

# Welcome!

## Compliance Assessment Training with Highmark Wholecare

**The program will begin at noon.**

You will hear silence until we begin.

Please take this opportunity to check your connections.



*The Q&A box is available to type  
any questions or issues.*



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# Provider Compliance Assessment Training

July 11, 2024

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# Learning Objectives

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1. Identify the purpose and value of the Compliance Plan
2. Outline how the Compliance Plan is a provider requirement
3. Demonstrate how to properly complete the Compliance Assessment

This information is issued on behalf of Highmark Wholecare, coverage by Gateway Health Plan, which is an independent licensee of the Blue Cross Blue Shield Association. Highmark Wholecare serves a Medicaid plan to Blue Shield members in 13 counties in central Pennsylvania, as well as, to Blue Cross Blue Shield members in 14 counties in western Pennsylvania. Highmark Wholecare serves Medicare Dual Special Needs plans (D-SNP) to Blue Shield members in 17 counties in northeastern Pennsylvania, 13 counties in central Pennsylvania, 5 counties in southeastern Pennsylvania and to Blue Cross Blue Shield members in 27 counties in western Pennsylvania.

# Disclaimer

*The information provided in this presentation outlines the requirements for claims billing audits completed by Highmark Wholecare's Financial Investigations and Provider Review ("FIPR") Team.*

*Providers may also be required to complete other audits by Highmark Wholecare or State and Federal oversight agencies as a requirement of their participation in Federal and State healthcare programs.*

*Please consult your provider manual and the appropriate Federal and State regulatory agency websites for further information.*

# Today's Speakers

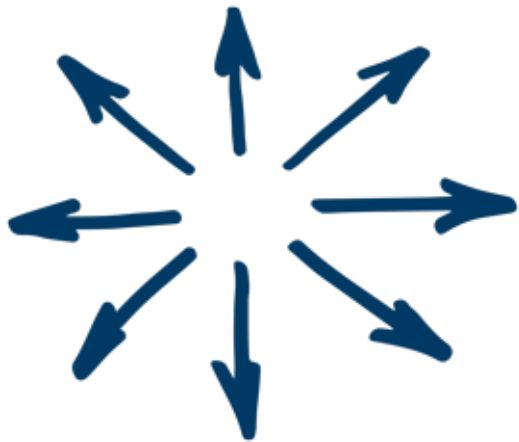
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**Highmark Wholecare**

**Financial Investigations Provider Review (“FIPR”)**

**Special Investigations Unit (“SIU”)**



**Jennifer Putt, CFE, *Manager***

**Lauren Gravatte, *Senior Investigator***

**Heather Hoyle, *Associate Investigator***



# Agenda



- ❖ Compliance Plan: Purpose and Value
- ❖ Compliance Plan: Provider Requirement
- ❖ How To: Completing the Compliance Assessment





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# Compliance Plan: Purpose and Value

Requirements

Expectations

Value

Disciplinary  
Actions



# Compliance Plan Requirements

- The Affordable Care Act (“ACA”) requires physicians and other healthcare providers treating Medicare and Medicaid patients to have an active compliance program.
- The Health Insurance Portability and Accountability Act (“HIPAA”) requires covered entities to have privacy and security requirements in place to safeguard Protected Health Information (“PHI”).
- The Pennsylvania Department of Health and Human Services, Bureau of Program Integrity (“DHS-BPI”), strongly encourages the adoption of a compliance plan to prevent and detect violations of laws and/or regulations.
  - A compliance plan:
    - Should include periodic self-audits of billings
    - May be pre-conditioned to continue participation in MA

***See below for further information:***

- <https://oig.hhs.gov/compliance/physician-education/compliance-programs-for-physicians/>
- <https://www.hhs.gov/hipaa/for-professionals/index.html>
- <https://www.dhs.pa.gov/about/Fraud-And-Abuse/Pages/Health-Care-Compliance-Plans.aspx>



# Compliance Plan Requirements

The Highmark Wholecare Provider [Medicare](#) and [Medicaid](#) Manuals reference the establishment of a Provider Compliance Program.

