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OIG Work Plan

Your Key to SNF Compliance

Lisa Thomson
Chief Marketing & Strategy Officer
Pathway Health

Cheryl Field
Chief Product Officer
Prime Care Technologies

Bill Briggs
VP Business Development
Prime Care Technologies

Our Partnership

Prime Care Tech

- **Hosting and Managed Services to:**
  - Elevate security
  - Expedite IT needs
- **Self-service applications to automate & oversee:**
  - claims processing, managed care, purchasing, staff & financial performance

Tech + Expertise to Manage Your Entire Post-Acute Operation

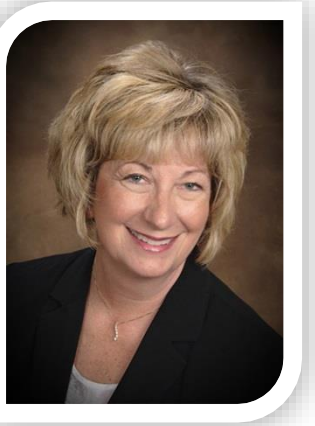
Pathway Health

- **Consulting**
  - Mentoring, training, consultation & management support
- **Interim Management**
  - Qualified professionals for urgent positions
- **Education**
  - Regulatory & clinical training

Introductions

Cheryl Field
Chief Product Officer
Prime Care Technologies

- 25 years experience in the post-acute care
- Certified Rehabilitation RN and expert in reimbursement, particularly Medicare
- Healthcare privacy advisor to PAC organizations
- Technical and strategic solution advisor to operations leaders



Lisa Thompson
Chief Marketing & Strategy Officer
Pathway Health

- 25 years experience in the post-acute and healthcare
- Regulatory, clinical and financial adviser to PAC organizations
- Strategic adviser on preferred provider networks and alternative payment models
- “Top Female Healthcare Executive”

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Poll #1

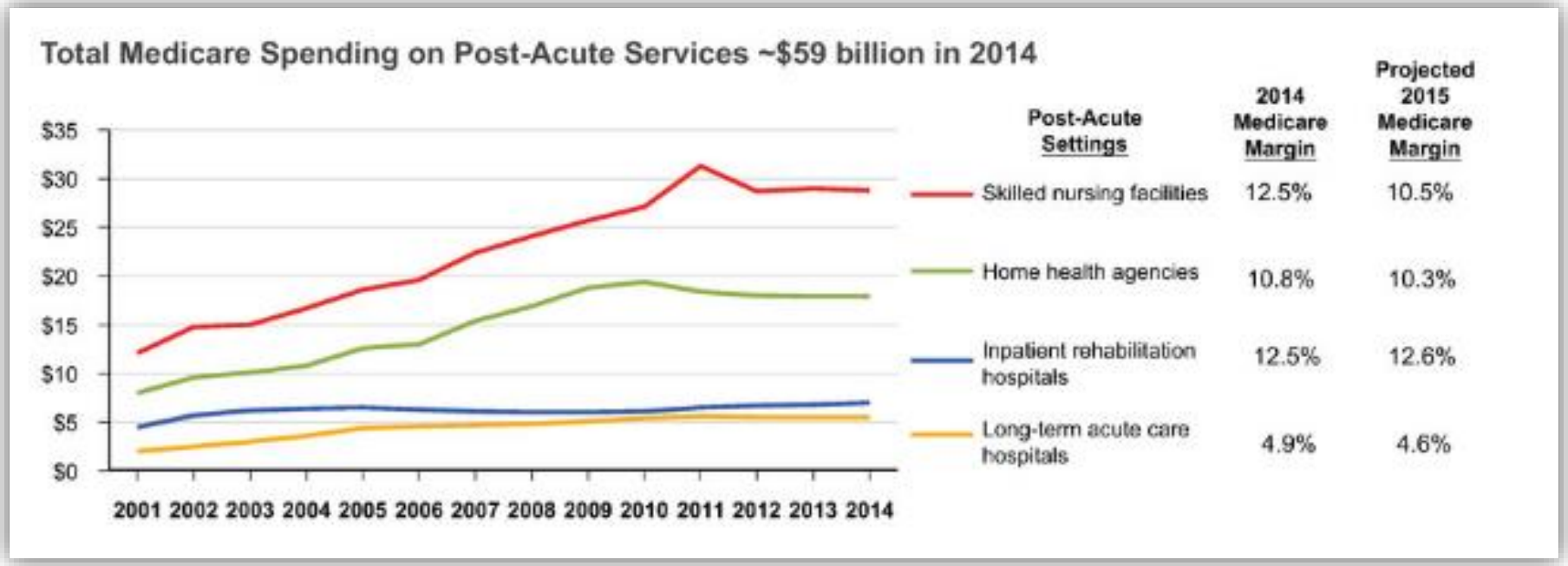
Do you feel your team is prepared to proactively drive compliance with your data?

Objectives

Health Care Environment

The “Not So Perfect” Storm

Driving Forces



Source: MedPAC Healthcare Spending and the Medicare Program, June 2015- page 114. MedPAC Payment Policy, March 2015 – pages 181,194, 202, 213, 227, 230, 239, 250, 254, 261, 275 and 277; MedPAC, Assessing Payment Adequacy and Updating Payments, December 2015

Driving Forces

- Escalating costs with PAC
- Lack of comparable data across PAC settings
- HHS desire to improve beneficiary outcomes, including coordination of care
- Goal to establish payment rates according to individual characteristics of the patients, not the care setting
- Goal to link organization quality, regulatory and compliance outcomes

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Legislative and National Initiatives

Quality Expectations

Compliance

Organization Data - Measurement

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Legislative and Reform

Driving change

Legislative: Quality Expectations

- Affordable Care Act
- IMPACT Act
- Protecting Access to Medicare Act (PAMA)
- SNF Value-Based Purchasing (SNFVBP)
- SNF Quality Reporting Program (QRP)
- Requirements of Participation
- National Quality Strategy
- CMS Quality Strategy

