

Compliance Matters

2018 Annual Compliance Training Deadline Approaching

In order to comply with government regulations, UConn Health is required to provide annual compliance education. The 2018 Annual Compliance Training launched on October 9, 2018.

The training is an ideal time to refresh your compliance knowledge and become aware of current compliance issues. The training is intended to help you identify compliance resources, locate policies and procedures, be familiar with the state code of ethics and university code of conduct, recognize fraud, waste and abuse and to define your role in compliance. The training ensures we are all working within the regulatory parameters that apply to our daily responsibilities.

If you have not already completed your mandatory training, log into the [Online Saba Learning Center](#). You will find the courses under "My Learning."

- 2018 Compliance and Ethics Refresher
- 2018 Compliance Risks and Strategies

The deadline for completion is
Monday, January 14, 2019.



National Compliance Week

National Compliance and Ethics Week took place November 5-9, 2018. The Office of Healthcare and Regulatory Compliance and the Office of University Compliance celebrated the event throughout the week at the UConn Health campus. Staff from both offices facilitated rounds of Compliance Jeopardy, testing staff and students compliance knowledge while raising awareness of our compliance programs. Congratulations to Rigoberto Vernon who received a Starbucks gift card for his compliance knowledge.

New CMS Payment Rule

On November 1, 2018, the Centers for Medicare and Medicaid (CMS) published the 2019 Medicare Physician Fee Schedule Final Rule. The Physician Fee Schedule Rule establishes payment policies and rates for physicians and other practitioners providing services under Medicare Part B.

CMS enacted several documentation, coding and supervision changes to lessen the administrative burden for practitioners and allow more time for direct patient care. The Final Rule goes into effect on January 1, 2019. Some of the major provisions are summarized below:

- Outpatient therapy providers are no longer required to report functional status data codes;
- Select diagnostic tests performed by radiology assistants will require direct rather than personal supervision;
- Payment will be provided for brief communications with patients via phone or other telecommunication methods;
- Providers are no longer required to document medical necessity for a home visit rather than an office visit;
- For established office/outpatient visits, providers only need to document what has changed since the previous visit and note that they reviewed the documentation from the previous visit; and,
- For new and established office/outpatient visits, providers are no longer required to re-document information entered by ancillary personnel related to the patient's chief complaint and history.

JDH Joint Commission Survey & DPH Investigations

It has been a busy few months in the Office of Healthcare and Regulatory Compliance. The Joint Commission (TJC) accreditation survey for John Dempsey Hospital took place September 18-21, 2018. TJC surveyors inspected all areas under John Dempsey Hospital (JDH). Behavioral Health was also surveyed by TJC during this time. To our gratification, there were no immediate threat to life or high level findings. This achievement reflects the commitment of all JDH employees in providing safe and high-quality care for our patients. TJC surveyors acknowledged JDH practices as some of the very best they have seen.

After the accreditation survey, TJC provided us with the Requirements for

Improvement (RFI). RFI's were found in the areas of Life Safety, Environment of Care, National Patient Safety Goals, Information Management, Medication Management, Medical Staff and the Record of Care. Each RFI requires a corrective action plan (CAP) based on a surveyors' specific observation. The CAP's must be completed and submitted within 60 days of receiving the RFI. The CAP's were submitted to TJC on December 1, 2018.

Following the TJC survey, UConn Health encountered Complaint Survey visits from the Connecticut Department of Public Health (DPH). During the complaint survey, DPH identified Ligature Risks that were on our risk assessment and cited a Centers for Medicare and Medicaid

Services (CMS) level violation. A CAP was since submitted and accepted.

The Connecticut Department of Energy and Environmental Protection (DEEP) investigated The Radiation Safety Program and found significant concerns. Currently, UConn Health is working with radiation safety experts to improve our Radiation Safety Program.

Everyone involved in the surveys and investigations has shown phenomenal commitment to maintaining compliance and correcting the recognized deficiencies. We continue to focus on correcting deficiencies to insure safe, quality care for all patients.

Opioid Crisis and New Federal Initiatives

In 2016 the nation saw a sharp increase in opioid related deaths. Approximately 42,000 Americans lost their lives to an opioid overdose. A main driver, apart from opioid dependency and abuse, was the induction of adulterated forms of opioid made available by illicit drug manufacturing. Connecticut had 971 opioid related deaths in 2016, and was one of several states with statistically significant increases in drug overdose. As the death count continued to rise and touch all 50 states, there was an indelible call to action. In March of 2016 the CDC published guidelines on opioid prescriptive practice for outpatient primary care clinicians. In July of that same year, 46 state governors, including Governor Dannel Malloy, signed the *Compact to Fight Opioid Addiction*. On October 26, 2017 President Donald Trump declared the opioid crisis a national public health emergency. A commission chaired by Governor Chris Christie was formulated and tasked with developing recommendations to combat the ever-growing addiction crisis.

The Commission defined addiction as "*a chronic relapsing disease of the brain which affects multiple aspects of a life*" and noted that public policy should improve access and treatment efficacy. The Commission put forward 56 recommendations, to include the elimination of pain survey questions, increased surveillance and market oversight, data-sharing and enhanced use of the Prescription Drug Monitoring Program, establishment of a drug court in each of the 93 federal court districts, changes to the patient informed consent process prior to prescribing opioids for chronic pain, and more education for pharmacist and prescribers; just to name a few.

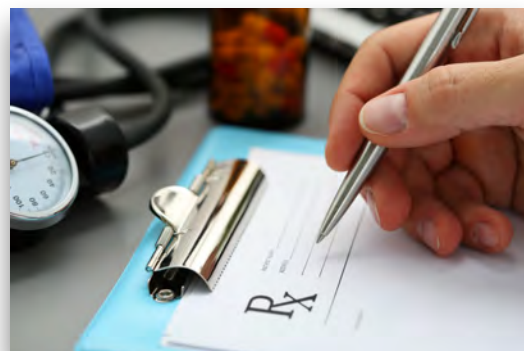
In February 2018, Jeff Sessions announced the creation of Department of Justice Prescription Interdiction & Litigation (PIL)

Task Force. A focus was placed on opioid manufacturers and distributors to ensure they are abiding by the DEA regulations. In addition, the False Claims Act (e.g. medical necessity) and

other tools will be used to help crack down on over-prescribing practices. The new Opioid Fraud and Detection unit is using data analytics to help discover evidence of overprescribing.

In April of 2018 the U.S. Attorney's office got involved by creating the Health Care Crimes Task Force that investigates and prosecutes crimes of opioid diversion. They announced their epic enforcement action in June 2018 with 601 individuals charged, including doctors, nurses and other licensed professionals.

FDA approved opioids have caused more unintentional deaths than any other drug class. We must educate ourselves on signs of abuse, alternative pain management, overdose prevention and the risks of opioid dependence to better assist the communities we serve.



References

Multiple Causes of Death 1999-2016 on CDC Wide ranging Online Data for Epidemiologic Research (CDC Wonder) <http://wonder.cdc.gov>
Office of Attorney General Press Release Number: 18-242 https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report
National Governors Association. *Governor's Sign Compact to Fight Opioid Addiction* (July 2016) <https://www.nga.org/news/governors-sign-compact-to-fight-opioid-addiction>

REPORTLINE



888.685.2637