



OFFICE OF HEALTHCARE COMPLIANCE
FY18 WORK PLAN

**VUMC OFFICE OF HEALTHCARE COMPLIANCE
FY18 WORK PLAN**

TABLE OF CONTENTS

ABOUT THE VUMC COMPLIANCE OFFICE.....2

ABOUT THE VUMC COMPLIANCE PLAN.....2

ABOUT OUR WORK PLAN.....2

SCOPE AND OTHER KEY ASSUMPTIONS.....3

Structured Programs, pre-eStar Implementation.....4

Structured Programs, post-eStar Implementation.....5

OHCC Shared Goals.....6

EpicLeap / eStar.....6

Other Key Work Plan Inputs.....7

FY18 OHCC WORK PLAN PRIORITIZATION.....8

FY18 OHCC WORK PLAN ITEMS.....9

Summary of Proposed Items.....9

General Compliance Matters.....9

Hospital /Technical Services (HB).....14

Professional and Other Services (PB).....17

APPENDICES

A: Commonly Used Acronyms.....21

B: OHCC current organization chart.....24

C: More on the Seven Elements.....25

ABOUT THE VUMC COMPLIANCE OFFICE

VUMC is committed to the highest standards of ethics, honesty, and integrity in pursuit of its mission of education, research, patient care, and public service. The Office of Healthcare Compliance (OHCC) serves as a monitor, model, and advisor in navigating the complex regulatory environment that VUMC encounters daily.

Specifically, we are tasked with:

- Preventing any accidental or intentional violations of law;
- Detecting violations if they occur; and
- Ensuring immediate corrective measures if violations occur.

ABOUT THE VUMC COMPLIANCE PLAN

The VUMC Compliance Program demonstrates VUMC's commitment to ethical conduct and compliance by setting forth guidelines for conduct designed to: prevent and detect violations of law, regulation, or contract relating to healthcare services; uphold accreditation standards; comply with VUMC policies; and encourage compliance by providing support, training, and educational resources. This Compliance Program Plan is designed to assist VUMC in fulfilling its compliance responsibilities by creating an operational structure that outlines and documents VUMC's compliance efforts, consistent with the seven (7) elements of an effective compliance program described in Office of Inspector General Compliance Program Guidance (the Seven Elements, Appendix C).

ABOUT OUR WORK PLAN

For the last several years, OHCC has delivered on a long-term project to improve the effectiveness of VUMC's overall compliance program based on the Seven Elements concept. Beginning with this FY18 plan, we have shifted our work planning from coordinated individual efforts to a singular model. Also for the first time, we have formally solicited key stakeholder feedback on proposed work plan items.

Compliance efforts take many forms:

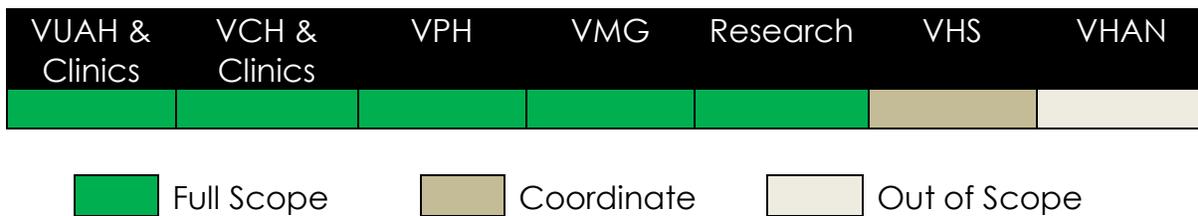
- Awareness efforts on compliance risks generally or specifically;
- Proactive advising on complex issues;
- Audits and monitoring;
- Policy assistance and evaluation; AND
- Regular and/or specialized training.

Work planning is by definition flexible and dynamic. Our assumptions about staffing, scope, and impact of other VUMC projects will no doubt shift with experience and evolving institutional priorities. We will consult with key stakeholders and the Corporate Compliance and Integrity Committee (CCI) as we adjust this FY18 Work Plan accordingly.

SCOPE AND OTHER KEY ASSUMPTIONS

OHCC's current approved headcount is 13 FTEs, including an Educator role managed by Human Resources. See Appendix B for more details.