As a participating practitioner with us, the contract that is signed requires compliance with our policies and procedures for the detection and prevention of FWA. Such compliance may include, but not limited to:

- referral of information regarding suspected or confirmed FWA to us;
- submission of statistical and narrative reports regarding FWA activities;
- submission of medical record requests for pre-payment and post-payment review;
- participation in interviews and audits; and
- completion of provider compliance assessment.

Highmark Wholecare contracts require compliance with policies and procedures.



# Compliance Plan Value

**Failure to comply with federal and state requirements can result in sanctions. These can include, but are not limited to,:**

- Loss of license
- Financial penalties
- Legal consequences
- Security breaches
- Damaged reputation
- Business disruptions



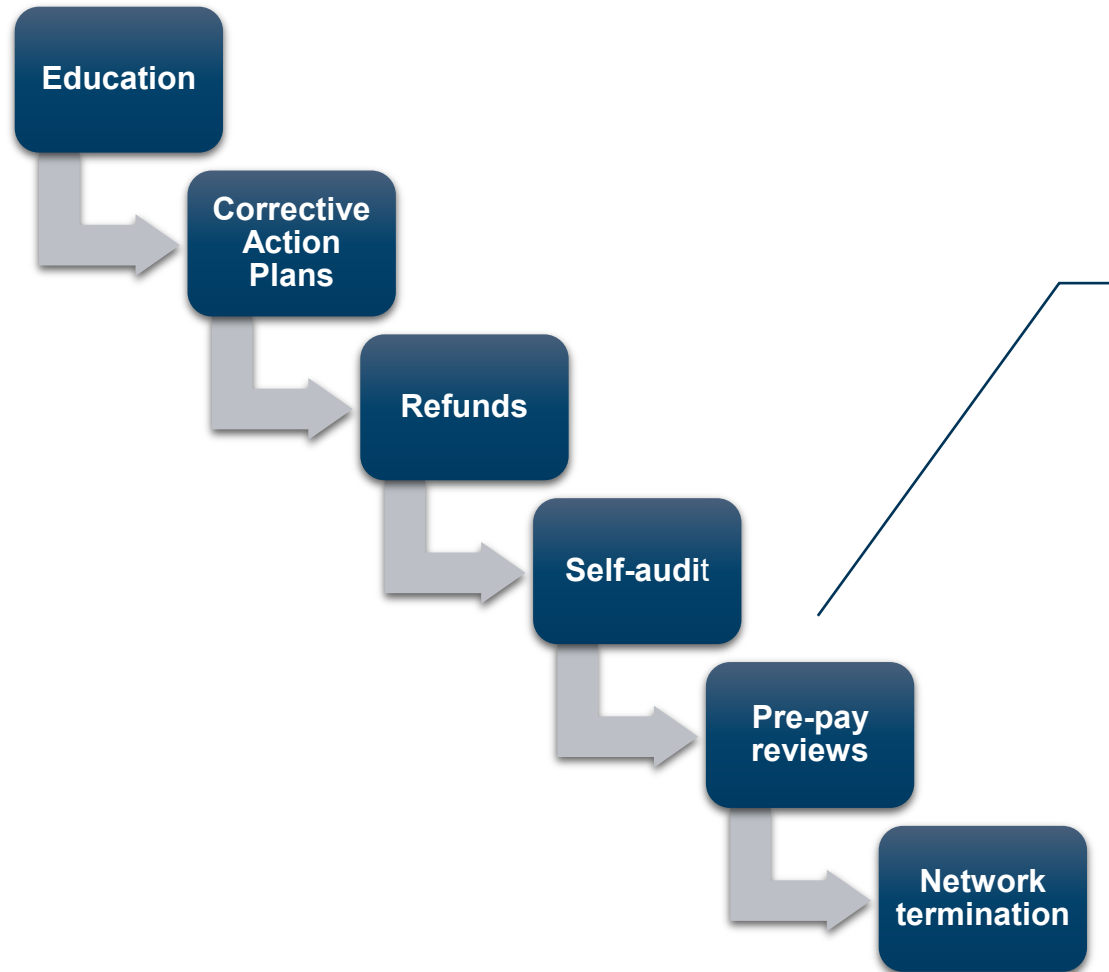
HHS Office for Civil Rights reported that fines can be up to \$1.5M per incident. \$28M in fines were assessed in 2018.

