NEHIA/HFMA

2024 Compliance & Internal Audit Conference
"Board Compliance Committee Communications"

Wednesday, December 4 – Friday, December 6, 2024
Mystic Marriott Hotel, Groton, CT

Board Compliance Committee Communications
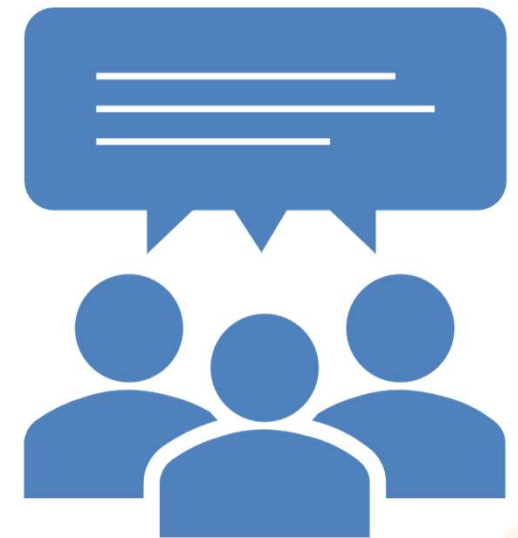# NEHIA/HFMA MA/RI - Friday December 6, 2024

Panelists & Introductions

Patti Ariel - Interim Chief Compliance Officer WMC
Health Network

Bruce Cummings - MPH, LFACHE, former CEO L+M
Hospital/Westerly Hospital

Jennie Henriques - CHC, CHPC, CPHRM Vice President
Corporate Compliance Care New England Health
System

Donna Schneider - RN, MBA, CPHQ, CPC-P, CHC, CHPC,
CCEP, CHRC, Vice President, Corporate Compliance &
Internal Audit, Brown University Health
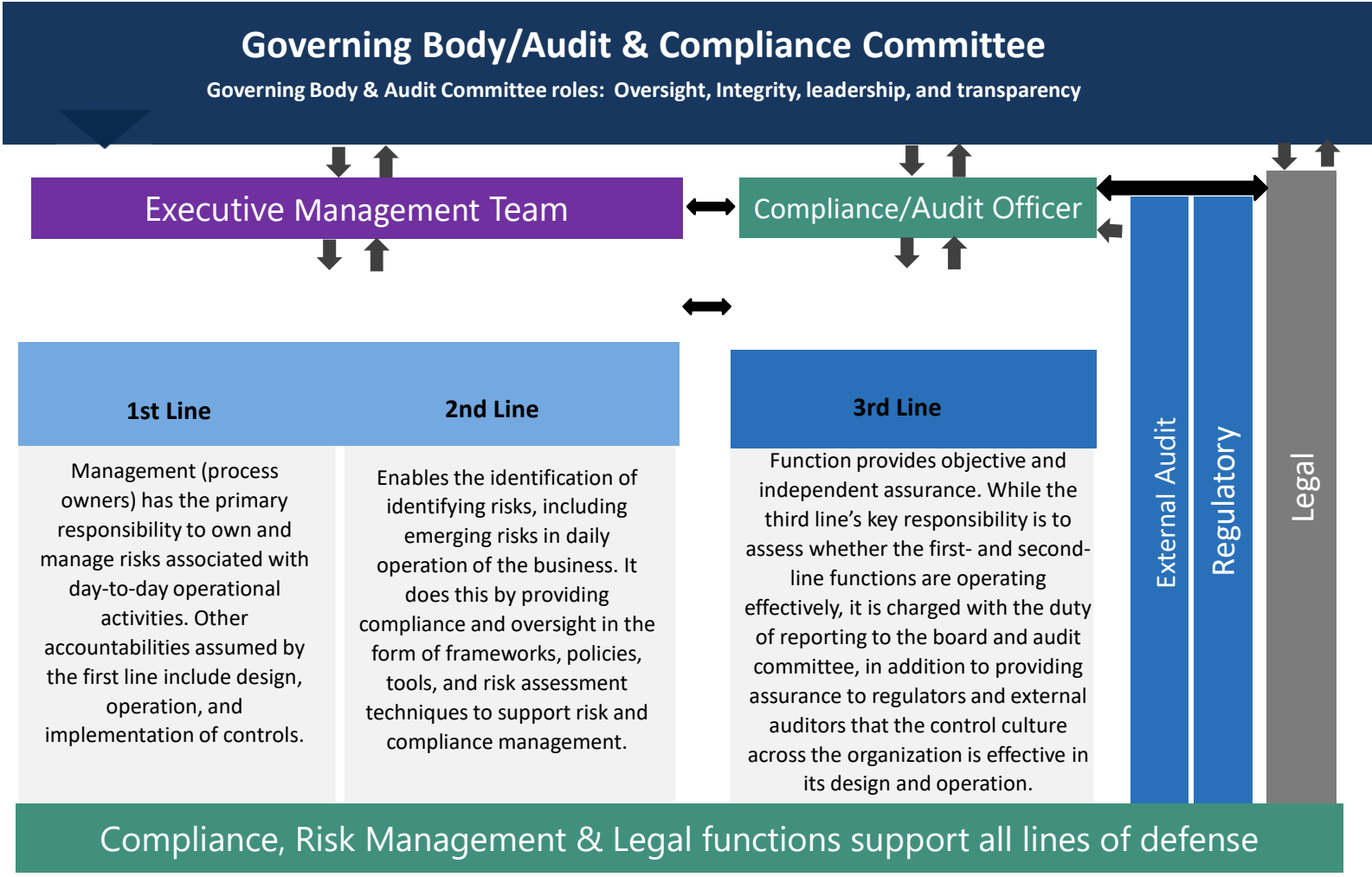
Agenda