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Compliance

Quality Outcome Link

Requirements of Participation

Phase I, II, III

- Rewrite of Requirements of Participation (RoP)
- Rewrite of State Operations Manual (SOM)
- New survey process
- Language related to quality and outcomes
- Link to quality measurement
- Link to organization data
- Compliance Expectations

Requirements of Participation

Phase I, II, III

- Rewrite of RoP, SOM and Interpretive Guidance
- Language related to quality and outcomes
- Link to quality measurement
- Link to organization data
- Compliance expectations

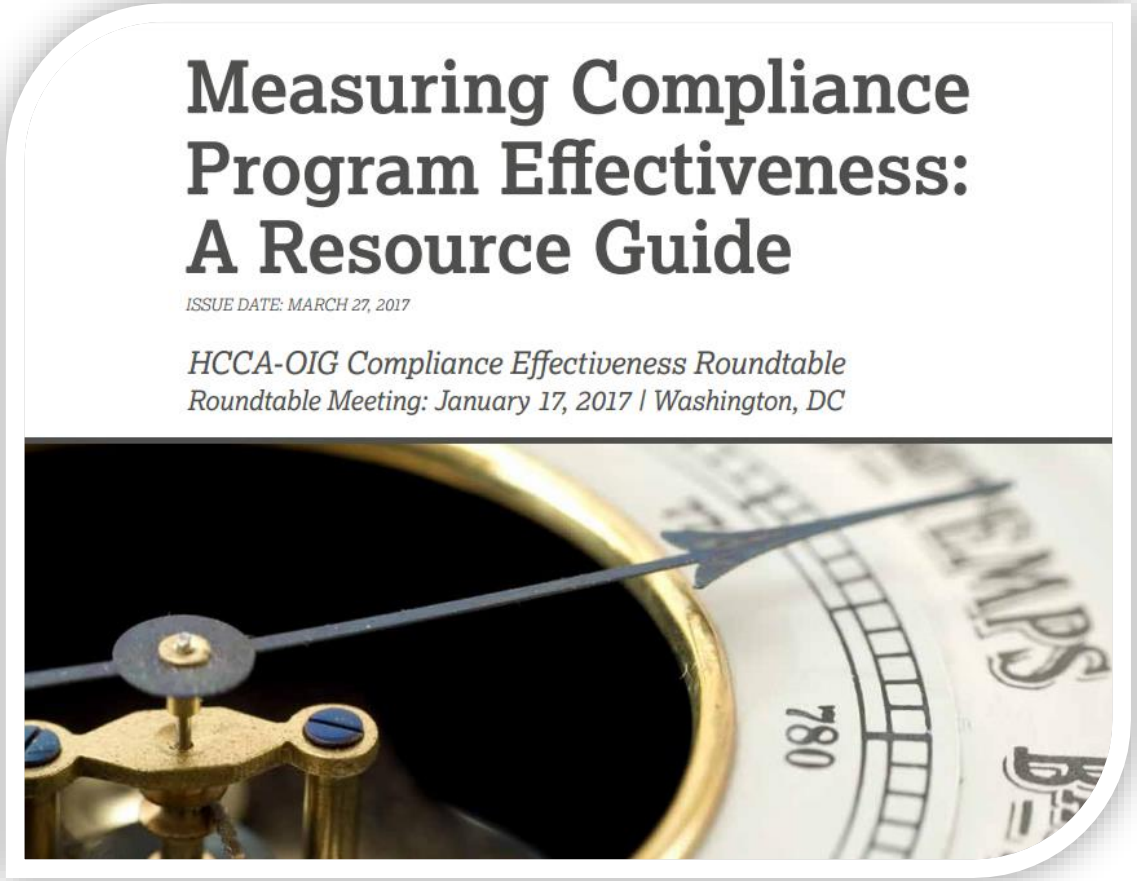
Requirements of Participation

Phase I, II, III

- Expanded Assessment
- Care Plan Expansion
- Transitions of Care
- Competencies and Skills
- Performance Improvement - QAPI
- Compliance and Ethics Program

Compliance and Ethics

Compliance and Ethics



- Compliance Program Elements
- Standards, Policies and Procedures
- Compliance Program Administration
- Screening and Evaluation of Employees
- Physicians, Vendors and other Agents
- Communication, Education and Training on Compliance Issues
- Monitoring, Auditing and Internal Reporting Systems
- Discipline for Non-Compliance Investigations and Remedial Measures

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Office of Inspector General (OIG)

External Oversight and Expectations

Compliance: A Regulatory Perspective

Effective
March 2013

- Affordable Care Act (ACA) requires all SNFs to have compliance program

Mandatory Compliance Program

- Reasonably designed, implemented, and enforced
- Prevents and detects criminal, civil, and administrative violations
- Promotes quality of care

ACA Compliance Program Requirements

Establish compliance standards and procedures for employees/agents to reduce violations

Assign compliance oversight to "high-level personnel with sufficient resources and authority"

Do not delegate "substantial discretionary authority" to those with "propensity to engage in criminal, civil or administrative violations."

ACA Compliance Program Requirements

Effectively communicate compliance program to employees and agents

Monitor to detect violations and establish risk-free way to report violations

Consistently enforce disciplinary action for offenses and failures to detect.

Take steps after offenses to prevent future and similar offenses

Reassess periodically to address changes in organization and facilities

Data and Technology: A Corporate Compliance Imperative

Why?

- Data in electronic health and billing records is under great scrutiny

How?

- Compliance programs must be resourced to ensure activities meet statutes, rules and regulations
- Financial services needs appropriate support to ensure claim submissions are accurate

And…

- Do you use data just as outside agencies do?

