

New to Healthcare Conference Compliance Roundtable

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Presenter Bios



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Dhara Satija is the Director of Healthcare Consulting in the Life Sciences Consulting Group of Paul Hastings. Dhara has nearly 15 years of consulting experience serving healthcare and life sciences clients across an array of issues, including projects ranging from strategy and operations to regulatory and corporate compliance, risk management, and investigation and litigation support. In particular, Dhara has led projects related to: development and implementation of compliance programs (i.e., written standards, training, and monitoring/auditing); design and delivery of internal compliance audits, investigations, and corrective action plans; support for provider self-disclosures/voluntary refunds; government-initiated audits; litigation support services; and Corporate Integrity Agreement (CIA) requirements.



Lifespan

**Donna Schneider, RN, MBA, CPHQ,
CHC, CHPC, CPC-P, CPCO, CCEP**
Vice President, Corporate Compliance and Internal
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Donna currently works for Lifespan as the Vice President, Corporate Compliance and Internal Audit, Lifespan Compliance & Privacy Officer. Donna is a progressive, visionary healthcare executive with demonstrated accomplishments in corporate compliance, privacy, internal audit, managed care contracting, physician relations, and quality improvement. Donna is certified in healthcare quality, coding, compliance, privacy, and ethics. She has comprehensive experience in hospital operations, involvement in inpatient, and ambulatory and physician group practice management in an integrated healthcare delivery system. Donna also has managed care and self-insured employer group health plan experience in conjunction with a messenger model physician delivery network tenure. She is a registered nurse with an MBA and certifications in quality, coding, compliance, and privacy.



Boston Children's Hospital
Until every child is well

Timothy C. Hogan, JD, FHFMA, CHC
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Tim Hogan is Senior Vice President and Chief Compliance Officer for Boston Children's Hospital. He has previously served in compliance leadership roles at Beth Israel Deaconess Medical Center, Elliot Health System, and Harvard Vanguard Medical Associates / Atrius Health.

Tim recently served as New England regional executive for the Healthcare Financial Management Association and is a past president of the Massachusetts/Rhode Island Chapter. He is also a former chair of the Chapter's Compliance Committee.

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Today's Objectives:
During this presentation, we will cover:

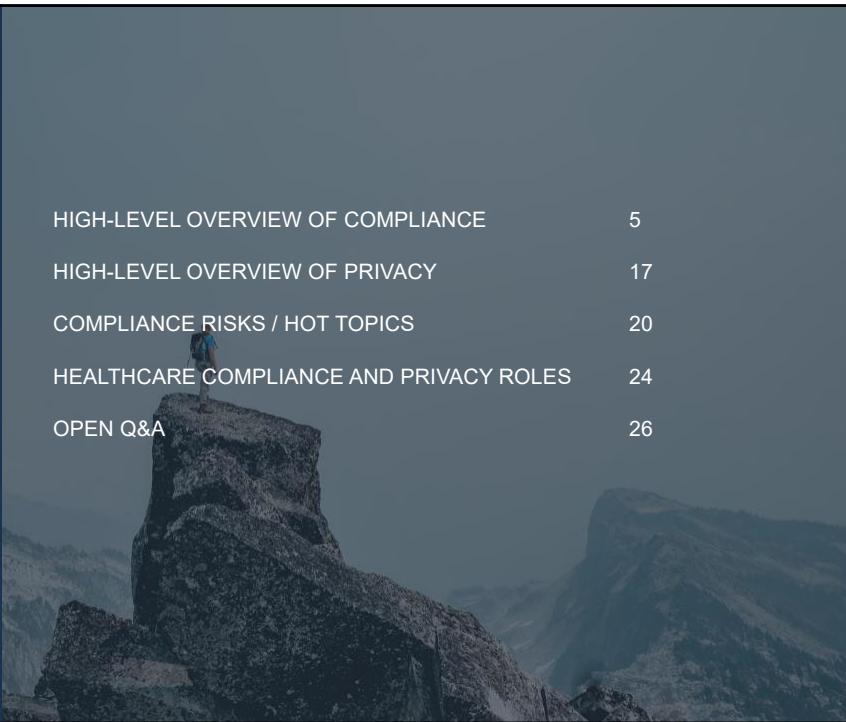
1. Overview of Healthcare Compliance and Privacy and why it matters
2. Discuss hot topics / current risk trends in Healthcare Compliance and Privacy
3. Demonstrate that everyone can have a separate path to a successful Healthcare Compliance and Privacy Role