- **Federal Sentencing Guidelines**   Donna

- **Governing Body**   Jennie

- **How to Approach a Board Meeting**   Donna

- **Example of a Board Report**   Donna, Patti, and Jennie

- **Presentation Tips**   Donna, Patti, and Jennie

- **Advice from a former CEO and Member**   Bruce Cummings

- **Questions**   All

Federal Sentencing Guidelines and OIG Compliance Program Guidance

Elements of an Effective Compliance Program

01 Written policies and procedures, including Code of Conduct

02 Compliance Program Administration, including Chief Compliance Officer, Audit & Compliance Committee

03 Effective training and education

04 Open Lines of Communication (Hotline and Whistle-blower Protection)

05 Internal Audit & Monitoring

06 Enforcement of Disciplinary Standards

07 Response to detected deficiencies, providing oversight and ensuring corrective action

Governing Body/Audit & Compliance Committee

Governing Body & Audit Committee roles: Oversight, Integrity, leadership, and transparency

Executive Management Team	Compliance/Audit Officer

1st Line	**2nd Line**	**3rd Line**	External Audit	Regulatory	Legal
Management (process owners) has the primary responsibility to own and manage risks associated with day-to-day operational activities. Other accountabilities assumed by the first line include design, operation, and implementation of controls.	Enables the identification of identifying risks, including emerging risks in daily operation of the business. It does this by providing compliance and oversight in the form of frameworks, policies, tools, and risk assessment techniques to support risk and compliance management.	Function provides objective and independent assurance. While the third line's key responsibility is to assess whether the first- and second-line functions are operating effectively, it is charged with the duty of reporting to the board and audit committee, in addition to providing assurance to regulators and external auditors that the control culture across the organization is effective in its design and operation.			

Compliance, Risk Management & Legal functions support all lines of defense

KEY   ↓ Accountability, Reporting   ↑ Delegation, oversight resources   ↔ Alignment, collaboration, Communication, coordination   **5**

The framework, based on COSO Enterprise Risk Management Compliance model is incorporated, as well as the regulatory guidance and compliance officer role and responsibilities in a health care setting.

How to Approach a Board Meeting
Speakers: Patti / Jennie / Donna

Preparing the Agenda

Topics for Slides

Who should present what?
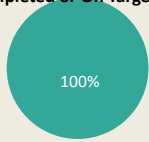
What documentation to send out ahead of time?