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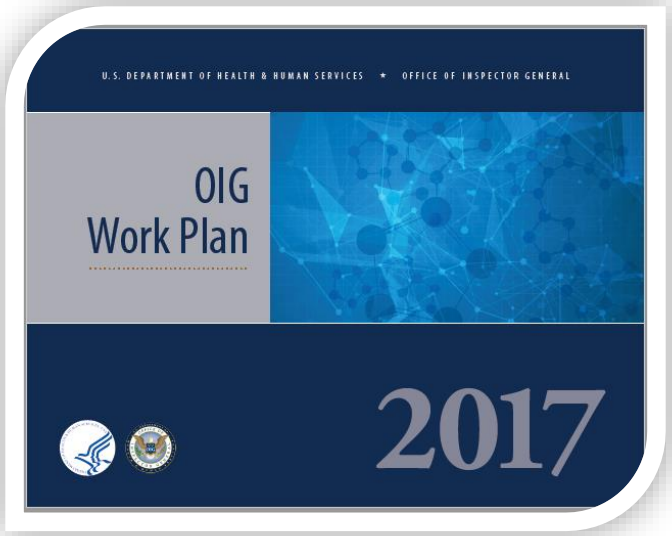
OIG Work Plan 2017

Linking Quality Outcomes to Compliance

OIG Workplan: What's New?



NEW

Skilled Nursing Facility Reimbursement

Some SNF patients require total assistance with their activities of daily living and have complex nursing and physical, speech, and occupational therapy needs. SNFs are required to periodically assess their patients using a tool called the Minimum Data Set that helps classify each patient into a resource utilization group for payment. Medicare payment for SNF services varies based on the activities of daily living score and the therapy minutes received by the beneficiary and reported on the Minimum Data Set. The more care and therapy the patient requires, the higher the Medicare payment. Previous OIG work found that SNFs are billing for higher levels of therapy than were provided or were reasonable or necessary. We will review the documentation at selected SNFs to determine if it meets the requirements for each particular resource utilization group.

OAS: W-00-16-35784 • Expected Issue Date: FY 2017

Nursing Homes

NEW

Nursing Home Complaint Investigation Data Brief

All nursing home complaints categorized as immediate jeopardy and actual harm must be investigated within a 2- and 10-day timeframe, respectively. A 2006 OIG report found that State agencies did not investigate some of the most serious complaints within these required timeframes. We will determine to what extent State agencies investigate the most serious nursing home complaints within the required timeframes. This work will provide an update from our previous review.

OEI: 01-16-00330 • Expected Issue Date: FY 2017

NEW

Skilled Nursing Facilities – Unreported Incidents of Potential Abuse and Neglect

SNFs are institutions that provide skilled nursing care, including rehabilitation and various medical and nursing procedures. Ongoing OIG reviews at other settings indicate the potential for unreported instances of abuse and neglect. We will assess the incidence of abuse and neglect of Medicare beneficiaries receiving treatment in SNFs and

OIG Workplan: What's New?

NEW

Skilled Nursing Facility Adverse Event Screening Tool

OIG developed the SNF adverse event trigger tool as part of its study, "Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries" (OEI-06-11-00370), released in February 2014. The tool was developed with assistance from clinicians at the Institute for Healthcare Improvement (IHI), which also published the tool for industry use. This product will describe the purpose, use, and benefits of the SNF adverse event trigger tool and the guidance document released by IHI, including the methodology for developing the instrument and the instrument's use in developing the February 2014 report findings. The product will also describe the contributions of OIG and IHI. The goal of this product is to disseminate practical information about the tool for use by those involved with the skilled nursing industry.

OEI: 06-16-00370 • Expected Issue Date: FY 2017

REVISED

National Background Checks for Long-Term-Care Employees — Mandatory Review

Skilled Nursing Facility Prospective Payment System Requirements

Potentially Avoidable Hospitalizations of Medicare- and Medicaid-Eligible Nursing Facility Residents

OIG Work Plan 2017 Summary

Status on completed or removed work

New or revised projects added since mid year plan

New for SNFs

- Nursing Home Complaint Investigation Data Brief
- Unreported Incidents of Abuse and Neglect
- Reimbursement
- Adverse Event Screening Tool
- Part B Services during Non-Part A Nursing Home Stays: Durable Medical Equipment

OIG Work Plan 2017: Billing Compliance

Data and use of technology can help

SNF reimbursement through Medicare

ADLs and therapy minutes drive RUG score for billing

"Reviews have revealed some SNFs billing or a higher level of therapy than appropriate"

- "We will review the documentation at selected SNFs to determine if it meets the requirements for each particular recourse utilization group"
- Your compliance efforts should include the same level of review – % RUA days, PEPPER report outliers
- Request more therapy documentation on new admits from the hospital to support need for skilled services beyond a diagnosis
- MDS section GG

Prevention of Fraud, Waste and Abuse

Medicare fraud and abuse increases strain on Medicare Trust Fund

Keys to Prevention

- Employee Education
  - MLN - Oct 2016
  - Fraud & Abuse Laws
- Program Integrity
- Provider Self-Disclosure Protocol

Medicare Fraud and Abuse Laws

Federal Laws Governing Medicare Fraud and Abuse

- False Claims Act (FCA)
- Anti-Kickback Statute (AKS)
- Physician Self-Referral Law (Stark Law)
- Social Security Act
- United States Criminal Code

CMS Role in Fraud and Abuse

Administers

- Medicare/Medicaid
- State Children's Health Insurance Program (SCHIP)
- Health Insurance Portability and Accountability Act (HIPAA)
- Clinical Laboratory Improvement Amendments (CLIA)

Works with others to prevent fraud and abuse

- Accreditation Organizations (AOs)
- Medicare beneficiaries and caregivers
- Physicians, suppliers and other health care providers
- State and Federal law enforcement agencies – OIG, FBI, DOJ, State Medicaid Agencies and Medicaid Fraud Control Units (MFCUs)

