

Configuring Compliance: A Professional Fit

[Save to myBoK](#)

by Susan C. Manning, JD, RRA

The development and implementation of compliance programs offer HIM professionals perfect opportunities to provide leadership and expertise. HIM professionals should be involved in these processes because the documentation of patient services is an essential part of the investigation and enforcement of compliance. This article outlines the guideposts for developing a compliance plan and highlights opportunities for growth, learning, and career advancement opportunities for HIM professionals.

Healthcare fraud and abuse have been identified as a national problem with a staggering financial impact, and the US government has responded with aggressive enforcement. The recently signed Health Insurance Portability and Accountability Act of 1996 creates a program to combat healthcare fraud and abuse in both the public and private sectors. Significant civil and criminal penalties have been imposed on providers. And substantial financial incentives are available to employees and beneficiaries who report fraudulent or abusive healthcare billing practices.

Healthcare providers have responded to this aggressive enforcement environment by designing individual plans for meeting local, state, and federal requirements for the billing of their services. These designs, referred to as "corporate compliance plans," are intended to prevent fraud and abuse. Such a plan is simply a formalization of processes developed to identify, investigate, and prevent violations relating to the delivery and payment for healthcare services.

A mandate to create compliance plans has been imposed on violators through financial settlement agreements. The government has also provided guidance for compliance plans by creating model plans for both clinics and hospitals. These model plans include a significant amount of information about compliance standards, structure, oversight, education, monitoring, and enforcement. In an attempt to make the time and expense of plan implementation more palatable, government enforcers have allowed the existence of an effective compliance plan to be a significant factor in the reduction of fines imposed for violations. Therefore, a proactive provider will take steps toward the prevention of a financial disaster by developing and implementing a compliance plan. The development and implementation of a compliance program offer perfect opportunities for the training and expertise of health information management professionals to come to the fore.

Where Do We Start?

HIM personnel are uniquely qualified to provide strong technical, interpersonal, and decision-making skills to the compliance process. We are uniquely positioned to provide leadership and expertise to the design of the plan, as well as to organize and direct development and implementation. We have the knowledge and skills to build proactive strategies into the structure of the plan. Our background in data collection and analysis, physician documentation practices, and health information management is invaluable to the process of meeting compliance requirements and reducing the risk of future fraudulent or abusive practices. We need to be involved because the cornerstone of health information management, the documentation of patient services, will also be the cornerstone of the investigation and the enforcement of compliance.

As HIM professionals begin their involvement in compliance plans, it is important that a very personal and honest assessment of current skills and expertise occur so that every professional can become involved in the areas of the plan where their skills can be most valuable. There may also be areas that are identified for more intensive education, and we must find ways to meet these educational challenges.

US Sentencing Guidelines

The US Sentencing Guidelines for Organizations have provided the building blocks for model compliance and settlement plans. They have also provided direction for providers panicked by the onslaught of investigations and fines. The seven sentencing

guidelines, which provide the core components for a corporate compliance plan, also provide guidance for growth, learning, and career advancement opportunities for HIM professionals.

A Written Standard of Conduct for All Employees

The first sentencing guideline requires development of a systemwide standard of corporate conduct, which is expected to identify and address specific areas in which a provider might be vulnerable to fraud and abuse. Development of the standard also requires systemwide employee education in relation to the standard and its meaning. The HIM professional needs to become involved in standard development to demonstrate both a personal and professional commitment to compliance. This involvement will also provide the HIM professional an opportunity to demonstrate a breadth of health information knowledge that will be invaluable to the compliance process. In addition, a personal commitment to involvement provides an opportunity to encourage other personnel to become involved and provide leadership to the development of a team approach to the compliance process. Using a team approach in developing the standard will also provide a more comprehensive understanding of the areas affected by compliance, specific areas of concern, and the systemwide areas of vulnerability.

From a more practical point of view, the HIM professional will have an opportunity to use policy and procedure skills and expertise in physician documentation, coding, and other health information management areas that have been identified by government enforcement as being vulnerable to fraud and abuse. This expertise will enhance the articulation of standards of conduct relating to these areas.

While providing expertise to the compliance process, it also will be important to explore processes for reviewing and updating information management processes that relate to fraud and abuse. For example, review coding processes so that all activities support the corporate compliance standard. It will be important to add educational sessions to provide updates on rules, as well as create procedures for reporting and logging coding questions or problems. There also will need to be a standard protocol for identifying and dealing with coding practices that may violate a Medicare rule.

Finally, there must be ongoing education. In the past it has been too easy to skip educational programs, either because the department was busy or because budget constraints made education attendance unfeasible. It is now critical for HIM professionals to become the educators as well as the educated.