Best Practices

Compliance and Privacy Key Performance Indicators Month 2024 Year to Date

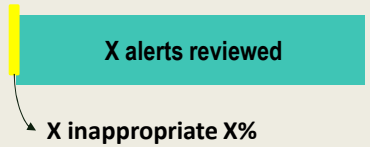**Compliance Work Plan On Track: Yes**
Number of items delayed: 0

Tasks Completed or On Target

100%

Volume of Contacts to Corporate Compliance

X | 2024

X | 2023

% ↑

Patient Privacy Monitoring Results

X alerts reviewed

↳ X inappropriate X%

Key

↑ Increase

↓ Decrease

🟥 Negative

🟩 Positive

Most Reported Issue
*HIPAA - disclosure of protected health information resulting in privacy compromises

Top Intake Method
*Email - email to department and/or specialists

Reportable Breaches to the Office for Civil Rights (OCR)

X | 2024

X | 2023

% ↑

Top Reasons for Reportable Breaches

- Wrong Chart Scans
- Patient paperwork provided to the wrong individuals
- Inappropriate access to patient records

Top Reasons for Wrong Chart Scans:
- Outside reports
- Remote devices

Top Reasons for Inappropriate Accesses:
- Snooping

Revenue Compliance Provider Educations

X Routine Provider Educations

X New Provider Educations

Process Improvements from Compliance and Privacy investigations

(X)

HIPAA, Violations and Penalties Trainings due to OCR Reportable Breaches

(X)

Great Catches Sent to Employees

X | 2024

X | 2023

X% ↓

Monitoring for Excluded Parties

X | Investigations

X | Excluded Individuals

BROWNHealth
UNIVERSITY

7

TEMPLATE EXAMPLE
Happy Hospital
Corporate Compliance
Audit Status Summary

DATE 2024

* Reported by Patricia Ariel

WMCHealth
Westchester Medical Center Health Network

October – December 2023 Happy Hospital Compliance Matters

- Cyber Data Security Incident
  - Cyber attack- Ransomware
  - Date of Incident: XXXXX
  - AG's Office conducting a routine investigation for these types of breaches;
  - Date: Discussion with the AG's Office to discuss data security safeguards in place at time of incident..

- Regulatory agency General Inquiry and Summary
  - In the process of trying to negotiating with agency. (On-going)
  - Further information will be presented.

- Change Healthcare / Optum Cyber Security Incident
  - Date of Incident: xxxxx
  - Nationwide impact; Shutdown of billing/claims for multiple services throughout the country.