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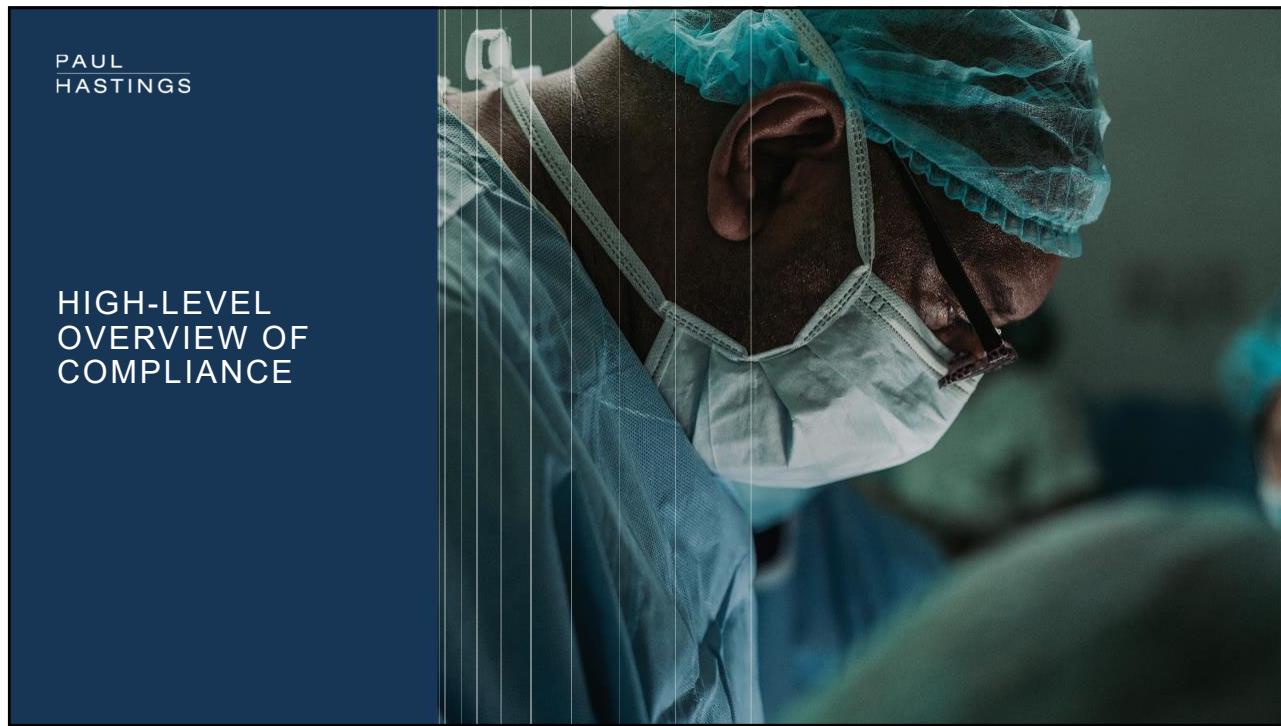
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HIGH-LEVEL OVERVIEW OF COMPLIANCE

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Polling Question #1

What is the most strictly regulated industry in the United States?

- A. Nuclear Energy
- B. Commercial Aviation
- C. Banking and Investment Firms
- D. Healthcare

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Key Regulators



The Department of Justice
(DOJ)



Office of the Inspector General
(OIG) of Department of Health
and Human Services (HHS)

To identify and eliminate fraud, waste and abuse and
to promote efficiency and economy in operations

Responsible for conducting audits, evaluations, and both criminal and civil investigations for all HHS agencies, including...

- Centers for Medicare and Medicaid Services (CMS)
- Public Health Service Agencies
 - Agency for Healthcare Research and Quality (AHRQ)
 - Centers for Disease Control (CDC)
 - Food and Drug Administration (FDA)
 - Health Resources and Services Administration (HRSA)
 - Indian Health Services (IHS)
 - National Institutes of Health (NIH)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
- Human Services
 - Administrations for Children & Families, Aging, and Community Living
- Department of Health and Human Services Office for Civil Rights (OCR)

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Key Healthcare Regulations

Anti-Kickback Statute
(AKS)

False Claims Act
(FCA)

Stark Law

Health Insurance
Portability &
Accountability Act
(HIPAA)

Health Information
Technology for Economic
and Clinical Health
(HITECH)

Medicare and Medicaid

State and Local Laws
(e.g., false claims,
privacy)

Civil Monetary Penalties
Law

Exclusion
Provisions

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Regulators Expect Compliance + Closely Scrutinize the Healthcare Industry

"Health care fraud was once again the leading source of the department's False Claims Act settlements and judgments this past year."