The table below represents OHCC's current scope by clinical or research area, as tasked by VUMC's Board of Directors (BoD):



Within these areas, other functions often have direct oversight responsibility for key regulatory risks. Compliance coordinates with these areas as needed. Examples include:

- HIPAA/privacy matters (within CHIM's Office of Privacy)
- IT Security (within Health IT)
- Survey readiness (within Accreditation and Standards)

For FY18 we assume no increase or reduction in staffing or organizational or functional scope.

Structured Programs, pre-eStar Implementation

OHCC conducts or coordinates Structured Programs designed to monitor key billing and clinical documentation risks. Below are the current state Structured Programs grouped by process owner:

Program	Area	Reporting	Focus
OHCC			
New Clinician Documentation Review	Professional charges	Individual reports to clinician and service leadership	Quality of documentation
Existing Clinician Documentation Review	Professional charges	Resuming	Quality of documentation
Incident based CAPs	Professional charges	Data from clinic and reports to service leadership	Completion (clinic) & quality (OHCC) of documentation
Compliance Data Reviews (New, FY18)	Hospital or Professional Charges	Individual reports to clinician and service leadership	General assessment of risk in selected areas, such as OIG Work Plan items
CHIM			
CDACE	Hospital technical	Dashboard	Variances in hospital documentation
Documentation Deficiency Review	Hospital technical	Weekly e-mail to clinicians	Missing or incomplete documentation
Outpatient Note Probe	Clinical notes	Dashboard	Single day probe of late or incomplete notes
CVN Completion	Notes using CVMN format	Dashboard	Daily update for completed notes by clinicians using CVN

Program	Area	Reporting	Focus
REVENUE CYCLE			
Tracking Code Report	Professional services coded	Varies	Professional services unable to be coded
Charge Quarterback Report	Clinic charges	Weekly Report to Clinic	old Epic charge not 'dropped'
Missing Encounter Report	Clinic charges	Daily work queue	old Epic encounter without corresponding charge

Structured Programs, post-eStar Implementation

The new eStar integrated platform will clearly require adjustment to and possible replacement of many current state Structured Programs, not all of which will be clear for several months yet.

OHCC will take as a Work Plan Item to coordinate with other process owners on capturing these adaptations and ensuring the underlying risk/control purposes remain addressed.

For FY18 we have assumed additional vendor capacity to resume Existing Clinician Reviews.

OHCC Shared Goals

Beginning in FY16, annually OHCC sets 3 office-wide stretch goals (Shared Goals), with an emphasis on compliance awareness, documentation for every encounter, and staff/team development. We will continue Shared Goal-setting in FY18, with a development goal and 2 other areas selected from this Work Plan. Specifics on goal selection and measurement will be available on the OHCC website.

While too early to gauge eStar's precise impact on compliance matters (see next section), its enhanced controls and transparency allow us to curtail two current Shared Goals monitoring programs: Note for Every Encounter and Cloning. We will redeploy those FTE hours to other efforts.

EpicLeap / eStar

On November 1, 2017, VUMC will convert much of its clinical and revenue cycle operations to eStar, an integrated Epic EHR and billing platform. This conversion will profoundly change VUMC's daily processes and risk profile. As example, documenting, charging, and billing will be a linked process, rather than current state's separate processes and systems.

We did not plan for any efficiency gain for our Compliance Officers or the Compliance Data program. Conversely, as a short-term matter, conversion assistance will continue to reduce these roles' availability for ad hoc projects or scope broadening.

For FY18 we have narrowed our discretionary capacity assumptions to reflect eStar pre-conversion and post-implementation support.