**A good compliance plan can:**

- Reduce risk
- Build trust
- Increase recognition for doing things the right way
- Control unnecessary costs
- Proactively address concerns



# Disciplinary Actions



Failure to comply with Highmark  
Wholecare policies may result in  
disciplinary actions.

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# Compliance Plan: Provider Requirement

Definition

Elements

Regulations

Effectiveness

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# Provider Compliance Plan

Providers are required to establish a **compliance program** that prevents and detects Fraud, Waste and Abuse (“FWA”) as a condition of enrollment in the Medicare and Medicaid programs.

- All providers are required to have a compliance plan, no matter the size of your practice.

## OIG Recommendations for Effective Compliance Program

1

Conduct internal monitoring and auditing

2

Implement compliance and practice standards

3

Designate a Compliance Officer

4

Conduct appropriate training and education

5

Respond to detected offenses and develop corrective actions

6

Develop open lines of communication with employees

7

Enforce disciplinary standards through well-publicized guidelines

8

Compliance programs **MUST** be effective

# (1) Conduct Internal Monitoring and Auditing



**Conduct periodic reviews of policies, procedures and controls**



**Integrate mission, vision, values and ethical principles within a Code of Conduct**



**Maintain compliance plan and program**



**Assure that a non-retribution/non-retaliation policy exists**



**Verify maintenance of:**

- A conflict-of-interest policy
- Appropriate confidentiality and privacy policies
- Policies and procedures to address regulatory requirements

## **Resources:**

- [Microsoft Word - HCCA OIG Resource Guide \(002\) \(hhs.gov\)](#)
- [OIG Compliance Program for Individual and Small Group Physician Practices \(hhs.gov\)](#)
- [United States Sentencing Commission \(ussc.gov\)](#)
- [Provider Compliance | CMS](#)

## (2) Implement Compliance and Standards



- Report compliance program activity to the governance board/committee
- Coordinate organizational efforts to maintain a compliance program
- Collaborate with other organizational areas to institute best compliance program
- Evaluate the effectiveness of the compliance program on a periodic basis
- Verify that the governing board understands its responsibility as it relates to the culture of compliance and the compliance program/compliance operations
- Develop an annual compliance work plan

### Resources:

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- [United States Sentencing Commission \(ussc.gov\)](#)
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# (3) Screening and Evaluation of Employees, Physicians, Vendors and other Agents

- Confirm that a process is in place to identify and disclose conflicts of interest
- Verify background/sanction checks are conducted in accordance with applicable rules and laws (e.g., employment, credentialing)
- Monitor government sanction lists for excluded individuals/entities
- Assure corrective action is taken based on background/sanction check findings

## Resources:

- [Microsoft Word - HCCA OIG Resource Guide \(002\) \(hhs.gov\)](#)
- [OIG Compliance Program for Individual and Small Group Physician Practices \(hhs.gov\)](#)
- [United States Sentencing Commission \(ussc.gov\)](#)
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## (4) Communication, Education and Training on Compliance



- Distribute regulatory guidance material as appropriate
- Assure compliance training occurs and staff are trained on compliance policies
  - Track completion of compliance training
- Promote a culture of compliance throughout the organization
- Provide HR and management with training to recognize compliance risk with employee misconduct

### Resources:

- [Microsoft Word - HCCA OIG Resource Guide \(002\) \(hhs.gov\)](#)
- [OIG Compliance Program for Individual and Small Group Physician Practices \(hhs.gov\)](#)
- [United States Sentencing Commission \(ussc.gov\)](#)
- [Provider Compliance | CMS](#)