Medicare Fee-For-Service

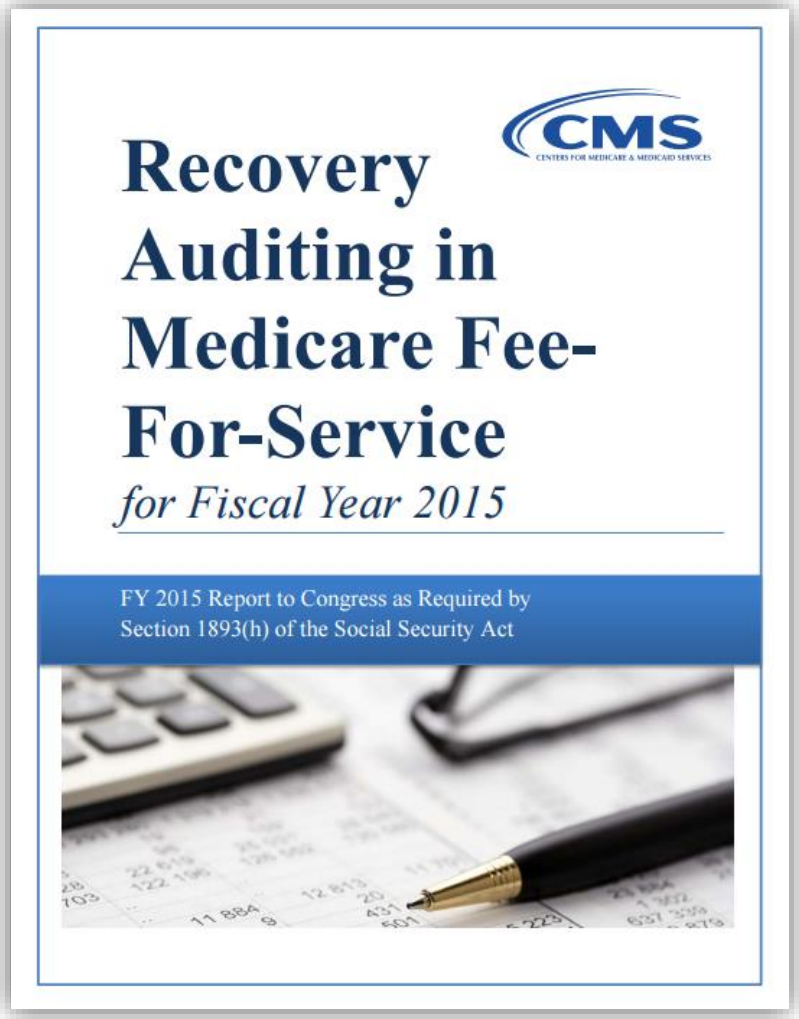


Table 1 ***CORRECTIONS BY RAC***

	Overpayments Collected		Underpayments Restored		Total Corrected	
RAC	No. of Claims	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected
Performant	243,601	$83,184,629.22	3,463	$7,790,523.29	247,064	$90,975,152.51
CGI	103,113	$40,412,726.44	3,703	$7,403,196.84	106,816	$47,815,923.28
Connolly	89,068	$140,023,016.08	16,642	$44,302,103.80	105,710	$184,325,119.88
HDI	150,998	$96,104,681.60	8,233	$21,456,085.09	159,231	$117,560,766.69
Unknown[14]	133	$3,958.23	12	$12,742.81	145	$16,701.04
Total	***586,913***	***$359,729,011.57***	***32,053***	***$80,964,651.83***	***618,966***	***$440,693,663.40***

Amount Returned to the Medicare Trust Funds (in Millions)

Over-payments Collected	-	Under-payments Restored	-	Amount Over-turned on Appeal	-	RAC Contingency Fees	-	CMS Administration Costs	=	Amount Returned to Medicare Trust Funds
$359.73		***$80.96***		***$41.03***		***$20.25***		***$75.62***		***$141.87***

Note: CMS administration costs include adjusting claims, processing appeals, supporting contractors, and CMS full time equivalents.

Medicare Shared Savings Program (MSSP)

Introduced Accountable Care Organziations (ACOs) and Goals

- Group accountability across providers
- Infrastructure investment
- Redesign of care processes
- High quality and efficiency

OIG Ensures Federal Requirements

- Ensures CMS shared savings payments are not duplicated in another program
- Identifies characteristics of ACOs with 3 yrs high quality and cost savings performance
- Reviews ACO use of EHRs to meet care coordination goal

Medicare Advantage (MA): Part C

Beneficiary/Heir Requirement

- Must unenroll beneficiary on 1st day of month after heir dies
- OIG determines if post-death payments meet Medicare requirement

Examination of Denied Care

- Concern over MA incenting providers to underserve
- Review of national trends and CMS oversight of MA
- 2013-15 investigation into MA denials/appeals/overturns
- OIG pressure may influence slightly longer LOS

Adjusted Payment Risks

- Diagnoses which capture acuity matter risk MA adjustments
- MA submission does not always match medical record
- Document condition changes using proper ICD-10 codes for MA providers

Supports LOS auth & billing accuracy too

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Poll #2

What data are you using to drive your compliance activities?

OIG Compliance Risk Areas: Non-MDS

Background Screening

- Not checking nurse aide registry, OIG exclusion list, crime convictions
- Failure to terminate employee or contract with individual or entity convicted of a crime

Hospital, Hospice, Physician & Vendor Relationships

- Offering services that may be more or less than fair market value

OIG Compliance Risk Areas: MDS-Related

Quality of Care	• Entire MDS process, physician services, inappropriate restraints, inadequate staffing, etc.
Resident Rights	• Access to care, abuse, restraints, HIPAA privacy rules, financial affairs
Billing	• Claims management, medical necessity rules, staff training for case-mix data, sufficient documentation, overutilization of Part A and Part B, false or fraudulent cost reports

Organizational Impact of EMR

Regulatory

Quality

Clinical

Billing

Financial

Consumer Awareness

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Legislative and National Initiatives

