

# Office of Compliance and Privacy

## Ask RCRA - COF

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May 5, 2025

# Introduction

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## Healthcare Compliance

- Healthcare Compliance refers to the process of a healthcare organization adhering to all applicable federal, state, and local laws, as well as their own internal policies and ethical standards, to prevent fraud and abuse.
- It means following all the rules and regulations governing healthcare practices to ensure patient safety and proper billing procedures.

## Benefits to the Organization

- Improves the quality and safety of patient care and outcomes
- Helps to avoid legal risks including fines and penalties
- Helps to avoid termination from Federal Programs like Medicare and Medicaid
- Protects the privacy and security of patient information
- Allows us to be reimbursed for the services provided
- Enhances the reputation of – and trust in – Emory Healthcare and its healthcare professionals

# Key Regulatory Bodies

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## Dept of Health and Human Services Office of the Inspector General

- Audits healthcare organizations to help reduce fraud, waste, and abuse of healthcare dollars.
- The OIG publishes Work Plan monthly updates to announce specific topics that it intends to target that year and beyond, giving organizations a “heads up” on the types of audits they could face.
- Provide voluntary guidance, with penalties for not adhering

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## The Joint Commission

Accredits organizations, mostly hospitals, that meet specific compliance standards for patient care quality and safety.

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## The Centers for Medicare and Medicare Services (CMS)

- Federal payor responsible for administering health coverage programs to more than 160 million beneficiaries.
- It is their goal to improve quality, equity, and outcomes in the health care system.

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## HHS Office for Civil Rights

- Enforces federal civil rights laws, specifically, the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules, and the Patient Safety Act and Rule.
- Together, they protect patients' fundamental rights of health information privacy, nondiscrimination, and patient safety..

# Emory Healthcare's Compliance Program

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## Governance from the Top

- Emory University (EU) Audit and Compliance Committee (ACC)
- Updates to the Emory Healthcare (EHC) Board
- Decision-making and updates to the EHC Management Compliance Committee
  - With access to the Chief Executive Officer

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## Compliance Program Elements

- Standards of Conduct and written policies and procedures to communicate our values, and guide ethical behavior
- Designated Compliance Officer and Committee to oversee the program
- Trust Line for 24/7 anonymous reporting
- Effective training and education
- Monitoring and auditing to confirm effectiveness and identify issues

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- Consistent implementation of enforcement and disciplinary guidelines partnering with Human Resources
  - Annual risk assessment to identify, assess, prioritize, and plans to mitigate risks resulting in the annual compliance workplan.
  - Participate and support the Enterprise Risk Management (ERM) process

# Significant Statutes

## HIPAA

Privacy: Access patient data for treatment, payment, healthcare operations

Security: Information Technology/Digital/Information Security must ensure that information is available, secure, and has integrity.

## False Claims Act

Imposes liability on persons and companies who defraud governmental programs by knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval.

It is the federal government's primary litigation tool in combating fraud against the government.

Billing for services not provided; billing in a manner to be overpaid

## Anti-Kickback Statute

Prohibits organizations and providers from receiving a financial benefit for patient referrals if the federal government may be charged for all or part of the cost of these services.

Exchange of some benefit for referring patients

## Stark Law

Prohibits physicians from referring patients with Medicare or Medicaid to a provider or entity with whom the physician or a member of the physician's immediate family has a financial relationship.

## CMS Open Payments

Open Payments collects and publishes information about financial relationships between drug and medical device companies (referred to as "reporting entities") and certain health care providers (referred to as "covered recipients").

These relationships may involve payments to providers for things including but not limited to research, meals, travel, gifts or speaking fees.

# “Trusted Resource”

Mission:

“To be a **Trusted Resource** to the Organization”

Helping Emory Healthcare Manage Compliance Risk Well.

Objective:

1. Ensure we have an effective compliance program.
2. Partner with other stakeholders to identify, assess, prioritize, and take steps to mitigate those risks.