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- Regulators continue to emphasize the **importance of an effective, dynamic compliance program** that is able to evolve with its organization. According to guidance material issued by the U.S. Department of Justice, **"One hallmark of an effective compliance program is its capacity to improve and evolve."**
- Of the more than \$2.2 billion in settlements and judgments recovered by the DOJ in 2020, **over \$1.8 billion relates to matters that involved the healthcare industry**
- **The DOJ recovered more than \$5.6 billion in 2021**, providing the 2nd highest False Claims Act (FCA) collection year in history
 - Healthcare cases accounted for over 80% of the total recoveries for FCA enforcement
 - This number is up significantly from the \$2.2 billion recovered in 2020 (notably, a significant amount of the \$5.6 billion was obtained from a settlement with a Pharmaceutical Company)

"Kickbacks in the healthcare industry are pernicious because of their potential to subvert medical decision-making and to increase healthcare costs. In addition to pursuing improper payments by drug manufacturers, the department resolved other schemes involving the willful solicitation or payment of illegal remuneration to induce the purchase of a good or service paid for by a federal health care program."

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Polling Question #2

When did many healthcare organizations begin to implement compliance programs?

A. After Medicare was enacted in 1965
 B. After HHS-OIG was created in 1976
 C. After Health Insurance Accountability and Portability Act was passed in 1996
 D. After Enron accounting fraud occurred in 2001

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Compliance = Doing the Right Thing



- Compliance with Laws and Regulations
Does it break the law?
- Compliance with Policies and Procedures
Does it violate an organizational standard?
- Compliance with Ethical Guidelines
Does it make you feel uneasy or nervous?



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What is a Compliance Program?

A Compliance Program is a formalized effort to prevent, detect, and respond to business conduct that is inconsistent with federal laws, state laws, and/or an organization's values.

Role of Compliance

- Provide guidance on the interplay between risk / standards and business strategy / need
- Provide input on business and company initiatives
- Provide information to Management and the Board to enable them to carry out their duties
- Conduct monitoring, auditing, investigations and risk assessments that could help identify areas for enhancements or efficiency



Everyone has an obligation to be aware of and abide by all policies, procedures that are relative to their respective job function.

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Expectations for an Effective Compliance Program

The OIG and DOJ provide particular detail on their expectations – OIG's "seven elements" and DOJ's "Hallmarks" establish the program elements that must be tailored to a company's risk profile to establish an effective compliance program

Three Fundamental Questions

- Design**
"Is the corporation's compliance program well-designed?"
- Implementation**
"Is the program being applied earnestly and in good faith?"
- Practical Effectiveness**
"Does the corporation's compliance program work in practice?"