Quality Expectations

Compliance

Organization Data - Measurement

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The Link

Data = Quality

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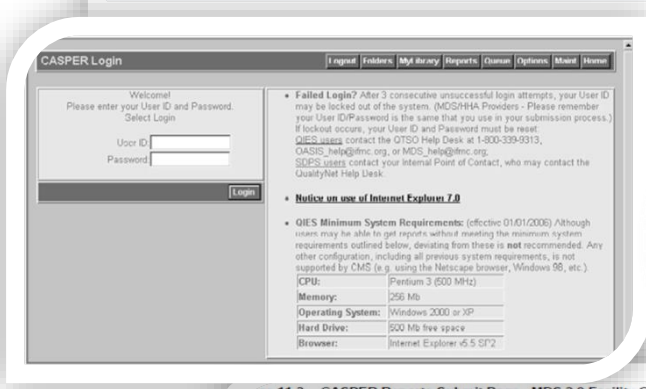
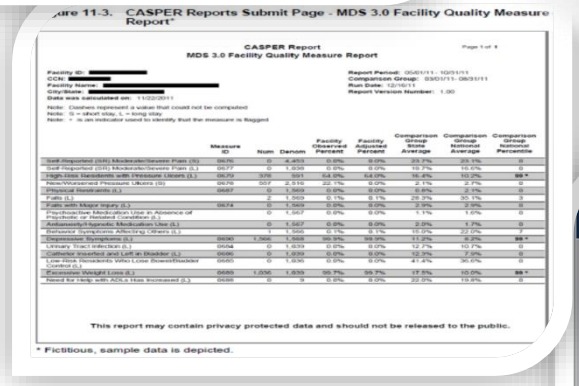
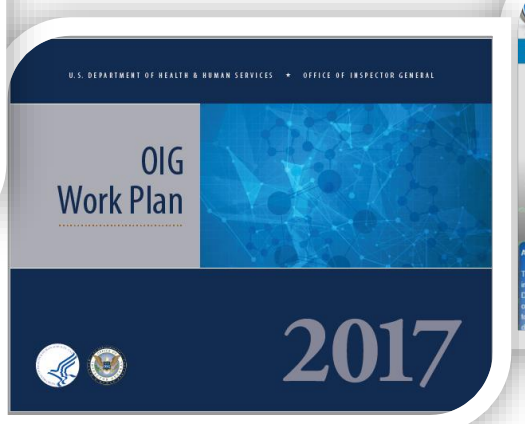
New World of Health Care