Other Key Work Plan Inputs

In preparing our FY18 Work Plan, OHCC considered multiple internal and external inputs for potential prioritization. Key sources included:

- *Conversations with VUMC clinical and operational leaders.* To gain input and strategic alignment, we discussed potential priorities with key stakeholders across VUMC. This included clinical and operational leaders but also other auditing and monitoring function plans (Internal Audit, CHIM, etc.) to avoid duplication of effort.
- *VUMC's 2017 Enterprise Risk Assessment.* VUMC conducts an annual enterprise-wide assessment and scoring of the many risks large institutions face. Where appropriate and within scope, we considered higher risks identified for prioritization.
- *The OIG 2017 Work Plan.* On an annual basis, the Office of Inspector General for Health and Human Services (OIG) releases a detailed listing of risk areas it has identified in its oversight and enforcement work with the Medicare, Medicare Advantage and Medicaid programs. OIG expects all institutions and billing clinicians to take proactive steps to assess and remediate these risk areas.
- *Trends in Regulatory Audit Results.* As part of our Compliance Data efforts (see Structured Programs), in FY17 we began periodic assessments of published claims data and national audit results. To date this includes CMS' CERT reviews and acute-care PEPPER reports. Separately, as part of Audit Collaboration and other efforts, we periodically review current audit experience on RAC, QIO, etc. and other such claims audits.
- *Compliance Program Assessment and Industry Best Practices.* A critical part of any compliance program is comparing its activities and structure against industry trends and best practices. In FY17 we performed such a self-assessment (see FY18 OHCC Work Plan Prioritization) and factored those results into this plan. This was supplemented by our professional judgment and interaction with other academic medical center compliance functions.

FY18 OHCC WORK PLAN PRIORITIZATION

During FY17, OHCC completed an informal baseline self-assessment of our office and of VUMC’s broader compliance program. We did this by validating whether or not VUMC had adopted generally-accepted best practices associated with each of the Seven Elements. Future self-assessments may test effectiveness of identified practices more deeply.

As an outcome of this work, OHCC elected to prioritize four (4) areas in FY18:

WHAT		OBJECTIVE
1	Specialized Staff Training	Provide additional focused training (beyond FWA) to operational areas generally at elevated compliance risk.
2	Expanded Monitoring	Perform additional monitoring activities beyond FY17’s Structured Programs, to include formalization of Compliance Data Program.
3	PEPPER Reporting	Institute periodic analysis and testing based on CMS quarterly inpatient PEPPER reports.
4	Board of Director (BoD) Awareness	Ensure BoD members have access to necessary training and resources for appropriate program oversight.

In many cases, we further prioritize government claims within these and our other work plan areas, to focus testing time and resources on highest regulatory risk. For government payers, we use the definition outlined in [Revenue Cycle Policy RC.10](#).

FY18 OHCC WORK PLAN ITEMS

Summary of Proposed Items

GENERAL		HOSPITAL (HB)		PROFESSIONAL (PB)	
G18.1	BoD Awareness	H18.1	CHIM Validation	P18.1	New Clinicians (SP)
G18.2	Exclusion Checking	H18.2	IP PEPPER Reports	P18.2	Existing Clinicians (SP)
G18.3	New EE Training	H18.3	IMRT	P18.3	CAPs (SP)
G18.4	Annual Training	H18.4	72-Hour Rule	P18.4	ABNs in eStar
G18.5	Specialized Training	H18.5	JW Modifier	P18.5	JW Modifier
G18.6	Integrity Line / Exit Interviews	H18.6	Continuing Care Nursery	P18.6	Ad Hoc Reviews
G18.7	Audit Response	H18.7	Select Data Rev. (SP)	P18.7	Select Data Rev. (SP)
G18.8	Cahaba Self-Audits			P18.8	990 Clinician Audits
G18.9	Web Site & Guidance				
G18.10	Policy Support/ PolicyTech				
G18.11	MU Support				
G18.12	eStar Implementation				

(SP) - Structured Program

General Compliance Matters

Objective	Board of Director Awareness (G18.1)				Status: NEW
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>The VUMC Board of Directors (Board) has ultimate oversight of and accountability for the effectiveness of VUMC's compliance program and plan. In 2015, the OIG, the American Health Lawyers Association, the Association of Healthcare Internal Auditors, and the Health Care Compliance Association released joint guidance outlining best practices to assist hospital boards in exercising their compliance program oversight. OHCC will work jointly with OLA to evaluate Board compliance training and other awareness needs and recommend improvements as appropriate.</p>				