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OIG Compliance Guidance

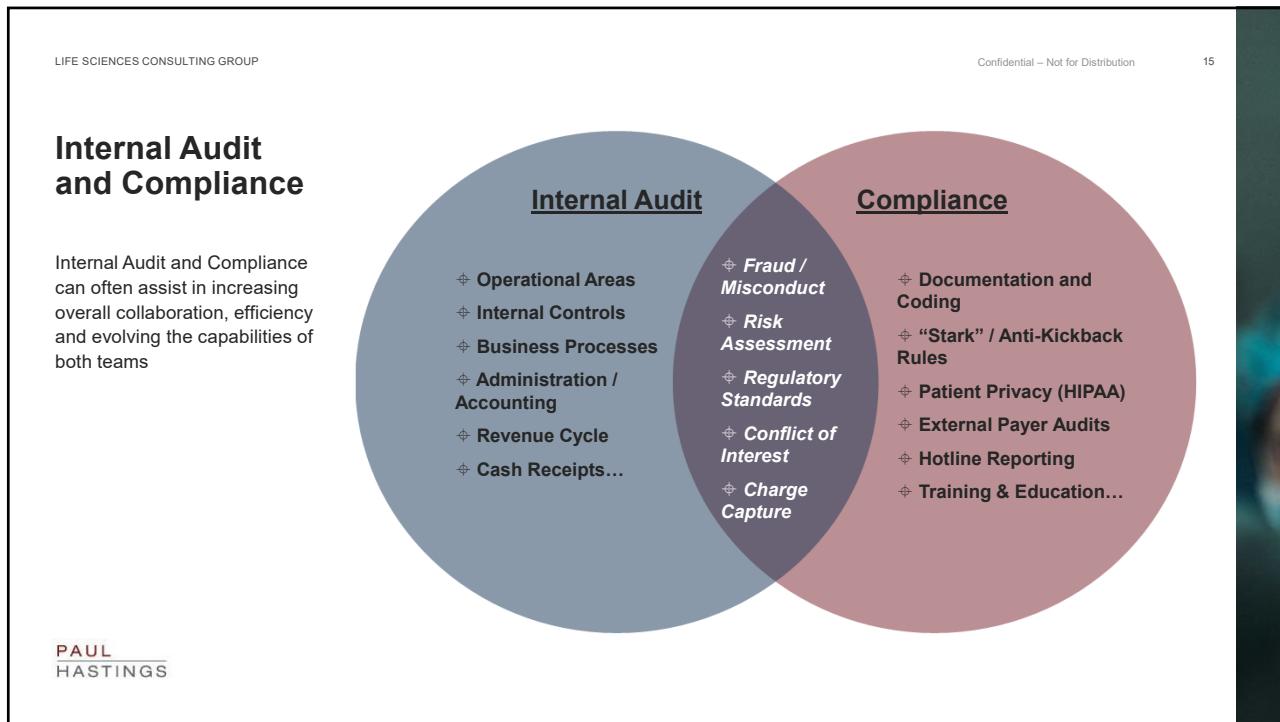
OIG has developed a series of voluntary compliance program guidance documents directed at various segments of the health care industry to encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations, and program requirements.

Source: <https://oig.hhs.gov/compliance/compliance-guidance/>

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- [Hospitals](#)
 - [Supplemental Guidance](#)
- [Nursing Facilities](#)
 - [Supplemental Guidance](#)
- [Individual and Small Group Physician Practices](#)
- [Home Health Agencies](#)
- [Hospices](#)
- [Clinical Laboratories](#)
- [DME, Prosthetics, Orthotics, and Supplies](#)
- [Ambulance Providers](#)
- [Third-Party Medical Billing Agencies](#)
- [Pharmaceutical Manufacturers](#)
- [Medicare + Choice Organizations](#)
- [Recipients of PHS Research Awards](#)

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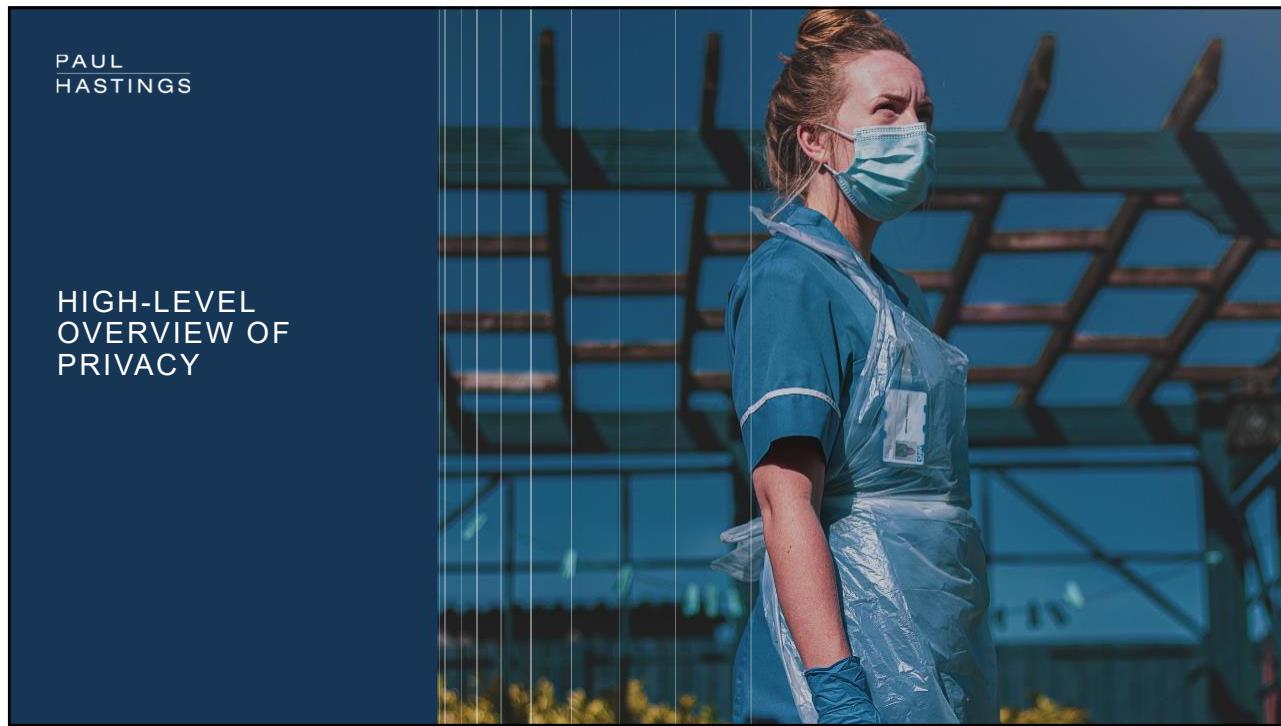
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Polling Question #3
Is Compliance everyone's responsibility?