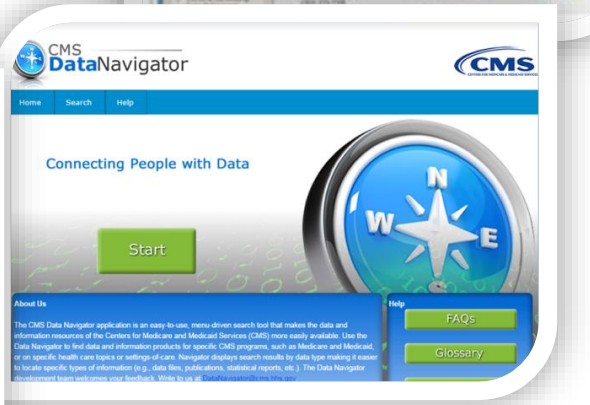
Data.CMS.gov

PEPPER

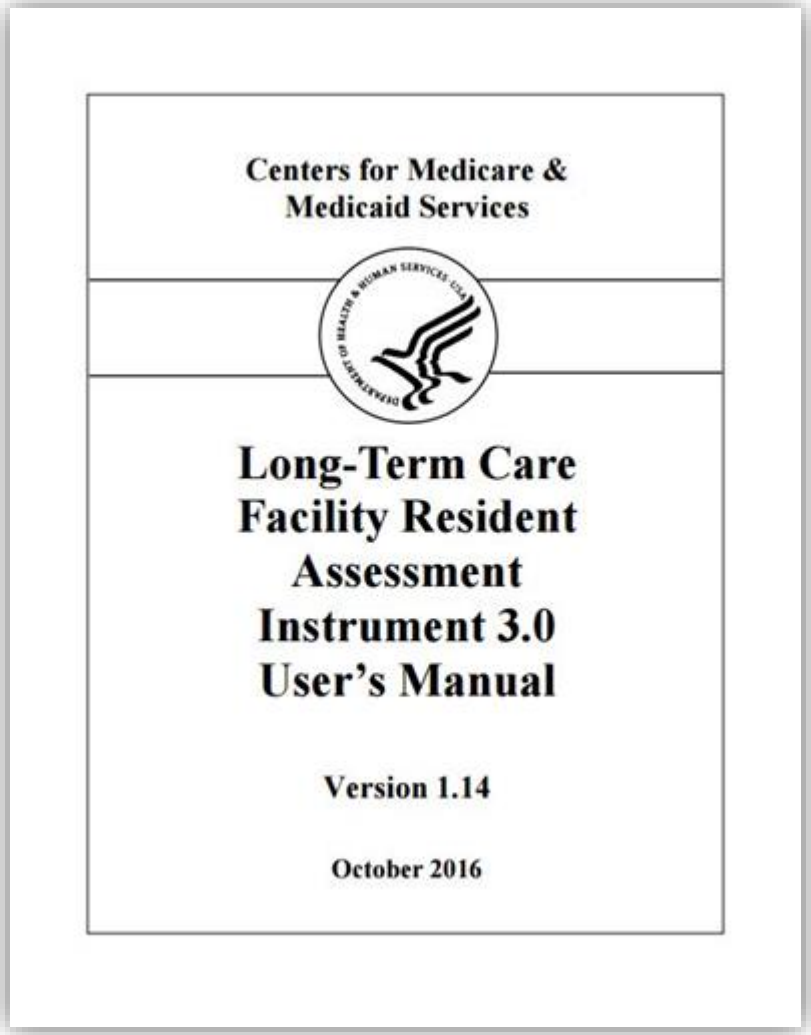


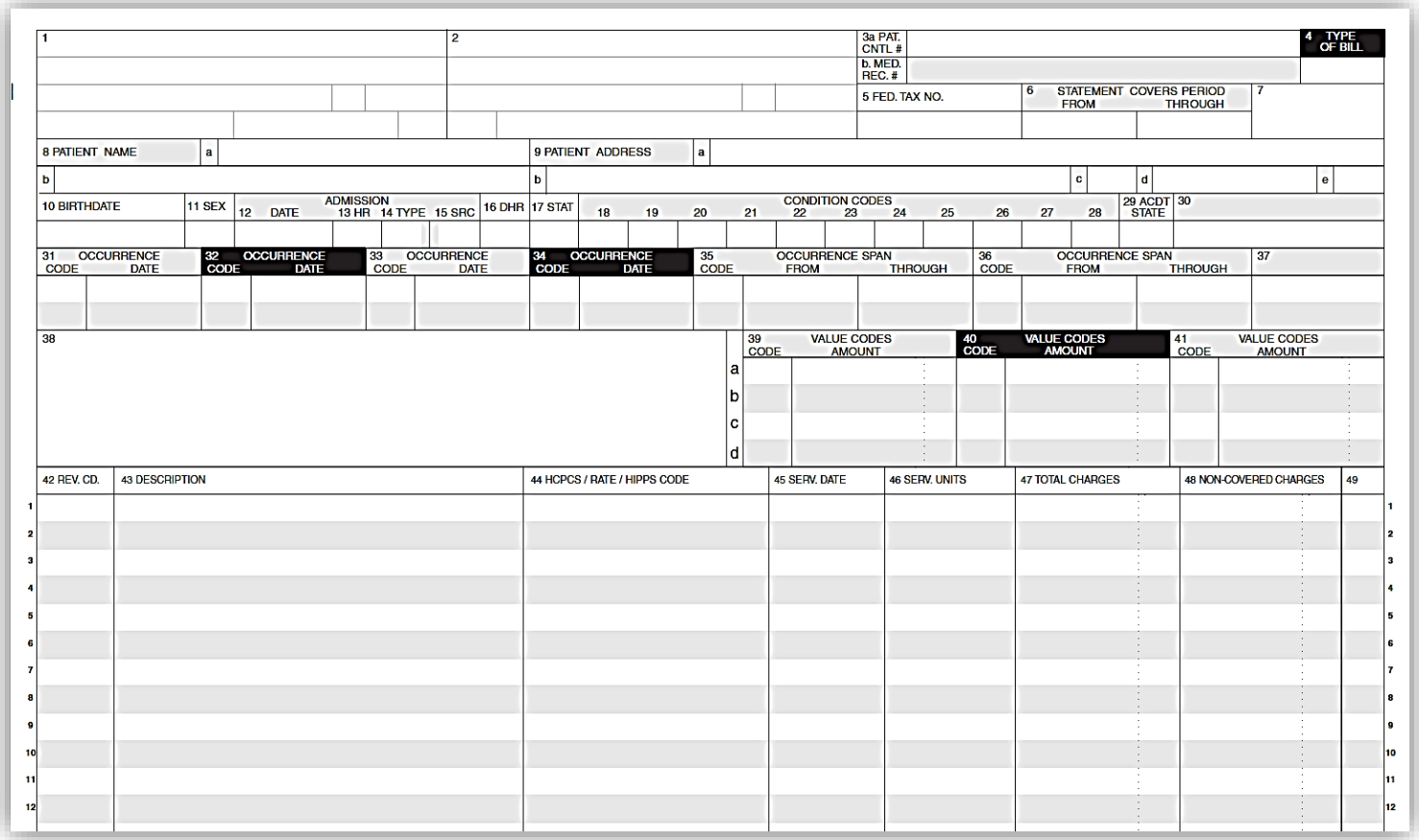




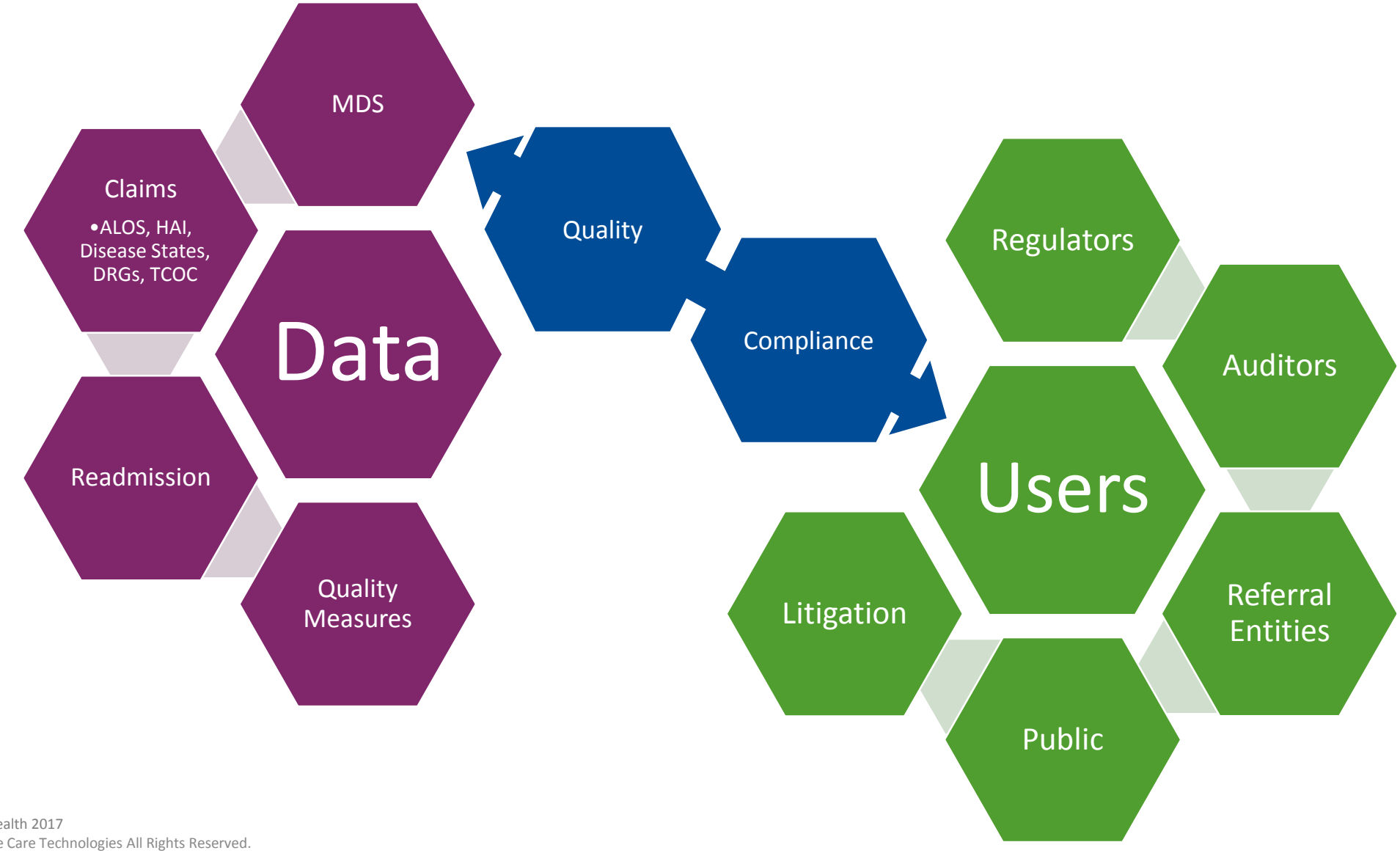


CELEBRATING 20 YEARS OF EXCELLENCE
20
PATHWAY HEALTH





