

UNIVERSITY OF KENTUCKY BOARD OF TRUSTEES


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AN EQUAL OPPORTUNITY UNIVERSITY

CORPORATE COMPLIANCE UPDATE


The Seven Fundamental Elements of an Effective Compliance Program

 PROVIDER COMPLIANCE TRAINING
TAKE THE INITIATIVE.
Cultivate a Culture of Compliance With Health Care Laws

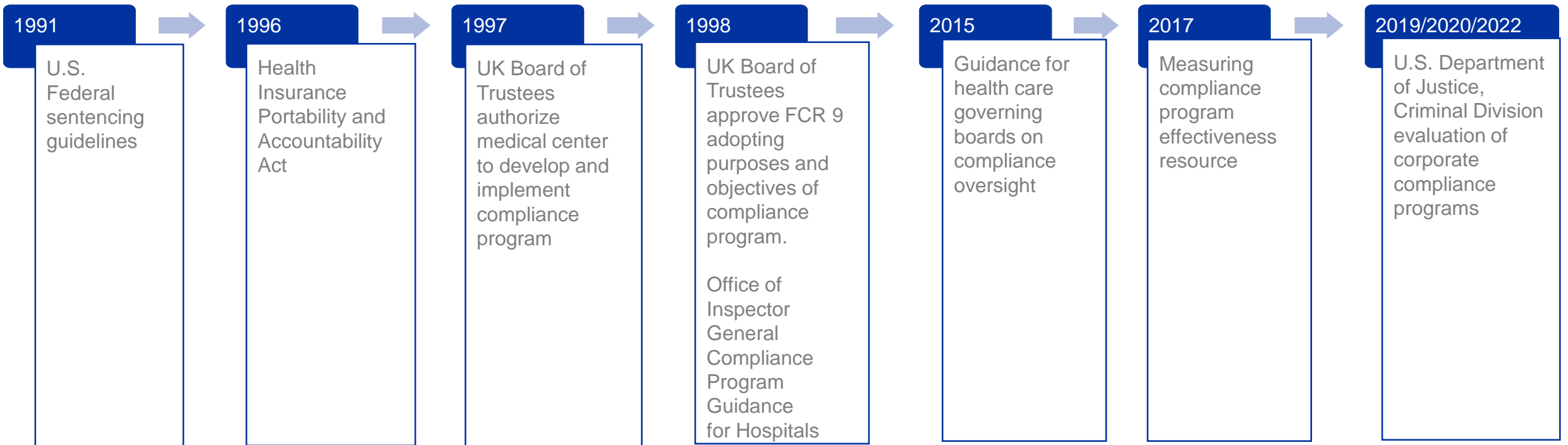
HEALTH CARE COMPLIANCE PROGRAM TIPS

The Seven Fundamental Elements of an Effective Compliance Program

1. Implementing written policies, procedures and standards of conduct.
2. Designating a compliance officer and compliance committee.
3. Conducting effective training and education.
4. Developing effective lines of communication.
5. Conducting internal monitoring and auditing.
6. Enforcing standards through well-publicized disciplinary guidelines.
7. Responding promptly to detected offenses and undertaking corrective action.

 HEALTH CARE FRAUD PREVENTION AND ENFORCEMENT ACTION TEAM (HEAT)
OFFICE OF INSPECTOR GENERAL (OIG)

Timeline



Purpose

- Promote a culture of ethics and compliance that is central to all of UK HealthCare's operations and activities;
- Understand the nature of the risks and potential risks of UK HealthCare's operations and activities; and
- Manage risks that may lead to financial, legal and/or reputational loss.