Program Oversight

The next sentencing guideline relates to oversight responsibility for the program. Clearly, the director of the plan must possess strong leadership and management skills. The very qualities that will be required to make the plan work are part of the training and development of a HIM professional. Strong interpersonal skills with administrators, physicians, and staff - which are a daily part of a HIM professional's life - will be critical to the success of plan oversight. A strong knowledge base in physician documentation practices, billing, and coding, as well as a working knowledge of local, state, and federal regulations relating to these services, will be critical to the success of the plan. Many HIM professionals currently supervise Health Care Financing Administration audit areas and have extensive experience in these areas of vulnerability. We also have the skills and experience in systemwide management that will allow for extrapolation of many of our risk reduction processes into systemwide compliance processes. The knowledge and education of the HIM professional is a good match with the requirements of the oversight director. The opportunities in this area are endless.

Due Diligence

The third component relates to using due diligence in the prevention of employment of individuals with a propensity for illegal activity. Enforcers have implied that this propensity may be as simple as routinely punching a time card early or as complex as tracking and verifying years of coding a higher level of service than physician documentation substantiates. Many HIM professionals have substantial experience in hiring employees, verifying references, and physician credentialing, which can provide assistance to this area of the plan.

Education

This is probably the area in which HIM professionals have the most expertise and can make the most significant contributions. The education component is expected to be comprehensive and ongoing. It should include information about fraud and abuse laws, Medicare reimbursement principles, physician documentation, billing, coding rules, and other problem areas that may be identified through vulnerability assessments.

HIM professionals have proven our professional worth as educators in the high quality of education we provide to our pre-professional students, the educational programming we provide to each other, and the teaching we do for employees, staff, and physicians. We continually educate physicians and employees on laws relating to healthcare information, including coding, physician documentation, and billing. We are well qualified to develop, implement, and teach the educational component. We can also design educational program evaluations and implement systems for follow-up education when necessary.

Monitoring and Auditing

Monitoring and auditing require writing policies and procedures for monitoring the success of the plan, auditing areas of risk, investigating identified issues, and reporting data analysis. HIM professionals can provide assistance in policy and procedure development for program monitoring tasks. We can also provide links between compliance tasks, employee performance, and compliance success. Coordinating the review of HIM activities, personnel performance, and routine reporting as evidence of ongoing assessment are also responsibilities. A review of HIM activities should include identification of problems and corrective steps taken. The monitoring process should verify an actual commitment to compliance by the HIM department. Appropriate records should be made and maintained to document the effectiveness of compliance.

The Audit

The audit process may be what HIM professionals do best, because it is something many of us do on a daily basis. We can begin to establish a formalized audit process for compliance by writing audit protocols. These protocols should include policies and procedures for an audit process, periodic reporting, and corrective measures for identified variants. Audits should include established baselines of activity and processes for identifying variations. We should be prepared to investigate the reasons for variations identified through data collection and analysis. We should be adequately knowledgeable in the audit area to be able to provide reasonable justification for the causes for deviations or to make recommendations for corrective actions. Where improper procedures cause deviations, we should be prepared to take corrective action when necessary. All audit activities and responses should be documented. Areas of vulnerability in relation to compliance should be identified and regularly audited. The audit process should be approached methodically, with an organized strategic plan that begins with review of the areas of highest vulnerability. Suggested audit areas may include regular and periodic retrospective and prospective record and coding reviews. In the hospital setting, we can provide DRG analysis review. Validation activities and data quality reviews will provide additional auditing information. In both the inpatient and outpatient setting, physician documentation of services provided and a level of service coding match can be reviewed. Upcoding and downcoding are inaccuracies that need to be identified and corrected to meet regulatory coding requirements. Coding services not substantiated by chart documentation are another important area for audit. Inaccurate coding of procedures should also be reviewed, as should alterations to medical records. Use of resident and nonphysician services may need to be reviewed. Additional audit areas may be added as necessary.

Enforcement

Even the final component of enforcement relates to our continued vigilance of physician documentation. The Office of the Inspector General (OIG) believes that a plan should include degrees of disciplinary actions that can be imposed on employees for failing to comply and that violations should subject transgressors to sanctions. Many HIM department policies and procedures for physician chart completion include prototypes for the very types of policies and procedures the government would like to see in a compliance plan.

Commitment

The OIG has released its fiscal 1998 workplan. This plan features assessments in a number of areas that involve coding practices. It's clear that the creation of compliance plans will become increasingly important in the near future. Luckily for HIM professionals, much of what the OIG really wants to know about compliance relates directly to what we do and how well we do it. HIM professionals should be prepared to demonstrate our expertise and embrace the challenges compliance opportunities represent.

Susan Manning is a healthcare consultant at Suby, Von Haden & Associates, S.C., in Madison, WI.

Article citation:

Manning, Susan C. "Configuring Compliance: a Professional Fit." *Journal of AHIMA* 69, no.1 (1998): 36-38.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.