# (5) Monitoring, Auditing and Internal Reporting Systems

- Protect and promote anonymity and confidentiality within legal and practical limits
- Publicize the compliance reporting system to all workforce members, vendors and agents
- Conduct organizational risk assessments and create work plans based on the risk assessment outcomes
- Respond timely to report compliance and fraud, waste and abuse concerns
- Develop an annual audit work plan
- Evaluate results of external audits and make necessary changes to operations (as applicable)
- Monitor that retaliation for reporting compliance concerns has not occurred

## Resources:

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# (6) Discipline for Non-Compliance



- Recommend disciplinary action when non-compliance is substantiated
  - Promote discipline proportionate to violation
  - Discipline should be consistent throughout the organization and consistent with policies and procedures
- Recommend action for individuals and entities that have been excluded from government programs
- Coordinate with management that timely disciplinary action is taken

## Resources:

- [Microsoft Word - HCCA OIG Resource Guide \(002\) \(hhs.gov\)](#)
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- [United States Sentencing Commission \(ussc.gov\)](#)
- [Provider Compliance | CMS](#)



# (7) Investigations and Remedial Issues

- Assure development of corrective action plans (“CAPs”) in response to non-compliance
  - Monitor the effectiveness of the CAP
  - Recommend modifications to the CAP if necessary
- Assure records for compliance investigations are maintained
- Recognize the need for a subject matter expert when necessary
- Institute remediation measures as necessary to mitigate harm



## Resources:

- [Microsoft Word - HCCA OIG Resource Guide \(002\) \(hhs.gov\)](#)
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- [United States Sentencing Commission \(ussc.gov\)](#)
- [Provider Compliance | CMS](#)