Objective	Clinician and Employee Exclusion Checking (G18.2)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>It is imperative that all hospitals and health systems regularly screen all clinicians and staff for exclusion from federal health care programs. VUMC may not bill for services performed by or involving excluded individuals. Finding that VUMC has billed for such services requires immediate return of related payment received and further risks significant fines and penalties under the Civil Monetary Penalties Law and the False Claims Act.</p> <p>Monthly, OHCC facilitates a data feed of current employees between Human Resources and a vendor system that checks the various federal exclusion databases. OHCC further maintains records such checks were performed should VUMC need to demonstrate exclusion compliance efforts.</p>				

Objective	New Employee Compliance Training (G18.3)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>VUMC requires all new employees to complete compliance training on FWA and our Code of Conduct within 45 days of hire. OHCC and Human Resources develop and/or update content for these courses based on prevailing regulatory requirements and focus areas. OHCC and Human Resources track completion rates and work with VUMC management to ensure timely completion.</p>				

Objective	Annual Compliance Training (G18.4)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>VUMC requires all clinicians and staff to complete annual compliance training on FWA and our Code of Conduct. OHCC and Human Resources develop and/or update content for these courses based on prevailing regulatory requirements and focus areas. OHCC and Human Resources further track completion rates and work with VUMC management to ensure timely completion.</p>				

Objective	Specialized Compliance Training (G18.5)				Status: NEW
Scope	VUAH	VCH	VPH	VMG	Research
Focus	Best practice standards identify five (5) health care entity functions that require specialized compliance training over and above general FWA principles. In FY18, OHCC and Human Resources will seek to add compliance content in these targeted areas, starting with coding and billing personnel. Also in FY18, OHCC and Human Resources will develop and present more comprehensive long-term recommended specialized training targets.				

Objective	Integrity Line and Exit Interview Monitoring (G18.6)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	OHCC tracks and ensures appropriate response to every concern logged via VUMC's Integrity Line. We also follow up on compliance concerns expressed during employee exit interviews. Our Monitoring team maintains a database documenting timely closure and disposition of any related investigations.				

Objective	Audit Response and Readiness (G18.7)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>VUMC, like all large health systems, is subject to numerous regulatory, payer and other audits. OHCC assists relevant business areas with identifying likely audit sources and focus areas and on efficient response protocols. OHCC further leads the VUMC Audit Collaboration Workgroup, a cross-functional audit result and best practice-sharing effort between revenue cycle and coding-related functions.</p> <p>OHCC often takes response coordination lead on larger, infrequent, or non-standard audits such as from the OIG or Tennessee enforcement agencies.</p>				

Objective	Cahaba Self-Audit Program (G18.8)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>In FY16, OHCC helped to initiate a series of “compliance summits” with VUMC’s principle MAC, Cahaba GBA. Also participating are several other large academic medical centers in Cahaba’s jurisdiction. Topics include best practice sharing and our conducting of one or more Cahaba-selected self-audits. We typically involve Revenue Cycle and other relevant leaders in the performing and evaluation of these self-audits. The summit series is considered highly successful by all involved, and we expect further audits to continue through FY18.</p>				

Objective	OHCC Web Site and Published Guidance (G18.9)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>OHCC regularly publishes various forms of interpretative guidance to help business and clinical owners proactively understand and apply complex regulatory provisions. Self-service also permits VUMC to more efficiently use OHCC’s research and interpretive capacity. We maintain a secured repository of widely-relevant guidance documents on our VUMC web page. We expect to continue to grow available guidance throughout FY18.</p>				

Objective	PolicyTech and VUMC Policy Coordination (G18.10)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>OHCC coordinates VUMC’s formal policy library on behalf of all VUMC policy committees duly chartered d by Medical Center Medical Board. Our policy-keeping includes maintaining the PolicyTech tracking system across VUMC and working with various committee leaders to ensure available policies are current, accurate, and available to appropriate VUMC employees.</p>				

Objective	StarPanel Meaningful Use Audit Documentation Library (G18.11)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>OHCC maintains VUMC's SharePoint documentation library for (1) Meaningful Use EHR Incentive Program technical and functional specifications, (2) Eligible Hospital and Eligible Provider measure definitions and interpretations, and (3) certain documentation for PQRS and similar mandated quality reporting. We also maintain records on requested audits and their outcomes.</p> <p>CY2017 will be VUMC's final year reporting on StarPanel-based certified technology. Thereafter, the documentation library will be kept in static form until audit lookback periods expire in 2023.</p>				