# 4 Principles of Operation

- **Alignment** with the organization's structure, plans, and priorities;
- **Clarity** regarding roles, responsibilities, expectations, and accountability;
- **Efficacy**, having the capacity for producing a desired result or effect through productivity and efficiency as measured against plans and priorities; and
- **Opportunity** for all team members.

Ensuring that all team members are closely aligned with and knowledgeable regarding the organization's business, and applicable laws, rules, and regulations; fully engaged and excellent in their technical work, and practical in their counseling.

FY 2025 Compliance Workplan Dashboard as of March 2025

Future Task

Complete

On Track

At Risk

Off Track

CATEGORY	TOPIC	STATUS
Core Compliance and Privacy Program Activities	Refresh of Compliance Policies and Procedures – Compliance Program Manual and Creation of Policy Briefs	<div></div>
	Routine Issues Tracking and Management – SAI 360 March 2025 Go-live	<div></div>
	Management Compliance Committee – In place	<div></div>
	Refresh of Privacy Policies and Procedures – Creation of Policy Briefs	<div></div>
	Privacy Training Communication Plan	<div></div>
	Continuation of Improvement of EHC Conflict of Interest program	<div></div>
	Annual Open Payments Review for FY2024 – June 30, 2025	<div></div>
	Annual FY2025 Conflict of Interest Disclosure Campaign Closed February 28, 2025; disclosures in review	<div></div>
	Establishment of Formal COI Management Committee	<div></div>
	Business Associate Agreement (BAA) Audit	<div></div>
	Contract Management - Placeholder MediTract	<div></div>
	Maize / SecureLink Optimization	<div></div>
	Exclusion / Sanction Checks Optimization	<div></div>
	Project Watt – Houston Health	<div></div>
Risk-Based Auditing and Monitoring Activities <i>*see Exhibit A for more detail</i>	Follow-Up Audit on High Relative Value Unit (RVU) Providers	<div></div>
	Medical Device Warranty Credits	<div></div>
	Provider Based Clinics Compliance Requirements and Billing Audits	<div></div>
	Focused Review on Diagnostic Coding Radiology	<div></div>
	Short Inpatient Stays	<div></div>
	High Risk DRGs	<div></div>
	Areas with Conditions of Payment	<div></div>
	Areas with NCDs / LCDs, such as cardiac rehab	<div></div>
	Areas with Psychiatry / Behavioral Health Treatment Plan Requirements	<div></div>
	340B Advisory Role – 340B FY24 Audit Follow-up and FY25 Audit	<div></div>
Follow Up Activities	Routine Follow Up on Ongoing Investigations and Issues	<div></div>
Operational Risk Areas and Advisory Roles	Routine Regulatory Change Management	<div></div>
	Abridge AI Physician Documentation Review - Generative AI tools to help doctors with medical documentation	<div></div>
	Assist in the Implementation of a Communication Plan of Coding Integrity SOP, Refreshed Charge Correction Policy, Reporting	<div></div>
	Assist in the Operationalization of CPT Change Reporting to Providers	<div></div>
	Revenue Cycle Governance Committee	<div></div>
Education and Communication	Communication Plan of Compliance People, Policies, and Procedures	<div></div>
	Updated new employee and new physician orientation	<div></div>