WMCHealth
Westchester Medical Center Health Network

Compliance Activities X QTR. 2024

2024 Advices/Cases

Total Advices: 19

Total Cases: 14

- Advices
- Cases

2024 Compliance Education

- HIPAA
- New Hire Orientation - General Compliance/ Privacy

Total Staff Educated: 144

WMC Health
Westchester Medical Center Health Network
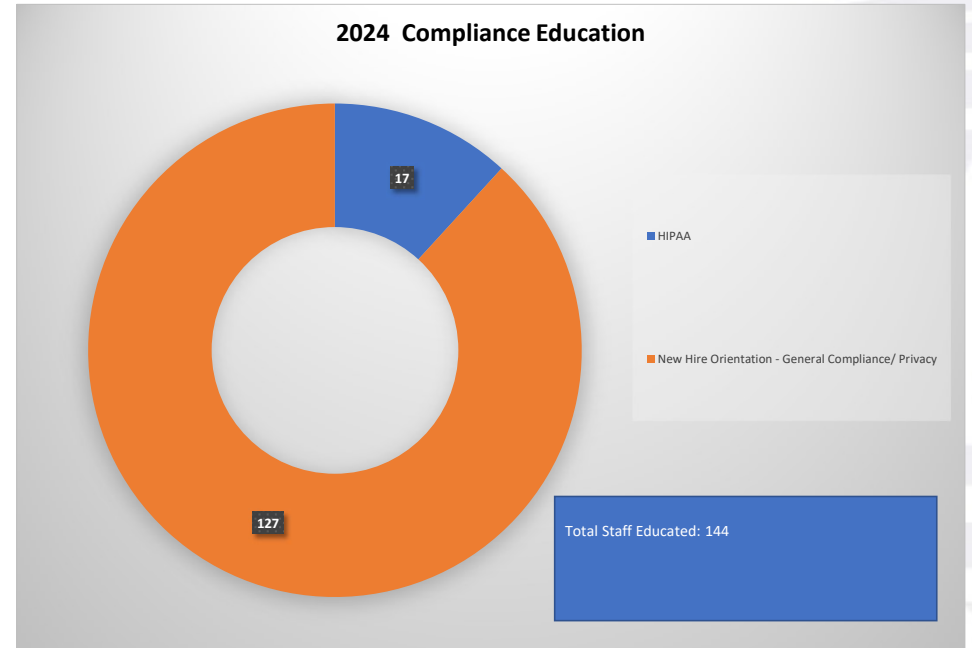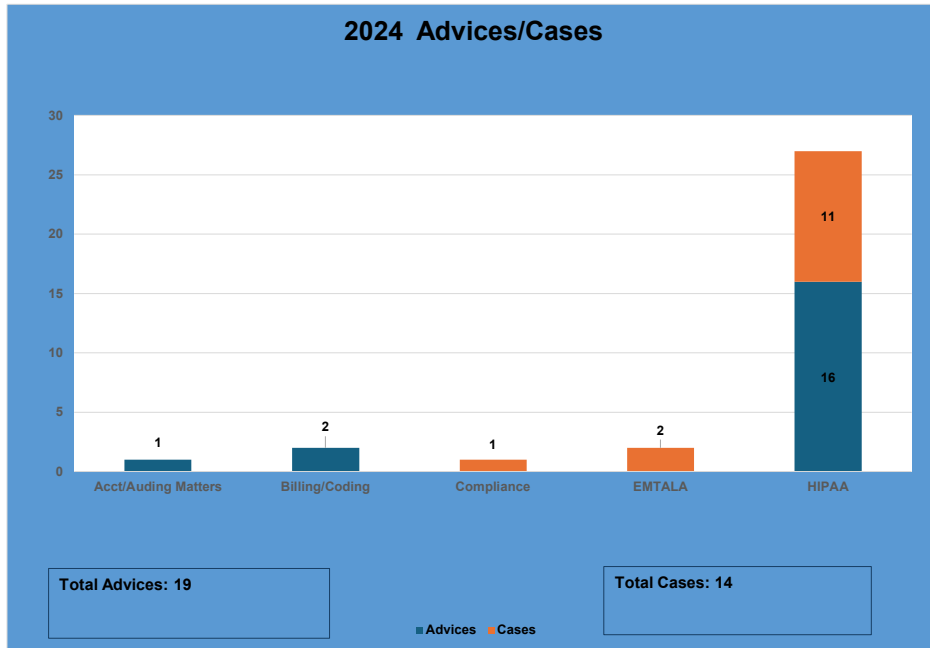
2024 Happy Hospital Compliance Audits in Progress

Audit in Progress	Contact	Audit Stage	Status	Comments
Name of Audit	Manager Name	Fieldwork	Progressing	Scope: ➤ List Scope description of audit

Status: | Progressing appropriately | Experiencing delays | Stopped

2024 Happy Hospital Corrective Action Plans Status

Compliance Audit	Contact	Report Issue Date	Action Plan Status	
			Remediation Status	Comments
MRCC– Payment Driven Payment Model (PDPM)	Manager Names	Final Report Date	Completed	CAP: ➢ List CAP summary with status

Status:		Progressing appropriately		Experiencing delays		Stopped

2024 Happy Hospital Corrective Action Plans Status

Compliance Audit	Contact	Report Issue Date	Action Plan Status	
			Remediation Status	**Comments**
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Status:	Progressing appropriately	Experiencing delays	Stopped

2024 Corporate Compliance Audit Work Plan

2023/2024 Compliance Audit	Estimated Timing	Comments
Name of audit from workplan	On going	
	Q4 2023	
	Q1 2023	
	Q2 2024	
	01 2024	
	Q1 2024	
	Q1 2024	In Progress
	Q3 2024	
)	Q1 2024	Completed
	Q4 2024	

2023 Privacy Program Reporting

Total Privacy Incidents	Reportable Breaches	Pending Investigations	Non-Reportable
399	35	1	349