Objective	eStar Implementation (G18.12)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>In November 2017, VUMC will go live with eStar, the new Epic integrated billing and EHR. eStar planning and build has been a multi-year ongoing process, which has included OHCC input where appropriate. We do this by advising on various project decisions, participating in design sessions, and providing various Compliance Guard Rails for developers and clinicians to use on a self-serve basis.</p> <p>In FY18, eStar implementation and post go-live support will be a top priority and a significant demand on OHCC resources.</p>				

Hospital/Technical Billing (HB)

Objective	CHIM DRG Coding Quality & Discharge Status Validation (H18.1)				Status: NEW
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>As part of the VUMC's CDACE program, CHIM's audit function performs significant auditing of inpatient coding, discharge status, and related clinician documentation. This collective effort has been highly successful at improving both documentation and accuracy of inpatient billing. OHCC, through an outsourced vendor, will conduct various independent reviews of CHIM's auditing to ensure accuracy of results and functioning of the control as designed. We will share our findings with CCI and other senior VUMC leadership.</p>				

Objective	VUAH Inpatient PEPPER Reporting (H18.2)				Status: NEW
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>On a quarterly basis, CMS publishes hospital-specific PEPPER reports outlining certain Medicare DRG and quality data, with comparisons to national and regional trends. The PEPPER report highlights where an institution appears to be a high or low outlier on a given metric, with suggested steps for investigating. At VUMC, this report could be of particular interest to CHIM, Finance, and Quality.</p> <p>In FY18 OHCC will review each quarterly VUAH PEPPER report for possible outliers. Where appropriate, we will inquire of CHIM or relevant business owners regarding identified trends and potential need for a deeper dive. We will publish our analysis and management responses to CCI or its designees.</p>				

Objective	Intensity-Modulated Radiation Therapy (H18.3)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>VUMC's VICC provides intensity-modulated radiation therapy (IMRT) to cancer patients. IMRT is a precision therapy that directly targets radiation at a malignant tumor or an area of a tumor. IMRT is performed in two phases: planning and delivery. Certain cancer services are not separately billable when performed with IMRT planning. Inaccurate IMRT billing has been a multi-year OIG focus.</p> <p>In FY17, OHCC reviewed VICC IMRT charges coded by VMG Coding for proper planning service bundling and other billing requirements. While probe results were generally good, we found a sufficient error rate that we will re-review in FY18.</p>				

Objective	Bundling of Preadmission Services and use of PD Modifier (H18.4)				Status: NEW
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>VUMC is required by regulation and payer contract to bundle into a DRG virtually all services (diagnostic and non-diagnostic) provided one or three calendar days prior to hospital admission (the 72-Hour Rule). This includes the technical component of HOPD services and the Facility Component of any clinician office visit payment, which is done by appending a PB modifier to the professional claim.</p> <p>OHCC will review Medicare admissions activity at VUAH to assess proper application of 72-Hour Rule requirements. Other government payers may be reviewed as capacity permits.</p>				

Objective	Single-Use Drug Wastage Billing and Documentation (H18.5)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>Effective 1/1/17, for hospital outpatients VUMC must bill single-use vial drug wastage separately from administered units. CMS and most payers require (1) separate wastage units to be appended with a JW modifier and (2) that wastage and proper disposal is adequately documented in the medical record. VUMC is also expected to utilize the smallest vial sizes available that are clinically-appropriate for the administration.</p> <p>OHCC will review hospital outpatient single-use drug charges to determine proper wastage documentation (in the Pharmacy or on administration) and billing to government payers. This will include validating administered units to clinician order.</p>				

Objective	Continuing Care Nursery – Admission Criteria (H17.6)				Status: NEW
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>In 2016 VCH developed admission criteria for three different levels of nursery care: Newborn Nursery (4CN), Continuing Care Nursery (4CCN), and Special Care Nursery (4CNS). Admission criteria differ for each nursery based on patient diagnoses and medical necessity. Varying levels of care also present downstream needs to ensure proper billing levels match care provided. OHCC will perform a focus review to determine if clinical documentation for Continuing Care Nursing patients supports admission criteria and claims accuracy.</p>				