## (8) Compliance Programs Must Be Effective

Must include measures that prevent, detect and correct non-compliance



Establish and implement effective lines of communication



Ensure confidentiality



Enforcement standards when noncompliance or unethical behavior is determined

# Regulatory Requirements

42 CFR

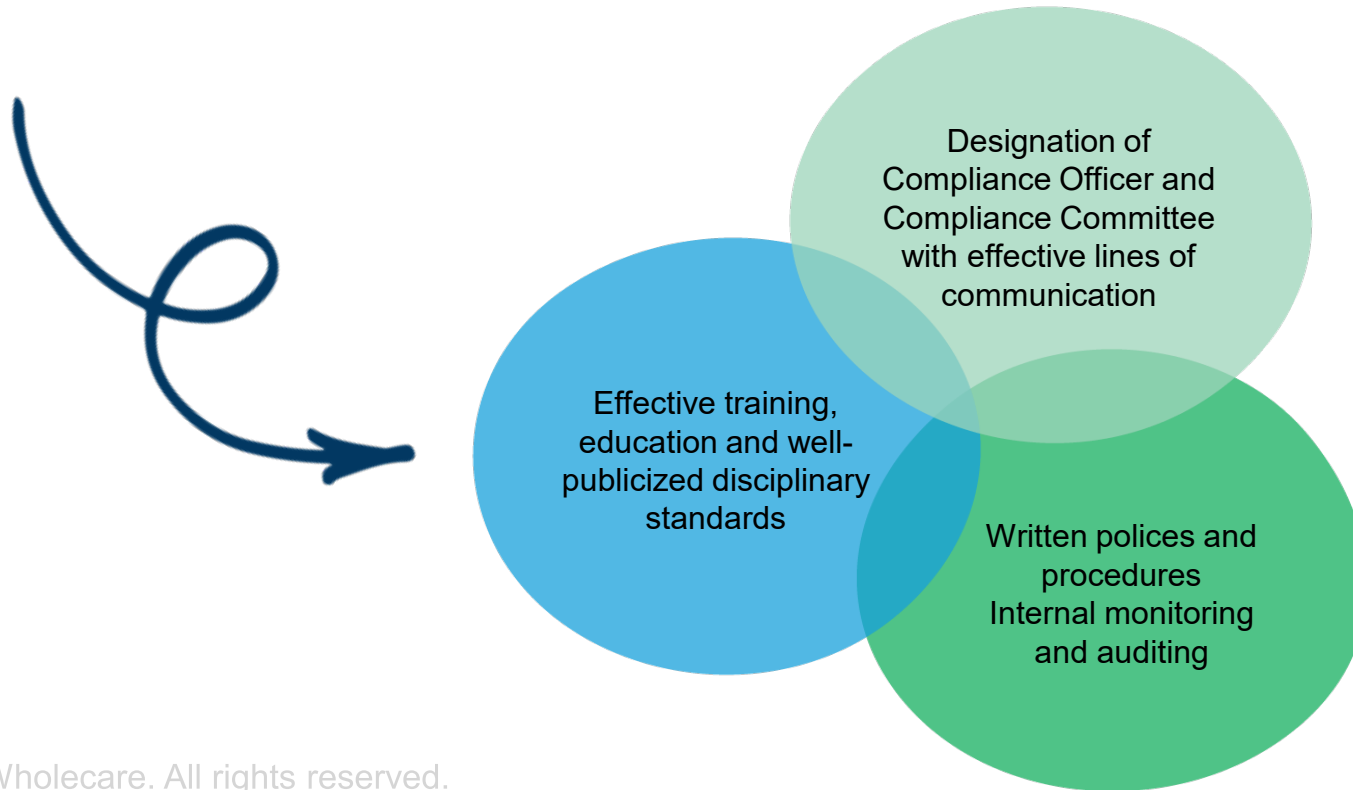
Centers for  
Medicare  
and Medicaid

Office of  
Inspector  
General

PA Code

Provider  
Manuals

Provider  
Contracts





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# How To: Completing the Compliance Assessment

Assessment  
Process

Document  
review

Proper  
Completion

Supplemental  
Documentation

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# Provider Compliance Assessment Process

As part of Highmark Wholecare's annual audit process, we will request that a provider complete the Provider Compliance Assessment and provide supplemental documentation as evidence of the existence and operation of a provider's compliance program.

The Provider Compliance Assessment is based on the eight elements of an Effective Compliance Program as published under the United States Federal Sentencing Guidelines



## Stages of the Provider Compliance Assessment:

1. Provider Compliance Assessment and Attestation are issued to the provider for review and completion. Providers are allotted **30 days** to review and complete this request.
2. Supplemental documentation must be submitted with the completed Assessment as evidence of the existence of policies, training, screenings, etc. as outlined on the *Provider Question* tab of the Assessment spreadsheet.
3. Once the Assessment is submitted with supplemental documentation, an investigator will review the Assessment and documentation for completion and follow up with the provider with any subsequent requests for additional information.

## Compliance Assessment:

*Used to assess and document the current state of compliance oversight, management and related to risks in a given compliance area*

