

COMPLIANCE EFFECTIVENESS PILOT FAQs

What is the Compliance Effectiveness Pilot and why is CMS conducting it?

A priority of the CMS Administration is identifying metrics to measure compliance effectiveness and developing incentives to offer providers deemed to have an effective compliance program. In order to further this objective, a pilot project is being launched with the goal of better assessing those factors that make a compliance program “effective.”

What was the application process for the Compliance Effectiveness Pilot?

Several trade associations have already been contacted to ensure their assistance in soliciting participants. These groups are very supportive of this effort and are willing to offer resources to assist with the project, including sending out notice of the project through their membership email networks. It is hoped that notice of the project can go out in mid-spring via these networks. The deadline for providers to indicate their interest in participating would be approximately six weeks after the initial notice of the project goes out, and the pilot would begin approximately two months afterwards. Current project parameters call for site visits to be conducted at each of the pilot project participants in order to assess the effectiveness of that provider’s compliance program. These visits will begin about a month after providers are notified of their selection to participate in the project.

What kind of providers are in the pilot?

The pilot will focus on hospitals, specifically acute-care hospitals and academic medical centers. This decision was made based on the prevalence of compliance programs in hospital settings and the types of hospitals typically having operational compliance programs. The goal is to encourage as broad a range of hospital participants as possible (rural, urban, advanced compliance program, basic compliance program) to provide more valid results.

How many providers are in the pilot?

The pilot has 16 hospitals participating in the pilot.

Where are the providers located?

The hospitals are located in the following states: MA, NH, NY, MD, VA and WVA. These are some of the states which comprise CMS’ Regions I, II and III.

Can the hospitals be directly contacted for questions regarding their experience in the pilot?

Yes, please see contact information listed in the table below:

Facility	Location	Contact Name	Contact Phone Number
1) Anne Arundel Medical Center	Annapolis, MD	Caroline Rader	410-216-6433
2) Community General Hospital Health Services	Syracuse, NY	Nancy Thompson	315-492-5666
Sisters of Charity Hospital/Catholic Health System: 3) Kenmore Mercy Hospital, 4) Buffalo Mercy Hospital, 5) Sisters of Charity Hospital, 6) St. Josephs Hospital	Buffalo, NY (2) Kenmore, NY Cheektowaga, NY	Anne Mason	716-862-1076
7) Davis Memorial Hospital, 8) Broaddus Hospital	Elkins, WV	Dana Jenkins	304-637-3656
9) Park Ridge Hospital	Rochester, NY	Toni Teumer	585-368-3225
10) SUNY Upstate Medical University Hospital	Syracuse, NY	Darlene Noyes	315-464-4343
11) North Shore University Hospital	Plainview, NY	Patty Ariel	516-465-8858
12) Catholic Medical Center	Manchester, NH	Karen Murray	603-663-6651
13) Upper Chesapeake 14) Harford Memorial	Bel Air, MD Havre De Grace, MD	AJ Stolusky	443-643-4274
15) UVA Medical Center	Charlottesville, VA	Ralph Traylor	434-924-9741
16) Sturdy Memorial	Attleboro, MA	Alice Polley	508-236-7157

How many site visits will be conducted and when will they occur?

Two site visits will be conducted. Initial site visits occurred between November 2004 and March 2005. Site visits are also is planned prior to the conclusion of the pilot.

What occurred during the site visits?

A survey tool was administered and interviews were conducted of key staff such as the compliance staff, CEO, CFO, Medical Director and directors/staff in various departments such as HR, reimbursement, coding, patient services/registration

What are some of the preliminary findings observed during the site visit?

Here a few key points:

- It is important to have buy-in for the compliance plan from senior management at the organization.
- The role of the compliance officer is extremely important in the implementation of the compliance plan
- The compliance officer has to establish good working relationships across departments.
- There should be accountability of department managers on compliance related issues to ensure that the compliance message is communicated to staff at all levels.
- There should be an audit plan which involves open communication and collaboration among all departments conducting audits and the compliance officer needs to be aware of the various types of audits occurring.
- There is a heavy reliance on data; however, there is a continual need for human oversight to ensure that the data received is meaningful.

What are some of the preliminary observations based on the information gathered in the survey tool?

Here are some of the major commonalities:

- The sites had formal procedures available in a variety of formats and are reviewed and/or approved by the Board.
- Accountability for the compliance program exists at a senior-level.
- Compliance committees exist and are either at a Board level or are a sub-committee of a Board level committee.
- Formal education and training occur at least on an annual basis with updates to the curriculum occurring annually or as needed
- Reporting mechanisms such as 24/7 hotlines are in place or direct or written contact with the compliance officer or a member of senior management can also occur
- The Board receives reports from the compliance staff usually at a general level but will receive details of specific investigations as applicable.
- Audit plans are in place with coordination and communication occurring among the affected departments.
- External audits occur to verify the controls at the sites
- The human resources department is usually responsible for administering progressive disciplinary action with the input of the compliance staff as applicable.

How long will the pilot last?

The pilot is scheduled to last 18 months.

What are the benefits of being in this pilot?

It is planned for the participants to receive enhanced claims data which includes elements not readily available to providers. In addition, a liaison relationship has now been established between the participants and CMS staff.

Are their plans to expand the pilot to include additional hospitals or different types of facilities?

CMS is considering expansion but no final decision has been determined at this time.

What will CMS do with the results of this pilot?

CMS plans to develop best practice guidance which will outline approaches which can be successfully applied to prevent improper activities.