficial efforts or programs that are hastily constructed and implemented without a long term commitment to a culture of compliance likely will be ineffective and may expose the nursing facility to greater liability than if it had no program at all”
Cost of Compliance Program

- An effective compliance program may require a reallocation of existing resources.
- The long term benefits of establishing a compliance program significantly outweigh the initial costs.
Cost of Non-Compliance

- $305,072 was required to hire a full-time physician or NP after it was found to have sub-standard pressure ulcer treatment and prevention, incontinence care, pain management, nutrition, weight monitoring, infection control, and diabetic care.
- Criminal sanctions may be mitigated by an effective compliance program.
- $1.5 Million for submitting claims to Medicare and Medicaid for services provided by an unlicensed speech therapist.
- $13 Million Dollars for incentives for productivity and providing care not supported by documentation.
Benefits of Compliance

- Formulation of effective internal controls to ensure compliance with statutes, regulations and rules
- Demonstration to employees and the community of the commitment to responsible corporate conduct
- Obtain an accurate assessment of employee and contractor behavior
- Identifying and preventing unlawful and unethical behavior
- Prompt reaction to employees’ operational compliance concerns and effectively target resources to address those concerns
Benefits of Compliance

- Improvement in the quality, efficiency, and consistency of providing services
- Establish a mechanism to encourage employees to report potential problems and allow for appropriate internal inquiry and corrective action
- Centralized source for distributing information on health care statutes, regulations and other program directives
- Improve internal communications
- Prompt and thorough investigation of alleged misconduct
Benefits of Compliance

- Early detection and reporting, minimizing loss to the Government from false claims, and thereby reducing the nursing facility’s exposure to civil damages and penalties, criminal sanctions, and administrative remedies.
Seven Elements of Compliance

P-R-E-P-A-R-E

Policies and Procedures
Reporting and Investigating
Education and Training
Prevention and Response
Auditing and Monitoring
Responsibility/Oversight of Compliance Officer/Committee
Enforcement, Discipline and Incentives
Policies and Procedures

- The development and distribution of written standards of conduct
- Policies, procedures and protocols that promote the SNFs commitment to compliance
- Includes policies for adherence to the compliance program
Policies and Procedures

- Set expectations in easily read language
- Living documents that do not collect dust on the shelf
- Functional for the Organization
Policies and Procedures

- **Policy**: Statement of Approach
- **Procedures**: Steps to Achieve
- The development and distribution of written standards of conduct
- Policies, procedures and protocols that promote the SNF’s commitment to compliance
  - Includes adherence to the compliance program
  - Clear Language
Policies and Procedures

Code of Conduct

- Provides expectations
- Practical Guidance
- Accountability
Policies and Procedures

Best practice & policy and procedure for:

- MDS Completion
- MDS Accuracy
- ADL Accuracy
- Nursing Documentation
- Billing
- Triple Check
- Therapy Documentation completion
- Therapy Billing Logs
Compliance Programs

Compliance Officer
and
The Board
Program Oversight

Choosing the Right Compliance Officer

- High Level Executive, credible, integrity
- Authority and resources to get the job done

Who does the Compliance Officer report to?

- Knowledgeable Board
- No barrier to access
Program Oversight

Oversight of Compliance Officer/Committee

“charged with the responsibility for developing, operating and monitoring the compliance program, and who reports directly to the owner(s), governing body and/or CEO”
Program Oversight

- Communicate High Risk Areas to Staff
  - Employees
  - Contract Providers
- Communicate Plan to ensure compliance
Education and Training
Education and Training

- #1 Reason for Non-compliance is lack of training
- Facility Compliance process
- Risk Areas identified by Risk Assessment
- Focused
- Mandatory – Reinforced regularly
Education and Training

- Easy to understand focused education
- Risk Areas
  - ADL Documentation
  - Therapy Documentation
  - Therapy Minutes Accuracy
  - Nursing Documentation
  - MDS Accuracy
  - Billing Accuracy
- Compliance with technical and clinical Medicare requirements
Education and Training

- The goal is to yield change in behavior
  - Employees to make the right choices
- Practical and effective training programs
- Make education diverse and not routine
Education and Training

Internal Controls

- Preventative
- Detective
- Directive
Education and Training

“The development and implementation of regular, effective education and training programs.”
Compliance Programs

Communication
Reporting and Investigating
Establish a code of conduct prioritizing compliance

OIG requires “effective line of communication between the compliance officer and all employees, including a process, such as a hotline or other reporting system, to receive complaints, and the adoption of procedures to protect the anonymity of complainants and to protect whistle blowers from retaliation”
Communication

- Employees and Stakeholders require an anonymous system to seek guidance and report violations
  - Hot line
  - Log all calls
- Non-retaliatory
- Trusting atmosphere so staff feels safe to disclose
Communication

- Fact finding before full investigation
  - May require a management solution vs. an investigation
  - Once identified, resolution may be easily obtained

- Investigation warranted
  - Consistency defined by high level officers prior to initiation
  - Investigators require expertise
  - How will the findings be documented
  - Is Attorney Client privilege required (This should not be routine in nature – could be challenged)
Reporting and Investigating

- Includes an Anonymous System
- Non-Retaliation Philosophy to report concerns
- Investigate all concerns
- Investigator/Auditor should have a specialty in subject matter
Identification of Non-Compliance