# Provider Compliance Assessment

Provider Compliance Checklist	Description	Do you have a policy Relating to Item? Yes/No
If applicable, do you have any contract agreement that associates you with Highmark Wholecare? Does this contract contain a fee schedule? If so, please provide the contract and fee scheduling.		
In order to review compliance with the requirements of 42 CFR 438.610(a)(b), what licenses, credentials, or certifications do you require staff to acquire? How do you handle the renewal process and monitoring of these credentials? If you have an organization chart, please provide it.		
Does your facility/office utilize EMR or paper charts? If paper charts are utilized, please provide a list of all staff members who were providing services and signing progress notes during the audited time period. This list should include the staff member's name, licensing, credentials and signature. If an EMR System is utilized, Highmark Wholecare will identify 10 members from the medical records provided to review this standard.		
How do you ensure your new hires have the proper credentials and are not on any sanctioned list? What sanction lists do you review, and how often do you review them? Do you have a policy that outlines this?		
Where are medical records stored? How are records accessed by approved personnel and kept secure? Does an external vendor maintain your medical records? If so, how do you monitor this vendor to make sure they are approving Highmark Wholecare's medical record requests at no cost and in a timely manner?		
Who manages documentation at your facility/office to ensure correct coding? Does an external vendor maintain this documentation? If so, how do you oversee and monitor vendor activity?		
Do you utilize an external vendor to assist with billing Highmark Wholecare for services? How do you oversee and monitor vendor activity? Who manages these tasks?		
What is the process for scheduling client appointments with providers, both clinical and non-clinical? How are the appointments documented? Do you have standard sign-in and sign-out procedure? Please provide the policy outlining these standards.		
How and when is a patient's identification and eligibility verified? Please provide a copy of this policy.		
Describe your facility/office's process from the point when services are provided to the point when billing is submitted Highmark Wholecare. How are medical record documents reviewed and approved for the file? Are case notes signed/initialed by the reviewer, and if so, when? Do you have a policy outlining the process a claim takes and who manages each particular procedure?		
How does your clinic prepare case notes (i.e. generated manually or electronically by clinician, transcribed notes, signatures/initials on case notes)? Do the case notes maintain the date and time that services are provided to patients?		
Does your facility/office utilize quality assurance to monitor processes regarding case records and billing? If so, describe how this is conducted and how often and provide a copy of the policy outlining this.		
Explain the process for assessing and collecting client co-payments. Is documentation maintained to verify such processes are taking place? Please provide any policy documentation outlining this process.		
Do you have an effective fraud, waste, and abuse prevention and detection program? Do you utilize effective means of prevention and detection to eliminate Fraud, Waste and Abuse? Please provide a copy of your Fraud plan/policy outlining this program.		
Do you have written Policies and Procedures for your Compliance Program? Please provide a copy of these documents.		
Do you have a process to report all identified fraud, waste, and abuse issues to the appropriate contracted state and/or federal agency? Do you have a process to report to Highmark when an employee has lost their credentials?		
Are providers, both clinical and non-clinical, receiving annual Fraud, Waste and Abuse training and education? Do they receive clinical training, such as on what Covered Services they can bill? Who is the representative in charge of communicating training opportunities to providers? How is this documented? Please provide a copy of your policy and/or training tracker.		

# What Are We Looking For?

## Completion of the Provider Compliance Assessment

- The form should be completed by office personnel that have been designated as having compliance oversight and/or responsibility for the day-to-day operations of the provider's compliance program.
  - Review and complete the Provider Questions tab of the spreadsheet. Questions should be completed and provide specific citations to the supplemental documentation that is being provided to support the specific compliance function and/or task that is being requested.
  - Review and provide attestation on the *Attestation* tab of the spreadsheet. This document should be signed by the individual who is responding to the request for information on behalf of the provider.

## Supplemental Documentation that Supports the Existence and Operation of an Effective Compliance Program

- Examples may include:
  - Policies and Procedures
  - Evidence of Compliance Training
  - Evidence that Sanction and Exclusion screenings have been conducted
  - Evidence of Delegation Oversight
- Documentation that is provided should include:
  - Document Name
  - Page Number
  - Section/paragraph of the text that supports your response





# Resources

## [Medicaid Resource Center](#)

- PA Medicaid Guidelines
- Forms and Reference Materials
- Provider Updates
- Provider Manual

## [Medicare Resource Center](#)

- Medicare Guidelines
- Forms and Reference Materials
- Provider Updates
- Provider Manual

## [Highmark Wholecare Fraud and Abuse Website](#)

### [Office of Inspector General – Consumer Fraud](#)

### [Healthcare Fraud and Scams](#)

### [Pennsylvania Department of Human Services Website](#)

### [MA Program Payment Policies](#)

### [Provider Responsibilities](#)

### [CMS Fraud and Abuse Website](#)

### [42 CFR](#)





# Thank You!

Questions? Email us at  
[SSIU@highmarkwholecare.com](mailto:SSIU@highmarkwholecare.com)