Objective	Selected Claims Monitoring and Analytical Reviews (H18.7) structured program				Status: NEW
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>VUMC provides high volumes of separately-billable drugs, therapies, and other services at our various HOPDs. These services typically have specific billing and documentation requirements and/or are focus areas for the OIG or other regulatory authorities.</p> <p>OHCC will review selected separately-billable HOPD charges to determine proper billing and documentation in accordance with applicable requirements.</p>				

Work Plan Details , Professional & Other Billing (PB)

Objective	New Clinician Audits (P18.1) structured program				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>New clinicians, whether new to VUMC or new to practice, are at elevated risk of documentation and billing errors due to unfamiliarity with policies, system functionality, etc. To help ensure successful transition to VUMC, OHCC conducts structured probe reviews with all new billing clinicians within six (6) to nine (9) months of their start date and provides audit feedback and other training as needed. Our FY18 plan includes focused effort to eliminate a current audit backlog.</p>				

Objective	Existing Clinician Audits (P18.2) structured program				Status: Resuming
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>Routine clinician billing audits are a common best practice for health care institutions. Under such programs, every clinician is audited on a cycle, so that any billing errors and needed re-training is identified proactively. OHCC has received approval to resume the Existing Clinician program, with testing and process refinement expected in FY17. In FY18, OHCC will have dedicated auditors, whether VUMC-employed or vendor-contracted, reviewing existing VMG billing clinicians and reporting results to CCI and to VMG leadership.</p>				

Objective	Corrective Action Plans, Clinicians (P18.3) structured program				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>OHCC conducts routine monitoring under our Work Plans. We further investigate identified concerns and ensure appropriate adoption of regulatory changes. Where these activities confirm higher-than-acceptable errors, we request the relevant department or business owner submit and implement a CAP. We monitor all such CAPs until error rates return to acceptable levels and perform subsequent follow-up testing roughly six to nine months post-CAP completion to ensure no recurrence of error.</p>				

Objective	ABN Usage in eStar (P18.4) structured program				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>Effective with eStar implementation, VUMC will adopt a new workflow for obtaining ABNs when an order does not meet medical necessity. This workflow will require the ordering clinician to discuss the clinical benefits and financial impact and to document patient approval directly in eStar in order for order to become actionable.</p> <p>OHCC will review a sample of ABNs and related orders for appropriate format, signature, and evidence of discussion. We will also review sufficiency of related Operations and Revenue Cycle policy and monitoring thereof.</p>				

Objective	Single-Use Drug Wastage Billing and Documentation, Clinic Patients (P18.5)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>Effective 1/1/17, for physician office patients VUMC must bill single-use vial drug wastage separately from administered units. CMS and most payers require (1) separate wastage units to be appended with a JW modifier and (2) that wastage and proper disposal is adequately documented in the medical record. VUMC is also expected to utilize the smallest vial sizes available that are clinically-appropriate for the administration.</p> <p>OHCC will review single-use drug charges to determine proper wastage documentation on administration and billing to government payers. This will include validating administered units to clinician order.</p>				

Objective	Ad Hoc Provider Reviews and Investigations (P18.6)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>VUMC clinical and operating leadership is tasked with ensuring timely clinician documentation per policy and with the accuracy of clinician charges. As a part of normal operating oversight, from time to time leadership may request an independent OHCC review of a given clinician (or group of clinicians), a CPT code or code range, or the like. Often, OHCC will assist a given department with performing their own investigation. OHCC tailors any reviews to specific facts and circumstances and, depending on results, monitors resulting CAPs.</p>				

Objective	Selected Claims Monitoring and Analytical Reviews (P18.7) structured program				Status: NEW
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>VUMC provides high volumes of separately-billable drugs, therapies, and other services at our various physician office and other non-hospital locations. These services typically have specific billing and documentation requirements and/or are focus areas for the OIG or other regulatory authorities.</p> <p>OHCC will review selected separately-billable physician office or non-hospital charges to determine proper billing and documentation in accordance with applicable requirements.</p>				

