INSPIRA HEALTH NETWORK

- **Physician Practice Compliance From A to ACO**

  - **Joe Piccolo**
  - **Karyn Holley**

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Introductions

- Karyn Holley
  - Director, Corporate Compliance

- Joe Piccolo
  - Vice President, Corporate Compliance

- Inspira

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Today's Discussion

- 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

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Building a Compliance Program

Building a Compliance Program

- 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

- 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

- 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

AIDERSTEON & DAVIDSON...

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Building a Compliance Program

- 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

WHAT AM I SUPPOSED TO DO?

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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

COMPLIANCE
RULES
REGULATIONS
GUIDELINES

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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

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Education

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Education

- 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

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Fraud -Waste- Abuse Continuum:

Fraud, Waste & Abuse Continuum

Fraud, waste and abuse exist on a continuum. This continuum helps illustrate the level of intent a provider has to deceive. Beginning on the left, is waste. Examples of waste include the unbundling of procedures or duplicate billings. In the middle of the continuum is abuse, which is identified with behaviors such as the upcoding of procedures and bill-splitting. Finally, there's fraud, which is an aberrant behavior aimed at deceiving claims payers.

Low	Waste	Abuse	Fraud	High
	Duplicates Unbundling	Upcoding Bill-Splitting	False Claims Identity Theft	
	Accidents	Entitlements	Detriments	

Intent to Deceive

Emphasize that one of the primary differences in the continuum is:
Intent vs. Knowledge

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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

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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

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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

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Physician Engagement

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Physician Engagement

- 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

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Physician Engagement

- 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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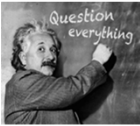
Final Thoughts

CMS got it right

Partner with the ACO Leaders

Education must fit the audience

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