Creating a Culture of Perpetual Compliance

GRHA ANNUAL MEETING & RHC CONFERENCE
OCTOBER 28-30, 2019
JEKYLL ISLAND, GEORGIA
Creating a Culture of Perpetual Compliance

7 Steps to Creating a Culture of Perpetual Compliance

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1. Create a Paradigm Shift

Begin Thinking Differently About Compliance
“The aim of the wise is not to secure pleasure, but to avoid pain.”
— Aristotle

Healthcare is a reactive industry by nature.

Taking time to be strategic and proactive is **difficult** but **necessary**.

Changing our mindset about compliance is the first step.
2. Design a Compliance Blueprint
Let's make it simple: Government control means uniformity, regulation, fees, inspection, and yes, compliance.  
--Tom Graves

Healthcare is a regulated industry.

Therefore the framework for compliance already exists.

Don’t re-invent the wheel. Use what we already know. And if we don’t know, learn and teach!
Use the regulations as the compliance blueprint.

• Would you build a house without a blueprint?

• Would your contractor build the house without ever looking at the plans?

• Federal, State and Local Regulations are the blueprint for any type of facility’s compliance.
Electronic Code of Federal Regulations

e-CFR data is current as of October 9, 2019

USER NOTICE


Browse: Select a title from the list below, then press "Go".

Title 1 - General Provisions

https://www.ecfr.gov/cgi-bin/ECFR?page=browse
Federal Regulations
Medicare Program

42 CFR §405
Federal Healthcare for the Aged and Disabled

42 CFR §420
Program Integrity-Medicare

42 CFR §455
Program Integrity-Medicaid
Federal Hospital Regulations

42 CFR §482
Conditions of Participation

42 CFR §412
Inpatient PPS System

42 CFR §419
Outpatient PPS System
Federal Regulations
Critical Access Hospitals

42 CFR §485
Subpart F
Conditions of Participation
Specialty & Other Provider Types

42 CFR §485
Subpart B: CORFs

Subpart H: Outpatient Physical, Occupational, Speech/Language Pathology Services

42 CFR §418: Hospice

42 CFR §482.56: Rehabilitation Services

42 CFR §484: Home Health
Federal RHC/FQHC Regulations

42 CFR §405
Subpart X

42 CFR §413.65
Provider Based Status

42 CFR §491
Conditions for certification
CMS Internet-Only Manuals

Internet-Only Manuals (IOMs)

The Internet-only Manuals (IOMs) are a replica of the Agency’s official record copy. They are CMS’ program issuances, day-to-day operating instructions, policies, and procedures that are based on statutes, regulations, guidelines, models, and directives. The CMS program components, providers, contractors, Medicare Advantage organizations and state survey agencies use the IOMs to administer CMS programs. They are also a good source of Medicare and Medicaid information for the general public.

show entries: 10

filter on: 

<table>
<thead>
<tr>
<th>Publication #</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Introduction</td>
</tr>
<tr>
<td>100-01</td>
<td>Medicare General Information, Eligibility and Entitlement Manual</td>
</tr>
<tr>
<td>100-02</td>
<td>Medicare Benefit Policy Manual</td>
</tr>
<tr>
<td>100-03</td>
<td>Medicare National Coverage Determinations (NCD) Manual</td>
</tr>
<tr>
<td>100-04</td>
<td>Medicare Claims Processing Manual</td>
</tr>
<tr>
<td>100-05</td>
<td>Medicare Secondary Payer Manual</td>
</tr>
<tr>
<td>100-06</td>
<td>Medicare Financial Management Manual</td>
</tr>
<tr>
<td>100-07</td>
<td>State Operations Manual</td>
</tr>
<tr>
<td>100-08</td>
<td>Medicare Program Integrity Manual</td>
</tr>
<tr>
<td>100-09</td>
<td>Medicare Contractor Beneficiary and Provider Communications Manual</td>
</tr>
</tbody>
</table>

RHC Federal Regs & Guidance

42 CFR § 491

CMS Policy Benefit Manual, Chapter 13

CMS Claims Processing Manual, Chapter 9

State Operations Manual, Appendix G
3. Develop Written Policies based on your regulatory blueprints
The Conditions of Participation and Certification require providers and facility types to have a specific organizational structure.

The regulations themselves address which operational aspects should be governed by written policies and procedures.

It makes sense to have policy development parallel the regulations.
A true professional not only follows but loves the processes, policies and principles set by his profession.” — Amit Kalantri

**Policies** are broad statements of compliance which are static unless there is a regulatory change. Less is More.

**Processes** are more defined in nature, dynamic, and are usually created internally or in conjunction with other guidance. Provide Clarity. Can Be addendums to Policies.

**Procedures** are specific steps in performing a task. These are dynamic, promote efficiencies in workflow and ensure quality performance. Used for training and internal guidance. Promotes standardization of tasks.
Don’t make policy writing more difficult than it needs to be.

Use broad language that established compliance without locking you into a rigid process or procedure that might change.