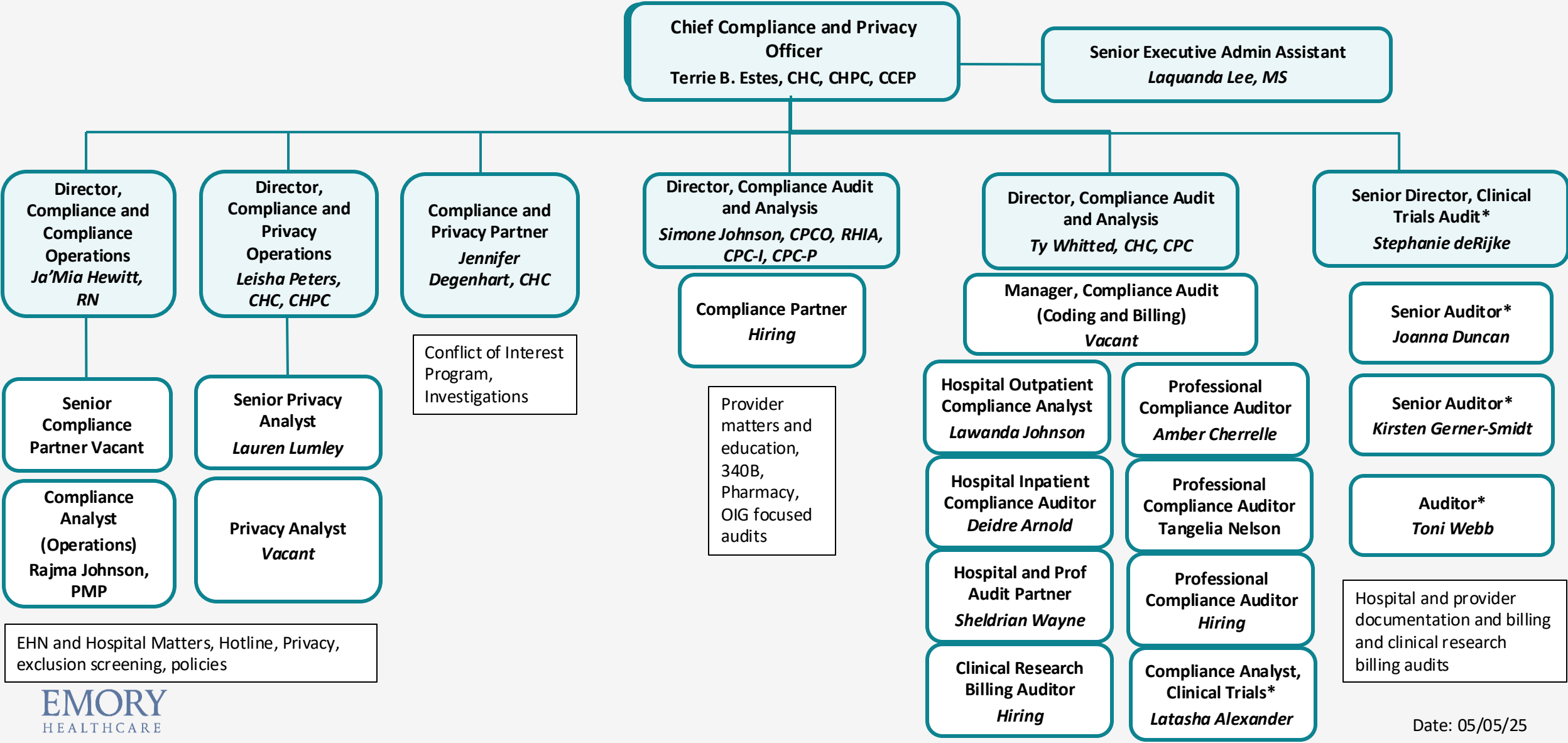


# FY 26 Preliminary Planning Considering Risk Areas

## Emory Healthcare Office of Compliance and Privacy

- Clinical Research Billing Auditing and Monitoring
- Use of Data/Data Use Agreements
- Reporting responsibilities to donors
- Physician Conflict of Interest Risk Mitigation (Management Plans)
- New Regulations: HIPAA Privacy Rule
- Houston Health integration into the Compliance program
- EMTALA specifically as it pertains to the Emergency Department, Behavioral Health patients presenting to the Emergency Department, and Labor and Delivery patients.
- Apple Project at Emory Hillandale Hospital
- 340B risk related to Executive Orders

# EHC Office of Compliance and Privacy



***Thank You***