OFFICE OF CORPORATE COMPLIANCE

Program Overview - Areas of Focus

Privacy

- Health Insurance Portability and Accountability Act (HIPAA)
- Business Associate Agreements
- Treatment, Payment, Operations
- Patient Access to Records
- Amendment of Records
- Accounting of Disclosures
- Disposal of Paper
- Federal HIPAA Breach Notification
- Kentucky Breach Notification (HB 5)
- Breach Analysis
- Law Enforcement Requests for Patient Information
- Patient Privacy Rights

Compliance

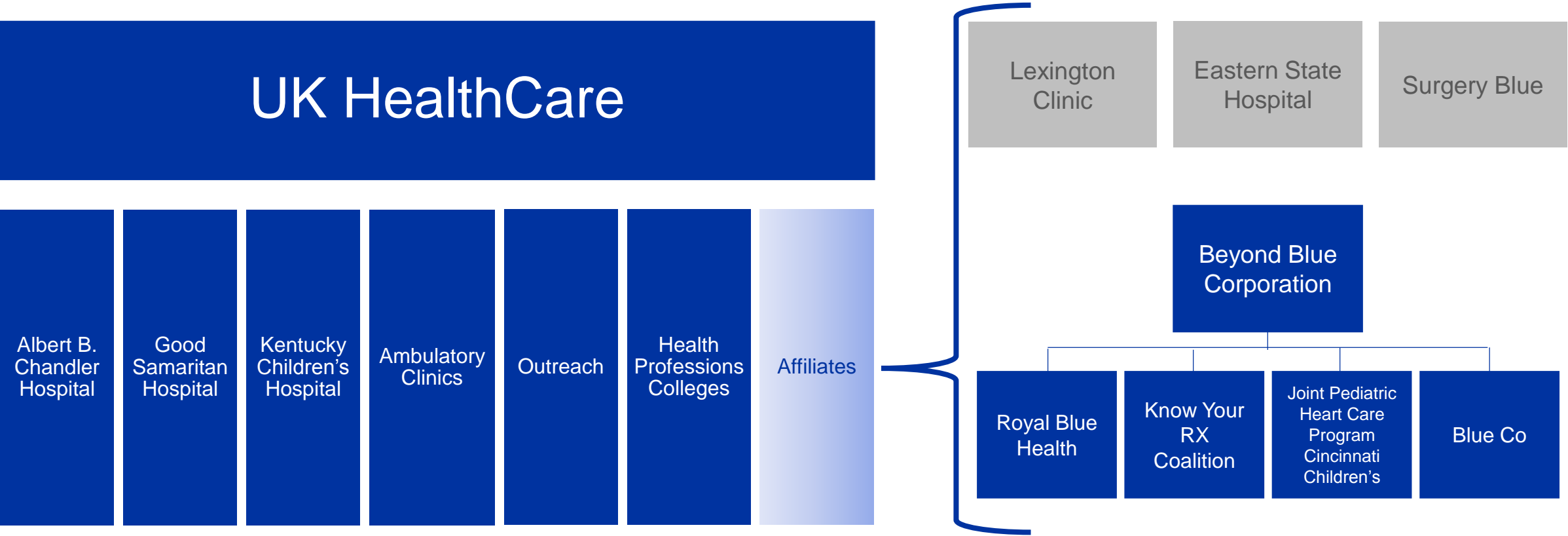
- Fraud, Waste, and Abuse
- Controlled Substances Act
- Stark Law
- Contractual Arrangements
- 340B Discount Drug Pricing Program
- Telehealth
- Medical Device Management
- Emergency Medical Treatment and Labor Act (EMTALA)
- Gifting
- Anti-Kickback Statute
- Kentucky All Schedule Prescription Electronic Reporting System (KASPER)
- First Tier, Downstream, and Related Entity (FDR) Compliance
- Conflict of Interest
- False Claims Act
- Provider-Based Requirements
- OIG Work Plan

Audit

- Billing Guidance
- Documentation Guidelines
- Government and Commercial Payer Audits
- Post-Payment Review
- Physician and Coder Education
- Overpayments
- Professional Fee Claims
- Procedure (CPT) Codes
- Modifier Usage
- General Billing Requirements
- Payer Rules and Regulations
- Underpayments
- Code Assignments
- Teaching Physician Rules
- Due Diligence Claims Audits

OFFICE OF CORPORATE COMPLIANCE

Program Overview – UK Health Care Delivery and Clinical Enterprise



KEY:
Blue – activity and reporting
Grey – activity, no reporting
White – no activity or reporting

OFFICE OF CORPORATE COMPLIANCE

Compliance Risk Assessment Process

TRACKING

Ongoing evaluation of relevant regulatory impacts from external factors and internal data.