Organize policies topically or in the order of the survey tags or standards.

Policies should not be used to manage people but to ensure compliance.
<table>
<thead>
<tr>
<th>Administration (7)</th>
<th>Environmental (16)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regulatory Compliance</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Policy: 100</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evidence (4)</strong></td>
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<tr>
<td>• Crossroads.100-A_Compliance Plan</td>
<td></td>
</tr>
<tr>
<td>• Crossroads.100-B_State License</td>
<td></td>
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<tr>
<td>• Crossroads.100-C_CLIA Certificate</td>
<td></td>
</tr>
<tr>
<td>• Crossroads.100-D_Occupancy License</td>
<td></td>
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<tr>
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<tr>
<td><strong>Policy: 105</strong></td>
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<td><strong>Evidence (3)</strong></td>
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<td>• Crossroads.105-B_Standards of Conduct</td>
<td></td>
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<td>• Crossroads.105-C_Standards of Conduct Notice</td>
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<tr>
<td><strong>Organizational Structure and Ownership</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Policy: 110</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evidence (1)</strong></td>
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<td><strong>Organizational Chart Structure</strong></td>
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<td><strong>Policy: 120</strong></td>
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<td>• Crossroads.120-B_Org Chart</td>
<td></td>
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<tr>
<td>• Crossroads.120-C_Current Board</td>
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<td></td>
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<tr>
<td><strong>Policy: 200</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evidence (3)</strong></td>
<td></td>
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<tr>
<td>• Crossroads.200-B_Floor Plan Exits</td>
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<td>• Crossroads.200-C_Insurance Information</td>
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<td><strong>Preventive and Required Maintenance</strong></td>
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<tr>
<td><strong>Policy: 210</strong></td>
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<tr>
<td><strong>Evidence (2)</strong></td>
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<tr>
<td>• Crossroads.210-A_Bio-Med Service Contract</td>
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<td>• Crossroads.210-B_BioMed Sticker Example_06252019</td>
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<tr>
<td><strong>Building Sanitation and Cleanliness</strong></td>
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<tr>
<td><strong>Policy: 215</strong></td>
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<tr>
<td><strong>Evidence (1)</strong></td>
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<td>• Crossroads.215-A_Sanitation</td>
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<td><strong>Storage, Handling &amp; Administration of Drugs, Biologicals, and Pharmaceuticals</strong></td>
<td></td>
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<tr>
<td><strong>Policy: 220</strong></td>
<td></td>
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<td><strong>Evidence (3)</strong></td>
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<td>• Crossroads.220-A_Temperature Log</td>
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<td>• Crossroads.220-B_Sample Medications Log</td>
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<tr>
<td>• Crossroads.220-C_Safe Injection Poster_06252019</td>
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- Systematically Organize Policies
- Number Policies
- Have Standard Format
- Show Effective Dates
Organizational Structure and Ownership

J Tag References: J-0060, J-0061, J-0062, J-0081, J-0084, J-0086
§ References: 491.7, 491.8, 491.9

Policy Type: Administrative
Policy Number: 110.00

Adopted or Revised Date: 9/27/2019

Policy Declaration: This is the Organizational Structure and Ownership Policy of the clinic. The clinic is identified as Crossroads Clinic.

Policy Purpose: The purpose of this policy is to disclose in a written document the organizational structure of the Clinic which is Rural Health Clinic (RHC). Furthermore, the policy is designed to give detailed information about the governance, management and staffing of the clinic.
4. Identify Which “Evidence” Documents demonstrate Compliance

Organize these documents for easy retrieval.
“What can be asserted without evidence can also be dismissed without evidence.”
— Christopher Hitchens

Proof of compliance especially during a survey can be difficult if supporting “evidence” documents are not easy to retrieve.

Correlate supporting evidence to policy numbers or to survey tags or standards.

Refer to the SOM Appendices or the AO guidance to determine what might be needed.
Identify Supporting Evidence Documents and Correlate Them to Related Policies
Examples of Evidence Documents

- Licenses
- Certificates
- Inspection Reports
- Correspondence to/from CMS/Medicare Contractor
- Correspondence to/from state agencies
- Other Agency Correspondence
- Quality, QAPI, and Risk Documents and Forms
- Samples of Notices and Disclosures
- Proof of Education and Training
5. Implement a Training and Review Program
The most influential people strive for genuine buy-in and commitment - they don't rely on compliance techniques that only secure short-term persuasion.—Mark Goulston

Create Buy-in by engaging all staff.

Have a training schedule: on hire, whenever there is a change, and periodically thereafter. Facilitate training and engagement.

Document or track training.

Obtain feedback from staff.
Training Program Basics

- Training on Corporate Compliance
  - Fraud and Abuse
  - Non-Discrimination
  - Non-Retaliation
- Standard of Conduct
- Privacy & Security
- HIPAA as related to job function
- Employee Handbook
- Policies and Procedures
- Emergency Preparedness
- Safety, Use of PPE, Location of Emergency Items
- Job Description/Expectation
- In-service on use of equipment

- Upon Hire
- Periodically
- At Least Annually or When there is a Change
6. Build in a Failproof Tickler System
“Wasted strokes, like missed deadlines, are preventable and costly.”
— Lorii Myers

Some policy or document management systems have a built-in tickler function.