Organization Data Impact



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Poll #3

What is your top concern related to compliance?

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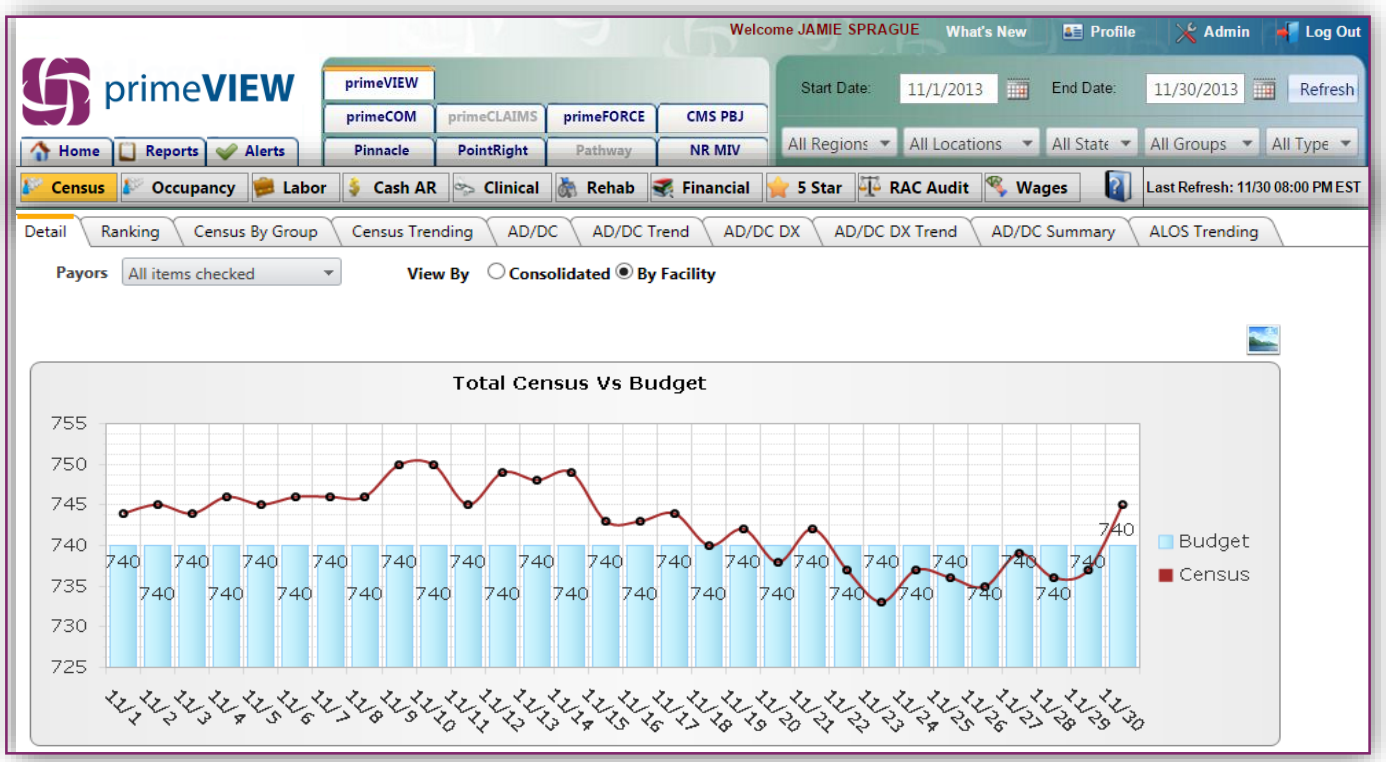
Leadership Strategies