SURVEY

Survey operational partners to gather insight on regulatory risks.

IDENTIFICATION

Risks determined, documented, and assigned ranking based on potential impact (reputation, financial, legal) and likelihood of occurrence; document mitigation due to current controls.



MONITORING

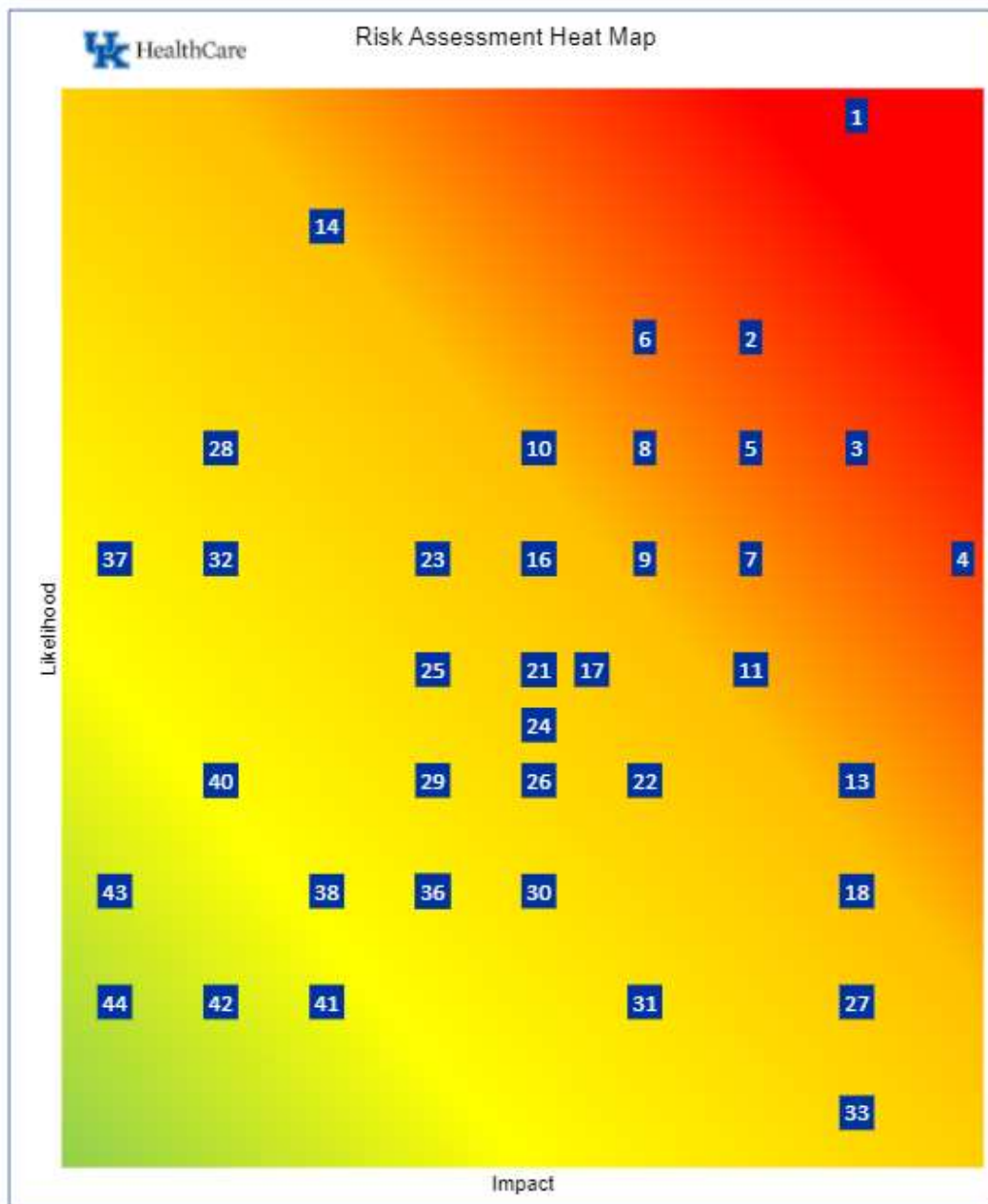
Routine and ongoing review and/or audits to analyze impact of controls against regulatory risks.