A. Yes
B. No

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Polling Question #4
Which federal law safeguards your' protected health information?

A. HIPA
B. HIPAA
C. HIPPA
D. HIPPAA

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Privacy and Electronic Security

Health Insurance Portability Accountability Act of 1996

Applies to “Protected Health Information”

- PHI includes any individually identifiable information relating to provision of health care (including solely demographic or financial information)

Following breach of unsecured PHI, notice to:

- U.S. Office for Civil Rights
- Each affected individual
- In addition, notice to prominent media outlet if more than 500 people affected

Notice required “without unreasonable delay”

- No later than 60 days of discovery

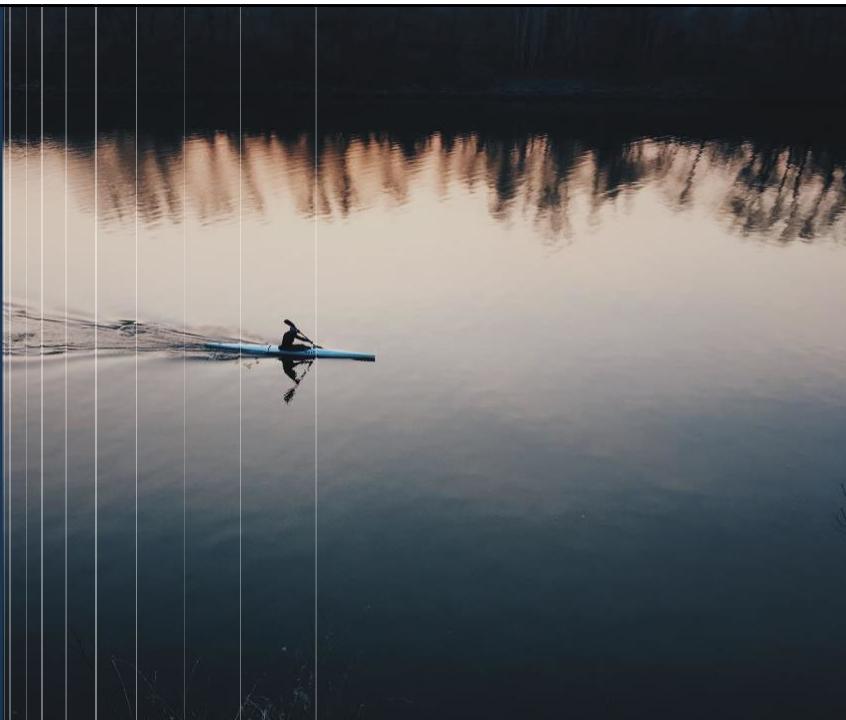
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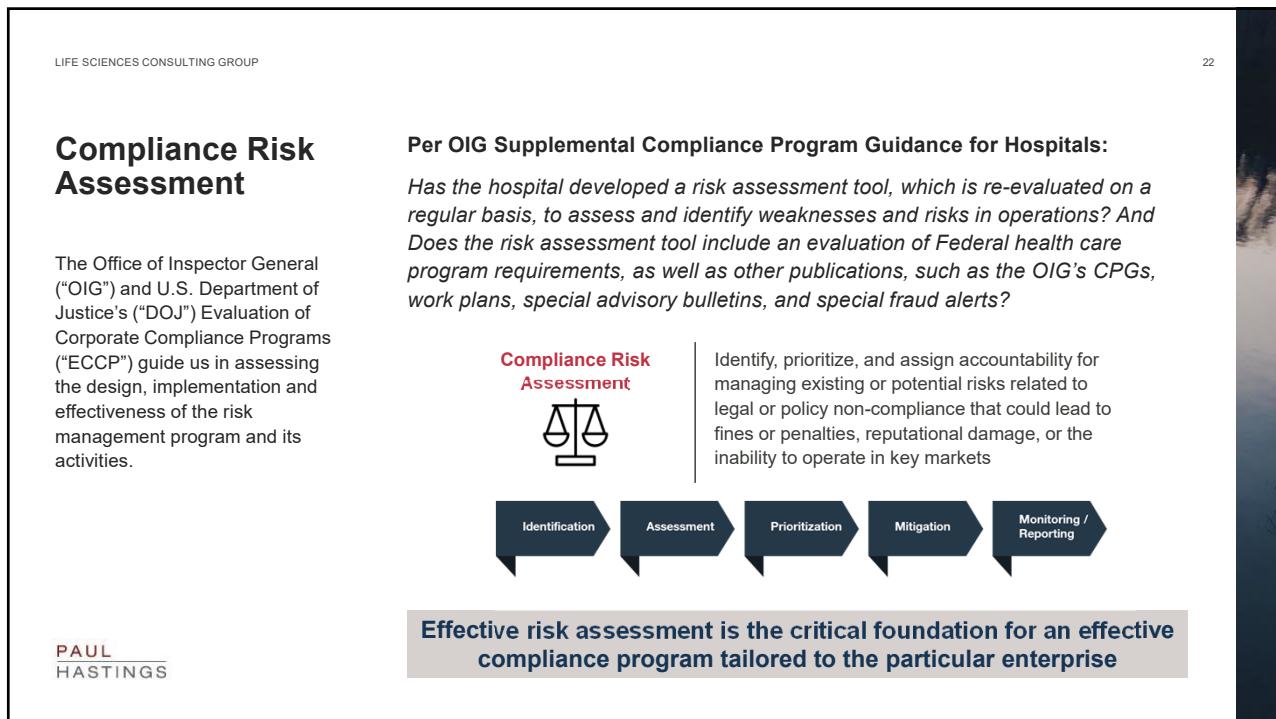
COMPLIANCE RISKS / HOT TOPICS