Next Steps

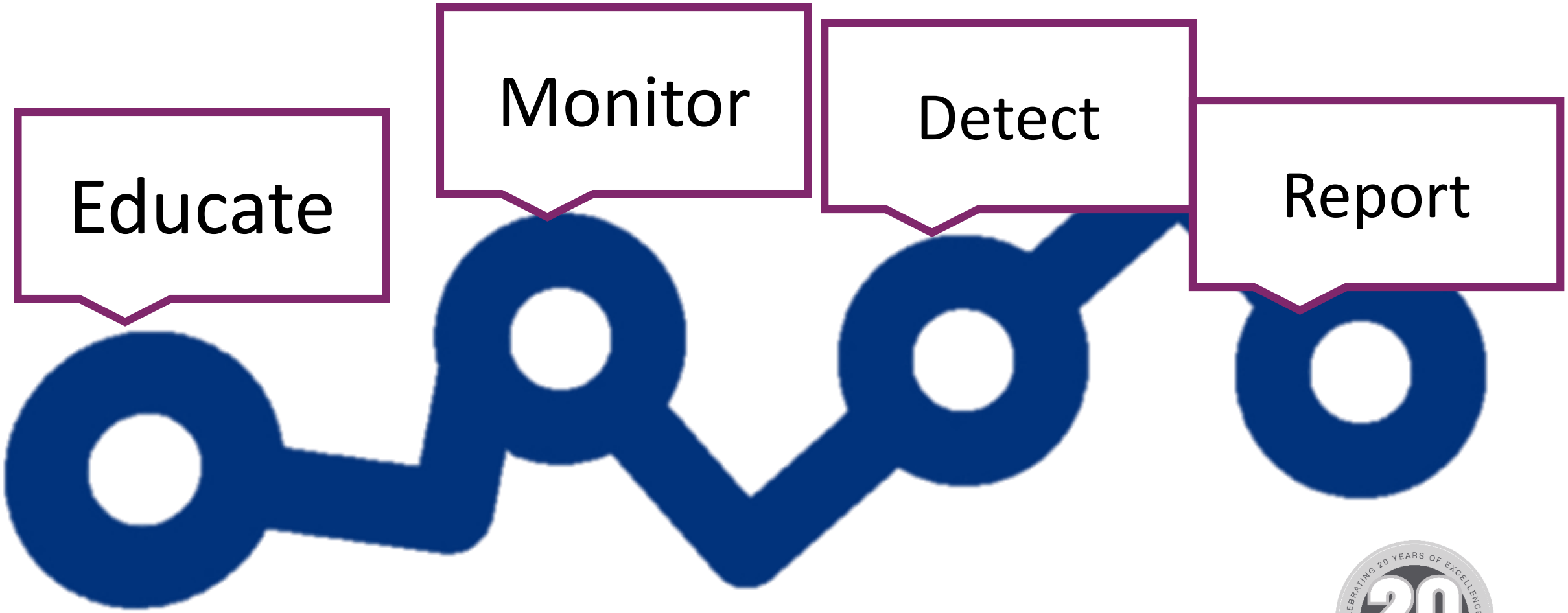
Making Data Meaningful



- Get the right data – real time and retrospective data
- Invest in data strategy and literacy
- Establish baseline or point of comparison
- Benchmark QAPI performance indicators to monitor care processes and outcomes.

Objective data – NUMBERS! – provide concrete evidence of improvement, decline or maintenance across your organization's goals!

Providers Role



A Path to Success

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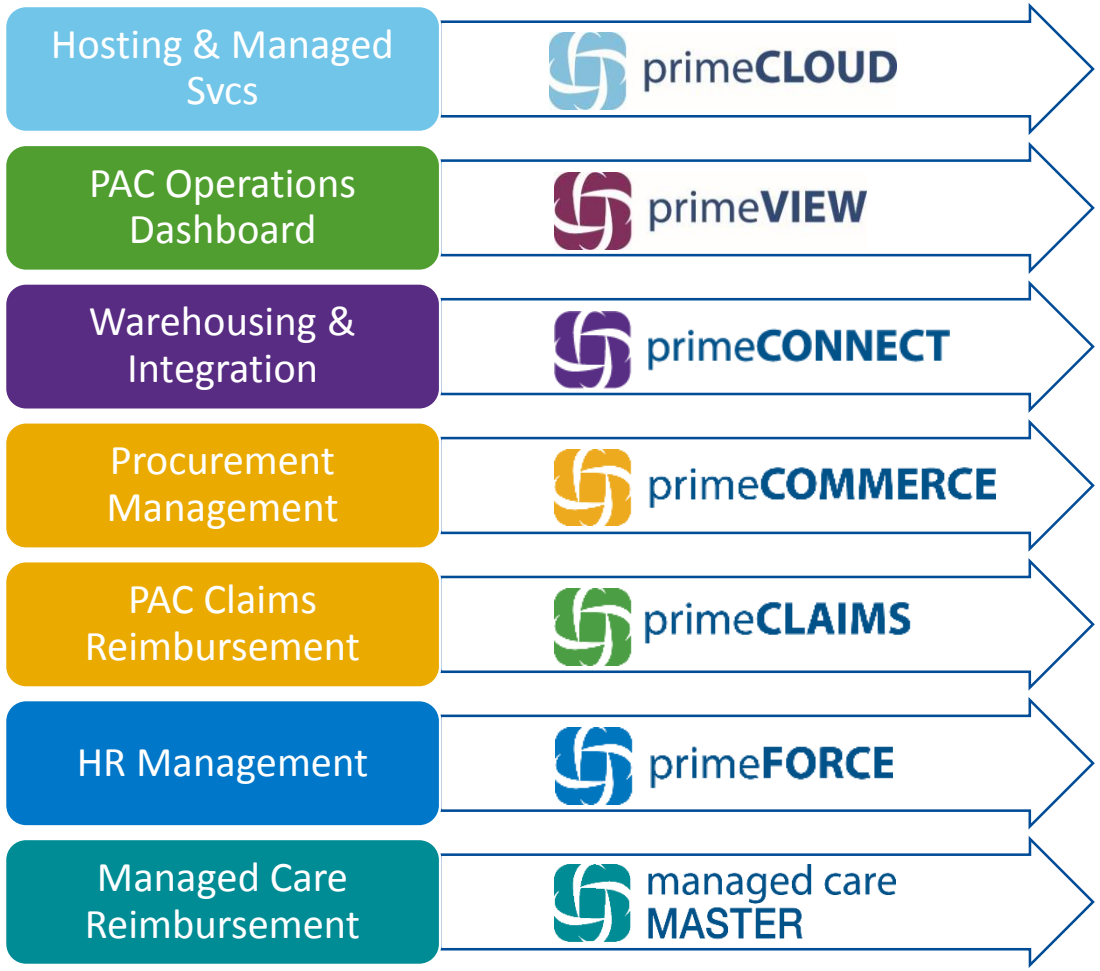
Questions

Use your GoToWebinar control panel to chat us!

Leading Post-Acute Care Technologies



Thanks for attending.

Expect replay/presentation via email

Visit www.primecaretech.com to view our 2-minute demo video

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