PLANNING

Collaboration with key stakeholders to develop and implement work plan.

OFFICE OF CORPORATE COMPLIANCE

Compliance Risk Assessment Process



Rank	Risk
1	Individual Right to Access of Records
2	Controlled Substance Diversion
3	Partnerships/New Business
4	Business Associates/ Contract Management
5	Uses / Disclosures for Research
6	Clinical Research Billing
7	340B Program & Diversion
8	Surprise Billing & Pricing Transparency
9	Confidential Communications to Patients
10	Time and Effort Reporting on Grants
11	Employees' Use of Social Media
12	CARES Act
13	Research Misconduct
14	Employees' (or External Party) Appropriate Access to PHI / Health Records
15	Controlled Substance Prescribing
16	EMTALA
17	Government Audits
18	Directed Payments
19	Changing Regulations; Removal of COVID-19 Waivers
20	Telehealth Billing
21	DRG Validation
22	Durable Medical Equipment
23	FDA Regulated Research
24	Provider Evaluation and Management (E/M) Direct to Bill
25	Vendor Compliance
26	Coding and Billing
27	Breach Notification Letters
28	Research Data Security
29	Code of Conduct; Conflicts of Interest
30	UKSP Supervision & Billing
31	Sanctions Screening
32	Provider Integration
33	Lost / Stolen Devices
34	Lab Billing
35	Provider-Based Clinics
36	Worker's Compensation
37	Covered Entity Assessment / Determination
38	Behavioral Health & Opioid Use Disorder
39	Proper Billing for Teaching Physicians
40	Notice of Privacy Practices
41	Human Subject Protection
42	Good Clinical Practices in Clinical Research
43	Stark Non-Monetary
44	Outreach; Contracts

OFFICE OF CORPORATE COMPLIANCE

Fiscal Year 2022 Activity Report

		Q1 FY 2022	Q2 FY 2022	Q3 FY 2022	Q4 FY 2022	FY 2022 TOTAL
1. Written Policies, Procedures, and Standards of Conduct	Compliance-related policies reviewed/revised	14	18	24	22	78
	Enterprise policies reviewed/revised	28	49	53	49	179
2. Oversight: Designating a Compliance Committee and Chief Compliance Officer	Compliance report provided to UK Board of Trustees Health Care Committee/chair	1/1	1/2	0/1	0/2**	2/6
	Compliance Committee meeting participation	77%	78%	80%	80%	79%
3. Training and Education	UK Board of Trustees/executive compliance training	2/2	n/a	n/a	n/a	2/2
	New provider orientation on compliance (including billing compliance) and privacy	160	79	42	34	315
	New employee orientation on compliance and privacy	586	365	474	499	1,924
	All other training on compliance and privacy	382	288	466	548	1,684
4. Effective Lines of Communication	UK HealthCare Comply-Line reports received	54	41	34	37	166
	Compliance inquiries received	132	149	212	215	708
	Privacy inquiries received	219	240	298	292	1,049
	Office of Civil Rights formal inquiry	0	0	0	1	1
	Compliance exit interviews conducted (<i>leadership level</i>)	0	0	2	1	3
5. Risk-Based Monitoring and Auditing	EMTALA report investigations	8	8	2	5	23
	Pharmacy modifiers audited	55	48	66	57	226
	340B contract pharmacy contract scripts rejected	13	15	12	40	80
	340B UK HealthCare pharmacy diversion monitoring (<i>retail & hospital prescriptions</i>)	1,083	1,140	1,159	1,206	4,588
	340B provider eligibility: <i>Variances corrected by UK HealthCare</i>	27	6	2	6	41
	Office of Inspector General sanction screening verification tier 1 (<i>individuals reviewed</i>)	181	246	265	276	968
	Contracts reviewed	32	12	20	14	78
	STARK Law non-monetary monitoring (<i>recipients</i>)	6	13	25	5	49
	Conflict of interest completion (<i>full-time faculty and advanced practice providers; March launch</i>)	99.08%	99.46%	80.4%	96.74%	96.74%
	Conflict of interest completion (<i>portion of UKHC staff; November launch</i>)	95.6%	86.12%	89%	93.75%	93.75%
	Health Information Management (HIM) quality review	203	511	495	513	1,722
	Compliance documentation and coding reviews and audits (<i>encounters</i>)	264	171	821	285	1,541
	Relevant OIG Work Plan items announced	2	2	1	4	In Progress
6. Enforcing Standards through Disciplinary Guidelines	Privacy incidents reported to Office of Civil Rights as breaches	4	2	6	6	18
	Affected individuals in breaches	4	2	11	6	23
7. Organizational Response and Corrective Action	Incidents with corrective action	10	7	10	22	49
	Corrective action resulting in termination	0	-	1	0	1