Objective	990 Review (P18.8)				Status: Continuing
Scope	VUAH	VCH	VPH	VMG	Research
Focus	<p>VUMC is required to include financial information for certain highly-compensated clinicians on its annual tax-exempt filing with the IRS (Form 990). OHCC performs special claims reviews on those highly-compensated clinicians to ensure disclosure does not create incremental audit risk.</p>				

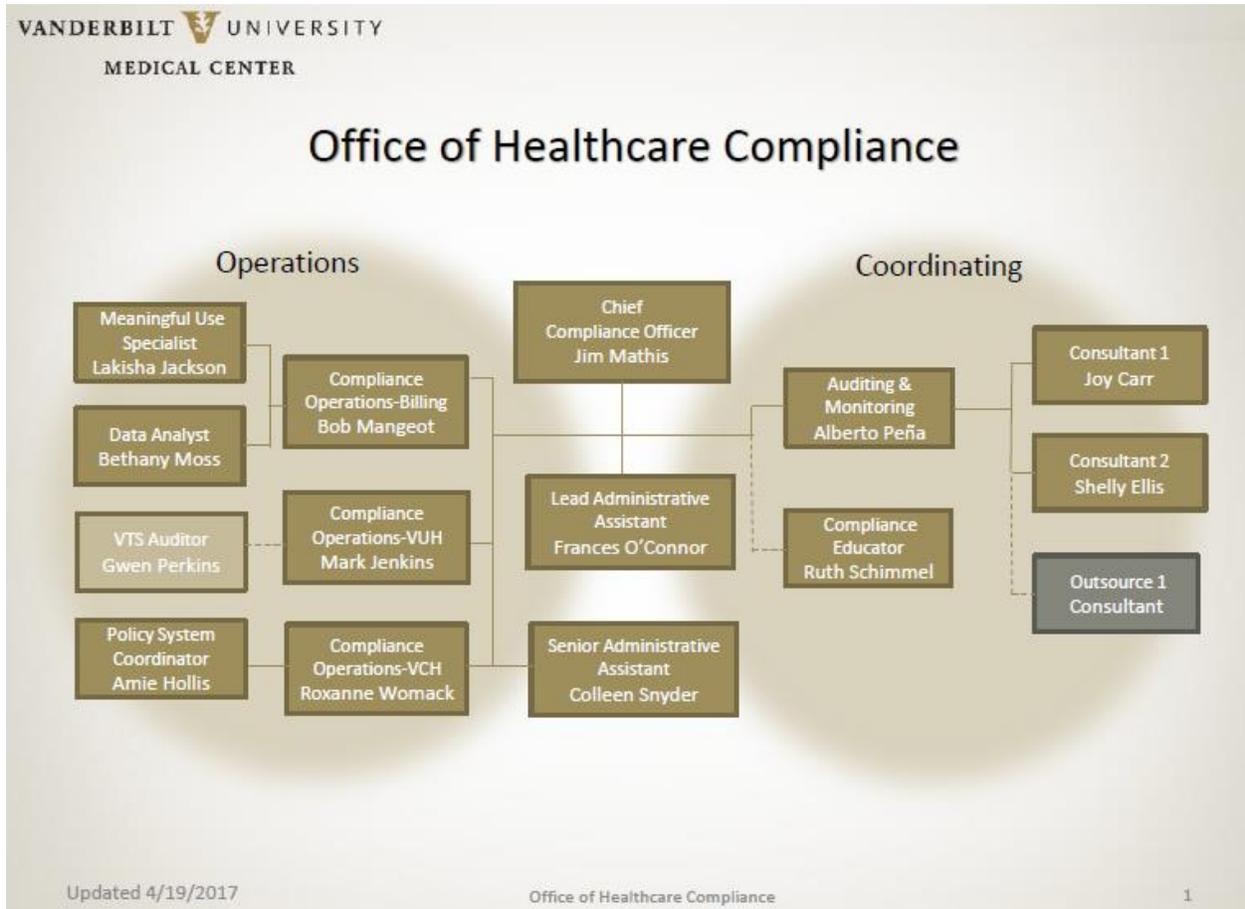
APPENDIX A: COMMONLY USED ACRONYMS

CAP	Corrective Action Plan, a written and duly approved plan by a billing clinician or responsible management to address recurring process or billing errors or other non-adherence to VUMC policy.
CCI	Compliance and Corporate Integrity Committee, VUMC's designated executive leadership committee charged with primary oversight of the Compliance Program and compliance matters across the institution.
CDACE	Clinical Documentation And Coding Excellence, VUMC's initiative to improve accuracy of diagnosis coding, DRG selection, and clinical documentation generally.
CERT	Comprehensive Error Rate Testing program, the CMS-led contractor reviews that identify the accuracy of MAC claim payments. CERT reviews essentially provide CMS a MAC scorecard.
CMS	The Centers for Medicare and Medicaid Services, the branch of HHS tasked with administering Medicare and other federal health care programs. CMS also provides oversight to Medicaid programs and Medicare Advantage plans.
CPT	Current Procedural Terminology, the American Medical Association-authored five-digit code set used as industry-standard for reporting clinician professional services, surgeries, tests, imaging, etc.
EHR	Electronic Health Record, the systematized collection of patient and population electronically-stored health information in a digital format, sharable across clinician groups, care teams, and across care settings. At VUMC. StarPanel and eStar serve as the core EHR systems.
FWA	Fraud, Waste and Abuse, the legal and regulatory terminology and categorization for various forms of non-compliant activities

HCPCS	<p>Health Care Procedure Coding System, The CMS-authored customized 5-character code set that further specifies beyond CPT professional codes. HCPCS codes are used to report drugs, supplies, and other non-clinician items, as well as for custom codes designed to meet Medicare-only requirements.</p> <p>Often referred to as Level II codes (CPT being Level I).</p>
HHS	<p>The U.S. Department of Health & Human Services, the federal agency which administers most federal health care programs and related oversight. CMS and OIG operate within the HHS structure.</p>
