

# INSPIRA HEALTH NETWORK

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- Physician Practice Compliance From A to ACO

- Joe Piccolo
- Karyn Holley



## Introductions

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- Karyn Holley
  - Director, Corporate Compliance
- Joe Piccolo
  - Vice President, Corporate Compliance
- Inspira



## Today's Discussion

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- Building a compliance infrastructure for the ACO and its participants
- Developing an education program that meets the needs of both employed and non-employed physicians
- Establishing collaborative and effective strategies for physician engagement



## Building a Compliance Program

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## Building a Compliance Program

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- Start with the Board and Governance
  - Establish a separate legal entity
    - Identifiable governing body
      - “Ultimate Authority” to:
        - Execute the functions of the ACO
        - Promote evidence based medicine and patient engagement
        - Report on quality, cost measures and care coordination
    - Oversight and strategic direction of the ACO
    - Management accountability
      - “Reasonable person” standard
      - Transparency



## Building a Compliance Program

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- Start with the Board and Governance
  - Shared governance-Committees
    - 75% of Board members shall be representative of ACO participating providers
    - Standing Committees and Responsibilities
      - Clinical Consensus
        - Governs clinical outcomes and initiatives
      - Compliance
        - Oversight of the compliance program
      - Finance
        - Determines the distribution formula



## Building a Compliance Program

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- Compliance Oversight
  - Review of governing documents
    - Fiduciary responsibility of the Board
      - Safekeeping and use of all funds and assets
      - Distinct from the fiduciary responsible to the legal entity operating the ACO
        - Owed to individuals not to activities
    - Duty of loyalty
      - Members must participate in all lines of business
      - Precludes a Independent Physician Association (IPA) or Physician-Hospital Org. (PHO) from opting out of Network contracts

The Duty of Loyalty



## Building a Compliance Program

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- Compliance Plan
  - CMS Requirements
    - Based on the seven key elements
    - Emphasis on an “effective” plan
      - Prevents and detects potential compliance issues
      - Fully engaged leadership team and an informed Board
    - Culture of Compliance
      - Clear expectations of ethical and proper behavior that best services the ACO and its participants



## Building a Compliance Program

- Compliance Oversight
  - Policies and Procedures
    - Conflict of Interest
      - Disclosure of relevant financial matters
      - Process for conflict disposition
      - Annual statement
      - Oversight
    - Compliance Structure
      - Compliance Officer and Committee
    - Participants
      - Screening
      - Commitment to Compliance
      - Duty to Report
      - Disciplinary Action



## Building a Compliance Program

- Compliance Oversight
  - Policies and Procedures
    - Education and Training
    - Monitoring and Risk Assessment
      - Workplan development
        - Corrective action
    - Communication
      - Distribution of plan and policies
    - Reporting
      - Hotline
    - HIPAA



## Education

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## Education

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- Online CME Educational Unit
  - Vendor is accredited by Accreditation Council for Continuing Medical Education (ACCME)
  - CME: 1.5 AMA PRA Category 1 Credit
- Content
  - High Level Overview of Seven Elements of Effective Compliance Program
  - Fraud- Waste- Abuse Continuum
  - Prevention/ Detection/ Correction
  - Consequences of Non- Compliance
  - Contacts for Reporting Suspected Violations



## Education

### Fraud -Waste- Abuse Continuum:



Emphasize that one of the primary differences in the continuum is:

***Intent vs. Knowledge***



## Education

### Prevention- Detection- Correction:

- Prevention

- Be current on laws, regulations, policies
- Ensure data/ billing is accurate and timely
- Coordinate with payors
- Lookout for suspicious activity



- Detection

- False Claims Act
- Anti- Kickback Statute
- Stark law
- Exclusions



## Education

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### Prevention- Detection- Correction:

- Correction
  - Provider is not obligated to independently correct the issue identified
  - Report suspicious activity to the Office of Compliance
  - Office of Compliance will provide oversight, conduct investigation and develop a plan for correction



## Education

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### Consequences of Non- Compliance

- Civil Monetary Penalties
- Criminal Fines and Convictions/ Imprisonment
- Exclusion
- Loss of License



### Contacts to Report Suspicious Activity

- Office of Inspector General
- New Jersey Medicaid State Agency
- Inspira Office of Corporate Compliance





## Physician Engagement

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## Physician Engagement

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- Research suggests providers do not understand how an ACO effects their practice
- Strategies
  - Participation in decision making
    - Committee involvement
    - Awareness of the model of care
    - Discuss possible alterations to organization design
  - Build on benefits
    - Quality Improvement
    - Cost improvements



## Physician Engagement

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- Communication
  - Incorporate into education
  - Develop underlying programs to support identified needs
    - Behavioral Health support
    - Population Based Pharmacy support
- Role of Compliance
  - Updates on regulatory changes
  - Access to government resources (CMS, OIG, etc.)
  - Newsletters, Onsite education, E-Mail
    - What is well established in the hospital may not be apparent in a physician office
  - Focus on collaboration and inclusion



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## Final Thoughts

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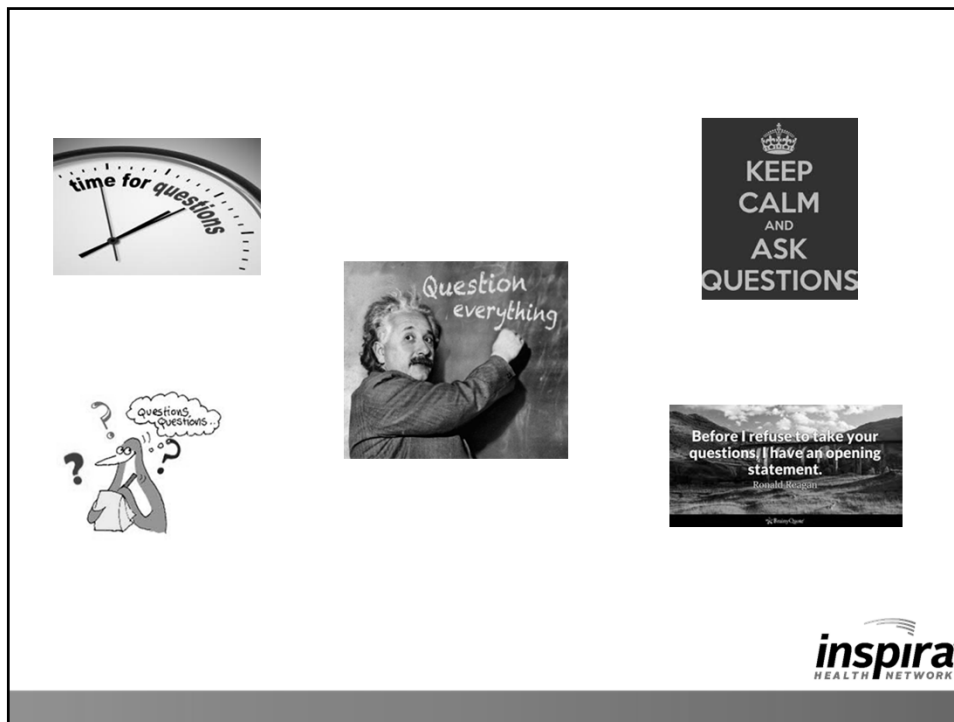
CMS got it right

Partner with the ACO Leaders

Education must fit the audience



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## Contact Information

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