** Meeting with CCO deferred

Privacy Activity Highlights

Enforcement Actions

- U.S. Health and Human Services Office of Civil Rights (OCR) issues 42 total enforcement actions upholding patients' rights under Health Information Portability and Accountability Act (HIPAA)

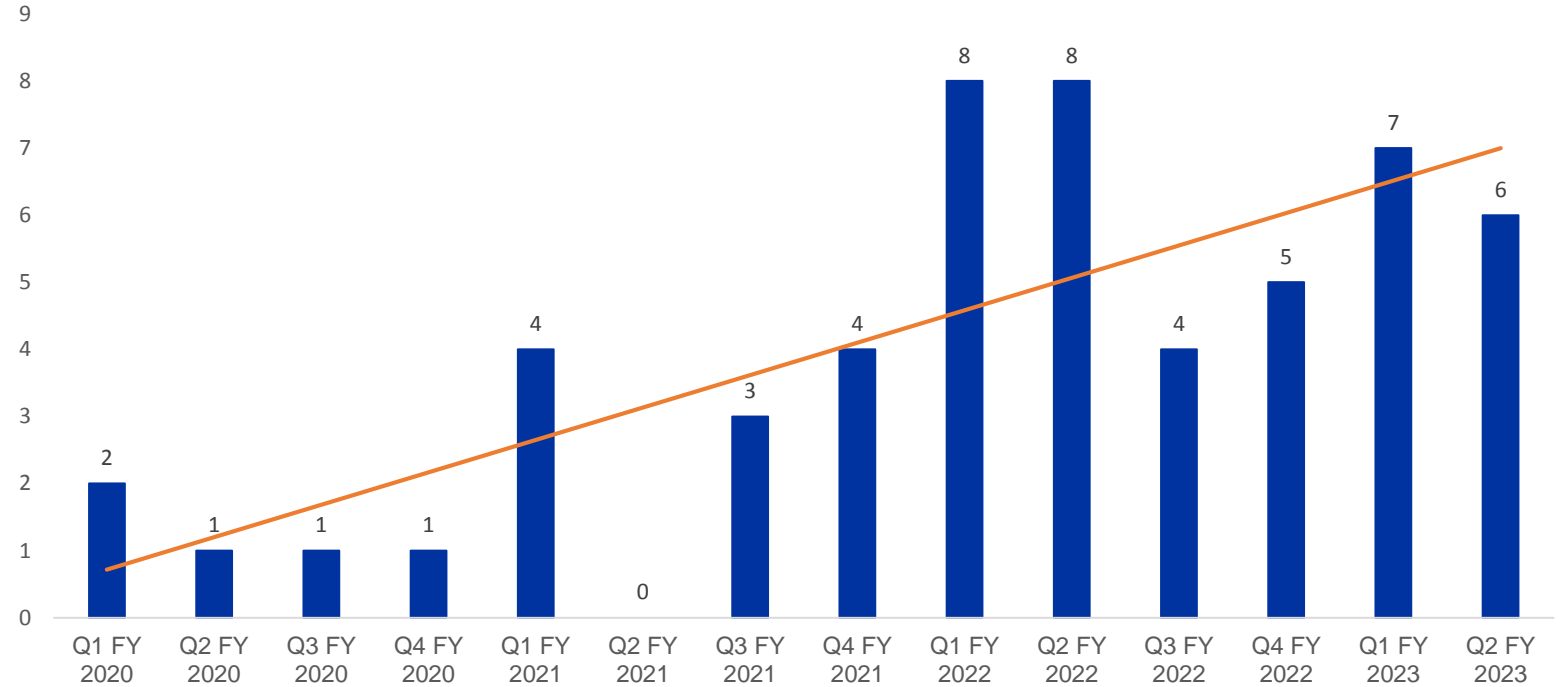
OCR Right of Access Settlements



Compliance Activity Highlights

- **Emergency Medical Treatment and Labor Act (EMTALA)**
- **Controlled Substances:** Increased diversion monitoring and security
- **Provider-based clinic conversions:** Compliance analysis of regulatory impacts

EMTALA Reports
Fiscal Year 2020 - Fiscal Year 2023 (QTD)



Audit Activity Highlights

Research billing audit

- Required CMS approval was not received until after the study enrolled/treated patients
- Refunded \$82,702.65

Technical coding audit

- 205 inpatient and 100 outpatient encounters audited
- 97.56% accuracy indicates UKHC has appropriate controls in place to support compliant billing

Provider direct to bill

- UKHC initiative to utilize 3M computer-assisted coding to bypass abstraction by coders
- OCC audited providers identified as eligible for direct billing to assess accuracy and risk

Regulations/Guidance Updates

KEY:
● Compliant
● In Progress
● Non-compliant

Status	●	●	●	●	●	●
Guidance	CMS COVID-19 Vaccination Rule Centers for Medicare & Medicaid Services (CMS); Interim Final Rule - Omnibus COVID-19 Health Care Staff Vaccination	No Surprise Billing Interim Final Rule - Surprise Billing Requirements, Part I and Part II (related to Title I of the No Surprises Act)	Promoting Competition Presidential Executive Order on Promoting Competition in the American Economy	OSHA COVID-19 ETS Occupational Safety and Health Administration (OSHA) COVID-19 Emergency Temporary Standard (ETS)	CARES Act The Coronavirus Aid, Relief, and Economic Security Act (CARES Act)	Price Transparency Final Rule on Hospital Price Transparency