HOPD	<p>Hospital Outpatient Department, the regulatory and billing designation for hospital areas which provide diagnostic, therapeutic or other care to patients not hospitalized. HOPDs have additional licensure, governance, and notice requirements. Typically corresponds to Place of Service designations 19 (Off-Campus) and 22 (On-Campus).</p>
MAC	<p>Medicare Administrative Contractor, the CMS-contracted entity tasked with adjudicating both Medicare Part A and Part B claims. Currently there are 15 regional MACs. VUMC's primary MAC is Cahaba GBA for Tennessee services. VUMC also interacts with CGS on Kentucky claims, and with other MACs occasionally depending if a Medicare patient travels to VUMC from another jurisdiction.</p>
MU	<p>Meaningful Use, or more formally the Medicare and Medicaid Electronic Health Record Incentive Programs administered by CMS and the State of Tennessee. To collect incentive payments (or avoid penalties), VUMC's participation is based around its attested utilization of StarPanel (current state) and eStar (future state).</p> <p>As of CY17, MU was replaced for Medicare clinicians with a conceptually-similar program under MACRA. MU remains in effect for hospitals and for any clinicians participating in a Medicaid incentive program (i.e. TennCare).</p>

OIG	HHS Office of the Inspector General, the branch of HHS tasked with monitoring and auditing Federal Health Care Programs. OIG includes both auditing and investigatory functions.
OLA	VUMC's Office of Legal Affairs
PEPPER	Program for Evaluating Payment Patterns Electronic Report, CMS' provider-specific claims trending and outlier summaries, for use in internal quality and process improvement efforts

APPENDIX B: OHCC ORGANIZATION CHART (as of April 2017)



APPENDIX C: MORE ON THE SEVEN ELEMENTS

The “Seven Elements of an Effective Compliance Program” (Seven Elements) is widely recognized as the reference point against which a health care entity measures its existing compliance program or use as the baseline to build a compliance program. Each element covers a different aspect of the compliance program, from setting up a program to evaluating it for effectiveness. Furthermore, the Seven Elements provide guidance to help a company enforce internal controls and mitigate risks related to health care compliance.

The Seven Elements defined by the OIG are:

1. Implementing written policies and procedures
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 problems and undertaking corrective action