- Respond
  - MDS Corrections within 120 Days of Billed Date
  - Billing Adjustments
  - Staff Concerns
- Investigate all reports of non-compliance
- Report
  - Seek Counsel to determine requirements
- Enforcement and Discipline
Compliance Programs

Enforcement, Discipline and Incentives
Enforcement and Discipline

Employees must abide by:

- The law
- Code of Conduct
- Compliance Program stipulations

Employees have a duty to report suspected misconduct
Enforcement and Discipline

- Investigate promptly and thoroughly
  - Professionalism
- Consistency with discipline
  - Reflect the severity of the violation
- Compliance officer and management are accountable
Enforcement and Discipline

- Define **disciplinary standards** for the organization
- **Document** all disciplinary actions taken
- Evaluation of job performance should include **criteria for non-compliance**
Incentives

- Ethical incentives consistent with the organization’s compliance program

- Creative incentives
  - Often cash and cash equivalents are not allowed
  - Verbal feedback from supervisor
  - Public recognition

- What is the message the organization is sending?
Enforcement, Discipline and Incentives

- Follow Policies
- Consistent Discipline
- Incentives to be Compliant
Compliance Programs

Auditing and Monitoring
Focus on Compliance

- Auditing and Monitoring

- “The use of audits and/or other risk evaluation techniques to monitor compliance, identify problem areas, and assist in the reduction of identified problems”
  - Detect
  - Prevent
  - Deter
Auditing and Monitoring

- Monitoring
  - Common management tool
  - Determines how effective the controls are
  - Know what is happening in the field
  - Day to day reviews
  - Includes self reviews and peer reviews
Auditing and Monitoring

**Auditing**

- Completed by someone with no vested interest
  - The higher the level of independence an auditor has in relation to an organization, the greater the integrity of the audit

- Risk Adjusted Selection
- Formalized Approach
- Established Approach
Auditing and Monitoring

Auditing

- Internal audit is NOT the control
- Internal audit tests and evaluates the controls
Auditing and Monitoring

As part of a compliance program, a SNF should conduct regular audits to ensure services provided are necessary and that charges for Medicare services are correctly documented and billed.
Auditing and Monitoring

Monitoring

- Common Management tool
- Determines how effective the controls are
- Helps facility or corporate know what is happening in the field
- Day to day reviews
- Includes self reviews and peer reviews
Auditing and Monitoring

- **Auditing**
  - Completed by someone with no vested interest
  - Formalized Approach
  - Established approach
    - Methodology
  - Effectiveness of correction
  - Scientific sampling when completing for corrective plan
Response and Prevention

- Respond to reports
- Root cause analysis
- Provide education in risk areas
- Develop policy and procedure to prevent non-compliance
Enforcement and Discipline

- Investigate promptly and thoroughly
  - Professionalism
- Consistency with discipline
- Root Cause Analysis to resolve the problem
- Compliance officer and management are accountable
Compliance Programs

Risk Assessment
Risk Assessment

- Identify
- Measure
- Prioritize
High Risk Areas

- Quality of Care
- Resident Rights
- Billing & Claims Submission
- Employee Screening
- Kickbacks, Inducements and Self-Referrals
- Cost Reporting
- HIPAA Privacy and Security
- Record Creation and Retention
- Anti-Supplementation
Risk Assessment

- Determine risk areas
- Prioritize on severity, likelihood and impact
- Ongoing assessment
- Best Practice
- Changes in Policy
  - Medicare
  - MDS
  - Therapy
Compliance Programs

Secrets to Success
Appoint Compliance Officer/Committee

- High level executive to oversee compliance program
- Reports directly to the top
- Authority and Resources to complete job
- Credible
- Demonstrates integrity
- Prioritizes
- Manages versus completes tasks
- Makes it real
Communication

- Introduce Compliance Officer
- Present Code of Conduct
- Educate staff on Compliance Program Development and Plan
- Initiate a process for reporting
  - Anonymous
- Initiate a process for investigating all reports
Complete a Risk Assessment

- Determine Risk areas
  - Develop an Annual Plan
    - You Can’t Do It All
    - Prioritize
  - Prioritize on severity
    - Facility specific history
    - Established CIA Agreements
    - Denials
    - Known Deficiencies
Complete a Risk Assessment

- Prioritize likelihood
  - Staff Turnover in Key Roles
  - Changes in Federal/State Policy
  - OIG Reports
  - PEPPER

- Prioritize impact
  - Volume
  - Fines and Penalties
Pick a Starting Point

- Program for Evaluating Payment Patterns Electronic Report (PEPPER)
  - Therapy RUGs with High ADLs
  - Non-therapy RUGs with High ADLs
  - Change of Therapy Assessment
  - Ultra High RUGs
  - Therapy RUGs
  - 90+ Day Episodes of Care
Analyze and Plan

- Identify a point staff member for identified risk area
- Policy and Procedure Review
  - Update/Create
- Education Plan
  - Current Staff
  - On Hire
  - Annually/Quarterly
  - Formal/Informal
Enforcement, Discipline and Incentives

- Consistent Enforcement
- Role Model
- Prompt Discipline
  - Human Resources involvement
  - Advice of Counsel
- Positive reinforcement and incentives for compliance
Bibliography

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- PEPPERResources.org
  - PEPPER HELP Desk: (http://pepperresources.org/HelpContactUs.aspx)
- Skilled Nursing Facility Users Guide
  - http://pepperresources.org/LinkClick.aspx?fileticket=xnGEABk7_dU%3d&tabid=172
- UB04 claim form
Questions/Answers

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