Published	November 5, 2021	Part I: July 13, 2021 Part II: October 7, 2021	July 9, 2021	June 21, 2021	March 27, 2020 (June 30, 2021 updated reporting requirements)	November 27, 2019
Effective	November 5, 2021	Part I: September 13, 2021 Part II: October 7, 2021	July 9, 2021	June 21, 2021	March 27, 2020	January 1, 2021
Applicable	Phase I: December 6, 2021 Phase II: January 4, 2022	Part I: January 1, 2022 Part II: January 1, 2022			Reporting: July 1, 2021	Amendments: January 1, 2022

KEY:
 ● Compliant
 ● In Progress
 ● Non-compliant

Recent Regulations/Guidance for Awareness

Status	●	●	Monitoring	Monitoring	Monitoring
Guidance	Information Blocking The 21st Century CURES Act, Final Rule; Updates to exchange of Electronic Health Information (EHI)	No Surprise Billing Final Rule - Surprise Billing Requirements, Part II: Good Faith Estimates (related to the No Surprises Act)	COVID-19 Public Health Emergency U.S. Health and Human Services Secretary extends the federally declared COVID-19 public health emergency (PHE)	340B Payment Policy CMS 2023 Outpatient Prospective Payment System (OPPS) Final Rule	Anti-Discrimination in Health Care Affordable Care Act (ACA), Section 1557, Proposed Rule
Published	May 1, 2020	Part II: October 7, 2021; Final Rule: August 26, 2022	October 13, 2022	November 3, 2022	July 25, 2022; Medicare Part B: August 4, 2022
Effective	April 5, 2021; Updates: October 6, 2022	Part II: January 1, 2022 Final Rule: October 25, 2022	October 13, 2022	January 1, 2023	Not yet final

QUESTIONS