Spreadsheets, calendars or tickler organizers can all work. Create a format that works for you and your facility.

Set reminders far enough in advance to allow for processing time, approval time, or scheduling.

Build-in accountability so that more than one person is aware of a deadline.
## TICKLER LIST

<table>
<thead>
<tr>
<th>Date</th>
<th>Subject</th>
<th>Evidence</th>
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<tbody>
<tr>
<td>10/5/2019</td>
<td>200-C Replace Declaration Sheet on insurance coverage</td>
<td>200-C Property Insurance All.06132019</td>
</tr>
<tr>
<td>12/16/2019</td>
<td>290-A Verify exercises are within one-year</td>
<td>290-A Emergency Preparedness Plan All.06132019</td>
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<tr>
<td>11/1/2019</td>
<td>215-A Review all cleaning contracts</td>
<td>215-A Sanitation and Cleaning Contracts All.06132019</td>
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<tr>
<td>12/1/2019</td>
<td>600-A Replace the Clinic’s Annual Evaluation</td>
<td>600-A Annual Program Evaluation All.06132019</td>
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<tr>
<td>12/10/2019</td>
<td>230-C Verify current Training Evidence</td>
<td>230-C Emergency Preparedness Training All.06132019</td>
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<tr>
<td>12/10/2019</td>
<td>400-B Replace Employment Poster</td>
<td>400-B Labor Law OSHA Posters All.06132019</td>
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<tr>
<td>12/15/2019</td>
<td>110-A Review Ownership and Disclosure</td>
<td>110-A Ownership and Disclosure Statement All.06132019</td>
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<tr>
<td>1/2/2020</td>
<td>220-A Replace sample temperature logs with current temperature logs</td>
<td>230-A Temp Logs for Refrigerated and Frozen Medications All.06132019</td>
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<tr>
<td>1/10/2020</td>
<td>100-D Renew state license. A check will be required, Don’t delay.</td>
<td>100-D State Licensing LA All.06132016</td>
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<tr>
<td>1/15/2020</td>
<td>410-C Update Employee Training Records</td>
<td>410-C Employee Training All.06132019</td>
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<tr>
<td>1/15/2020</td>
<td>130-C Ensure OCR Notice and Tablelines are correct</td>
<td>130-C OCR Language Translation Links All.06132019</td>
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<td>2/1/2020</td>
<td>100-A Review 855A to make sure the persons on the 855A are still in the same roles</td>
<td>100-A O wys.855A Application All.06132019</td>
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<tr>
<td>2/2/2020</td>
<td>290-B Update Emergency Preparedness Risk Assessment</td>
<td>290-B Emergency Preparedness Risk Assessment All.06132019</td>
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<tr>
<td>2/2/2020</td>
<td>390-A Update HIPAA Risk Assessment</td>
<td>390-A IT Related Documents All.06132019</td>
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<tr>
<td>2/12/2020</td>
<td>600-B Review / Replace Consent Forms</td>
<td>800-B Consent Forms All.06132019</td>
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<td>4/1/2020</td>
<td>220-C Verify Medication Safety Poster in on the wall in the Nursing Station</td>
<td>220-C Medication Safety Poster All.06132019</td>
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<tr>
<td>4/10/2020</td>
<td>200-A Verify current inspections</td>
<td>200-A Physical Plant Licenses, inspections, and Permits All.06132019</td>
</tr>
</tbody>
</table>
Examples of Tickler Dates

- Licenses Renewals
- Inspections
- Required Employee Training
  - Periodic
  - Annual Education Fair
- Policy Review Dates
- Program Evaluation Dates
- Performance Evaluations
- Updated Employee Forms
- Emergency Preparedness Testing/Training
- Employee Health

- Anything that a policy specifically states will require review or retraining.
Monitor Regulatory Changes

Redesign your blueprint as needed
Don’t assume that the written policies you inherited are up-to-date or complete. Even corporate level policies can fail to meet compliance especially when rural health providers are scarce within the system.

Don’t wait for a survey deficiency to reveal a gap in compliance.

Revise and Simplify—making sure that the policies and training are following the regulatory blueprint.
Monitoring Changes in Regulations

Sign up for newsletters, announcements, newsfeeds and mailing lists.

Allocate time weekly to review updates and clean up the folder.

Set up email folders for these activities.

Attend state, regional and national meetings.

Develop relationships with other stakeholders outside your organization.

Networking.

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7 Steps to creating a culture of compliance

- Create a Paradigm Shift
- Design A Compliance Blueprint
- Develop Written Policies and Procedures Based on your Blueprint
- Identify Supporting Evidence Documents
- Implement a Training and Review Program
- Build-in a Failproof Tickler System
- Monitor Regulatory Changes

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