PRIVACY INCIDENTS BY CY FOR EACH OPERATING UNIT

16% Reportable Breaches

81% Non-Reportable
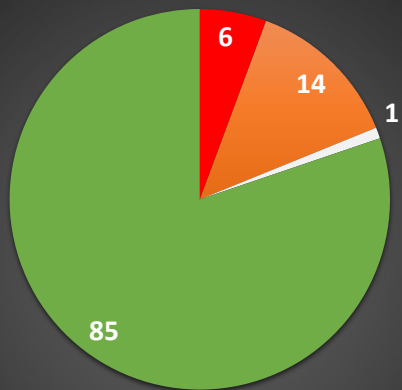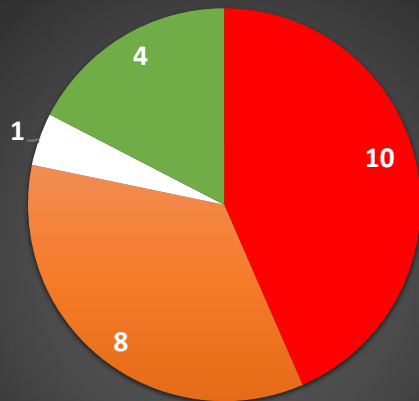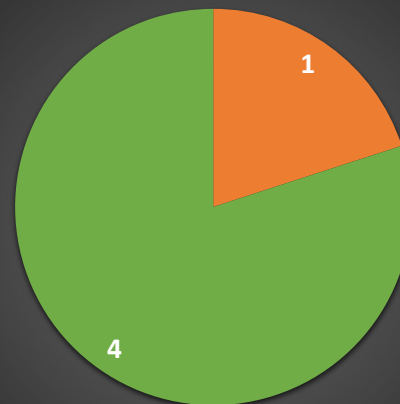
2023 Privacy Program Reporting (All Operating Units)

2023 Privacy Data by Month

Legend: Non-Reportable (green), Pending Investigation (yellow), Reportable (orange)
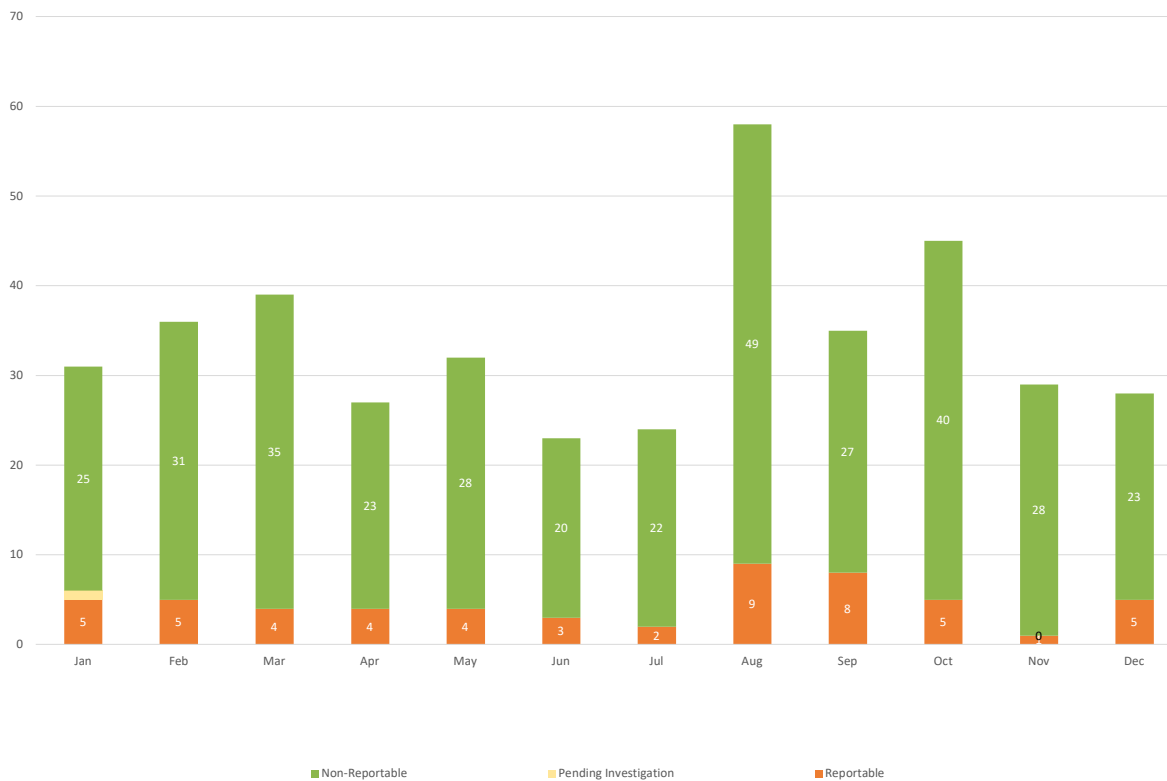
Privacy Incident Trends

The following trends have remained consistent year over year since 2021, except for an uptick in patient requests for reviewing access to their electronic medical records.

