Memo

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| To: | Board of Curators – Health Affairs Committee  University of Missouri System |
| From: | Jennifer P. May, J.D.  Chief Compliance Officer  MU Health |
| Date: | June 12, 2019 |
| Re: | Compliance Program Update |

1. Executive Compliance Committee – Overview of Activities FY19 YTD
   1. General
      1. 9 meetings (monthly except November; planned for May and June)
      2. Compliance content area data reports (Dec)
   2. Topic Reports
      1. Corporate Integrity Agreement Updates
         1. Obligations Review and Status Update (monthly)
         2. Review of Annual Report (Aug)
         3. Claims Review (Sept)
         4. Training Plan review (Nov)
         5. Annual Report comments review (Feb)
         6. Management Certifications review (May)
      2. Compliance Reports
         1. General Program updates (monthly)
         2. Ethics and Compliance Hotline (Sept)
         3. Privacy Program Update (Oct, Jan, Feb)
         4. Information Security Program Update (Aug, Feb
      3. Risk Assessment and Work Plans
         1. Internal Audit update (July, Sept)
         2. Risk Assessment Policy and Process (Jan)
         3. FY19 Compliance Work Plan update (monthly)
         4. FY20 proposed work plans (June)
      4. Other
         1. External Coding Auditor Results (Sept)
         2. Office of Research (Oct, Feb)
         3. Controlled Substance Diversion Prevention Audit (Jan)
         4. Regulatory Affairs Update (Jan)
         5. Shared EMR extension project (April)
2. Ethics and Compliance Hotline
   1. New platform launched in August 2018
   2. FY18 Year End: 66 cases
   3. FY19 YTD: 35 cases
3. Bias Hotline
   1. Transition to single hotline occurred in August 2018; reporting system integrated both the Ethics and Compliance Hotline and Bias Hotline to eliminate confusion and provide a single portal for individuals to report and for the organization to manage cases
4. Compliance Program Update
   1. Training and Education
      1. As of May 16, 99% of current employees completed training modules
         1. Deadline: April 30, 2019
            1. All Covered Persons learning set – 97%
            2. Billers/Coders learning set – 100%
            3. Providers learning set – 97%
         2. rolling process with HR to identify new employees
      2. Orientation for all new employees on the Code of Conduct (bi-weekly)
      3. Continued live training session to educate leaders (managers and above) on the Code of Conduct; two sessions conducted during FY19 (Oct, Feb)
   2. Management Certifications
      1. Annually, certifications of compliance must be made by management level personnel, as identified by title in the CIA
      2. Process will be completed by June 30, 2018 (end of the reporting period)
   3. Exclusion Screening
      1. Monthly checks conducted by a vendor
      2. As of May 16, investigating one potential finding
   4. Monitoring and auditing projects scheduled for FY19 will be completed on time. This included:
      1. 8 coding accuracy audits and 15 targeted probe reviews
      2. a review of the 340B Drug Pricing Program
      3. 8 on-going monitoring programs
      4. other projects covering various topics, including Fellows Billing; Extended Women’s Health Services; Therapy; Software Edits; Orders; Resident Oversight; Pediatric Echocardiogram; Extended Recovery; Telehealth; Transcranial Magnetic Stimulation; Allergy Billing.
   5. Policy Updates completed
   6. Risk Assessment and Compliance Plan for FY20
      1. Completed risk assessment in collaboration with UM System Internal Audit Services
      2. Interviewed stakeholders from hospital and academic units
      3. Proposed Compliance Plan for FY20 includes:
         1. Expand educational efforts to ensure accurate documentation, ordering, and the resulting accuracy of coding and billing.
         2. Compliance assessments and on-going reviews related to expansion of the electronic medical record.
         3. Monitoring of regulatory changes to codes, procedures, drugs and medical devices, assessment of the impact to the organization of these changes, and development of policies, procedures and monitoring efforts to support impacted areas.
         4. Integration with regulatory affairs team to ensure consistent audit and monitoring activities in accordance with ISO 9001 standards, per accreditation agency
         5. Projects to be identified and scoped based on Annual Report comments from the OIG and IRO audit findings.