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Causes of Billing Errors



“[T]he statutes and provisions in question, involving the financing of Medicare and Medicaid, and among the most completely impenetrable texts within human experience. Indeed one approaches them at the level of specificity herein demanded with dread, for not only are they dense reading of the most tortuous kind, but Congress also revisits the area frequently, generously cutting and pruning in the process and making any solid grasp of the matters addressed merely a passing phase.”

Billing and “False Claims”:

- Federal and State law prohibits reimbursement for healthcare services that are not rendered appropriately or documented accurately
- Billing for an inappropriate or inaccurate level of service may be classified as a false claim *
- Violations can result in payment refunds, civil fines, imprisonment, and exclusion from government healthcare programs

Rehab. Ass'n of Va., Inc. v. Koslowski, 42 F.3d 1444, 1450 (4th Circuit), cert. denied, 516 US 811, 116 S.Ct. 60, 133 L.Ed.2d 23 (1995) Cited in Briggs v. Comm., 429 Mass. 241, 707 N.E.2d 355 (1999).

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HEALTHCARE COMPLIANCE AND PRIVACY ROLES

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Polling Question #5

To which senior leadership role does Compliance report in most healthcare organizations?

- A. Board of Directors
- B. Chief Executive Officer
- C. Chief Financial Officer
- D. Legal Counsel

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OPEN Q&A



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2022 In-Person

Compliance &

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WEDNESDAY, NOVEMBER 30 - FRIDAY, DECEMBER 2, 2022

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New England Healthcare Internal Auditors (NEHIA) and the Healthcare Financial Management Association (HFMA) MA-RI Chapter are excited to jointly present their annual, highly anticipated 3-day in-person educational conference. The conference attracts healthcare compliance, privacy, internal audit, and finance professionals from throughout the Northeast to learn from experts and peers in the industry. In addition to providing low cost, high quality educational sessions, NEHIA and HFMA MA-RI will connect conference members with each other to create a strong community of healthcare professionals in New England.

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Polling Question #6

Are you planning to attend the HFMA-NEHIA November 30th – December 2nd, 2022 Compliance & Internal Audit Conference?

A. Yes, absolutely!

B. No

C. May be

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Thank You!!!