1. Unauthorized Access to Patient Electronic Medical Records: This includes concerns regarding access by co-workers, household members, or neighbors.

2. Incorrect Documentation Handover: Instances where patients are provided with incorrect documentation, including AVS, discharge paperwork, or orders.

3. Electronic Medical Record Disclosure: This category encompasses incidents like documents being scanned into the wrong patient chart or erroneous charting in the EMR.

4. Loss of Protected Health Information (PHI): This includes incidents of theft or misplacement of documents containing PHI.

2023

44%
Decrease Patients Impacted

417 Incidents

506 Patients Impacted

None

Formal Claims
3

Informal Claims
1

2022

457%
Increase Patients Impacted

416 Incidents

800 Patients Impacted

Office of Civil Rights Complaints

None

Formal Claims
0

Informal Claims
2

2021

76%
Decrease Patients Impacted

399 Incidents

99 Patients Impacted

Office of Civil Rights Complaints

3

Formal Claims
3

Informal Claims
2

18

Presentation Tips

1. Communication Techniques – Be Clear, Be Concise, Be Gone
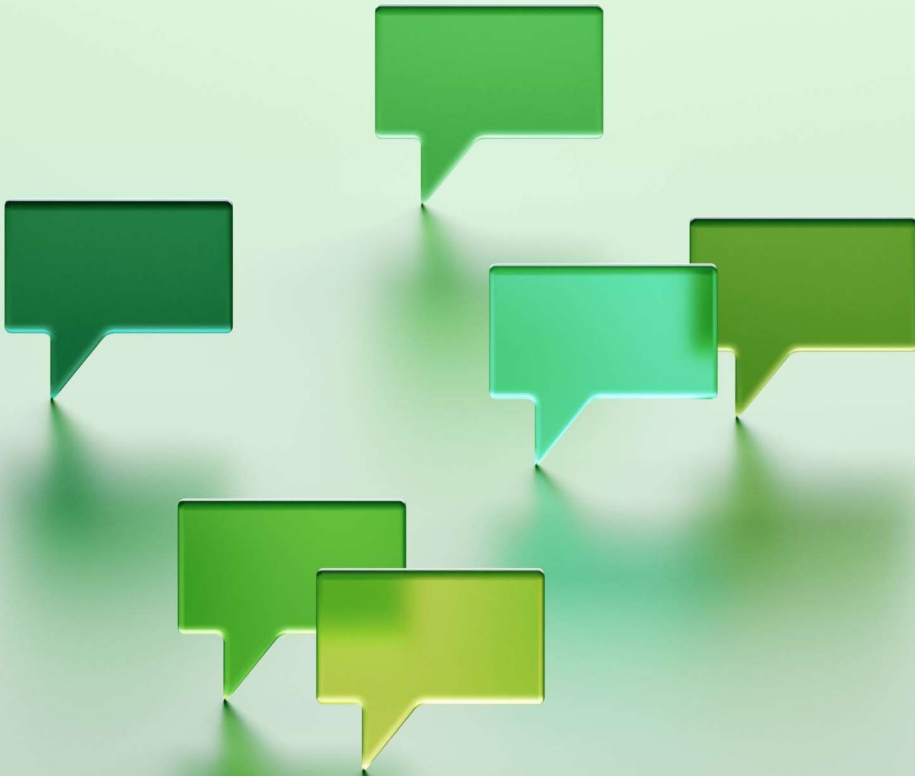
2. Focus on Actions Taken or To be Taken

3. Know your slides and DO NOT READ your sides.

4. Ask probing questions of the audience

5. Involve other people in the meeting so it is not just your voice.

6. Use different colors and pictures so that it is not just words on the page.

Perspectives from a former CEO and Board member

WHAT TO DO…

- Length of Presentation: 15-20 Minutes
- Format – Dashboard / Progress Reports / Risk Trend Charts
- Content Adjustments to the Plan
- When do you want to hear non routine items and/or Compliance Significant Issues
- Introduction or recap of the issues from last report.
- Update on Compliance Landscape – Nationally & Regionally
- Compliance Performance - Benchmark
- Strategic Adjustments to Compliance Plan – Program enhancements & emerging priorities.
- Key Changes in Approach
- Remind Board Members of the Board Role & Responsibility

HOW TO DO IT…

- Questions & Discussion
- Use Storytelling
- Beware of the Potential for Board Member Burnout

QUESTIONS