

The Top five Compliance Issues in a Rural or Small Provider Setting

Teri Price, RN, CHC, Compliance Officer
Eastern Band of Cherokee Indians

Teresa Bivens, CPC, CHC, Deputy Compliance Officer
University of Louisville, HSC

Welcome to the “Big Top” Five

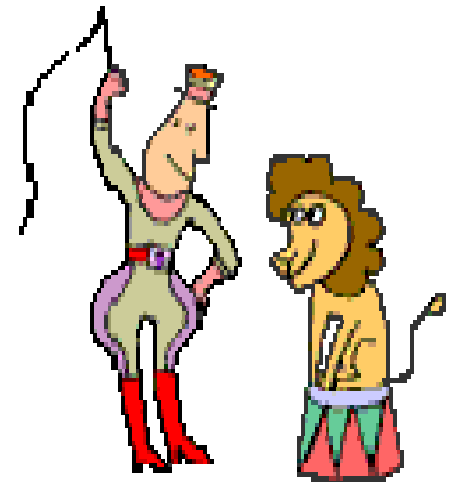
Join us to experience the show of a lifetime...

- “Juggling” compliance obligations single handedly...
- Walking the “tight rope” of complex regulations...
- “Balancing” time and resources to have an effect compliance program
- And many more thrills ...



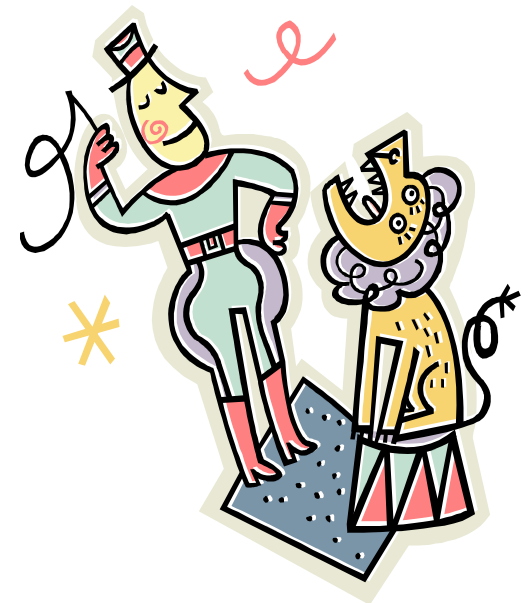
Who Are the Ringmasters?

- Teri – Eastern Band of Cherokee Indians
 - Cherokee Indian Hospital
 - Indian Health Service – 638 Compacted Facility
 - 25 Bed Inpatient Unit, ER, Outpatient Dept., Lab, Radiology, Pharmacy, Dental Clinic
 - Health/Medical Division (Public Health)
 - Behavioral Health, Cherokee Diabetes, Community Health, Qualla Youth Health Center, Third Party Billing, Tsali Care Nursing Home, Women's Wellness Center, etc.



Who Are the Ringmasters?

- Terry – University of Louisville, HSC
 - Consulting w/CIH and Health/Medical for about 5 years
 - Auditing, Education, Policy and Procedure Writing, Etc.
 - Deputy Compliance Officer for a large academic medical center



What do you feel belong
under the “Big Top”
five.....



Ringleaders Top Five

- HIPPA/Privacy Issues
- Limited manpower and/or resources
- The “we’ve always done it that way” attitude
- “Independent” opinions regarding issues and audits
- Outside contractors

HIPAA/Privacy Issues

Risks:

- One Man Show=Compliance AND HIPAA
- Investigations
- Training
- Policies/Procedures
- Everyone knows everyone
- Leaks during investigations
- Personal issues-grudges

HIPAA Continued

Solutions:

- Train, Train, Train and then Train some more
- Be careful what you say and to whom and where!
- Walk the Walk and Talk the Talk
- Time management/risk prioritization

Limited Manpower and/or Resources

Risks:

- Not being able to address vital risk areas in your organization
- OR if addressing risk areas (i.e. audits, investigations, etc) not being able to “fully” do the job – might be missing “key” elements
- Lack of staff training
- Constantly fighting “fires”
- Entity risk for outside investigation

Limited Manpower and/or Resources Cont.

Solutions:

- “Grow your own staff”
- Consultants
- “risk grid”/prioritization
- Training – internal vs. external vs. network

We have *always* done it this way!

Risks:

- No change or falling back to the way we have done it in the past
- Compliance is the police officer/outsider
- Potential monetary pay-backs
- Risk of outside audit or investigation

“We’ve *always* done it that way!” Cont.

Solutions:

- Trust
- Create “ownership”
- Staff input
- Why should I? What is in it for Me?

“Independent” Opinions

Risks:

- “Biased” opinions or results - internal
- Non-objective results – external
- Privacy issues

“Independent” Opinions Cont.

Solutions:

- Consultants
- Part-Time Staff
- “Grow your own” auditor
- Difficult to find solutions...

Outside Contractors

Risks:

- Not understanding system or wanting to work within your system
- “Don’t care” attitude
- “Can’t teach on old dog new tricks”
- Negative to change

Outside Contractors Cont.

Solutions:

- Make expectations clear at the time of contract
- Adhere to high “expectations”
- Use the provider “champion”
- Include in annual audits
- Train

And always remember – Rome was not built in a day – and neither will your compliance program!

Be patient, grab some popcorn and try to enjoy the “acts” along the way...