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Mary Dunaway, Hospital Revenue Cycle Compliance Director, University of Arizona Health Network
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RS: Please share a little bit about your professional background and your work at University of Arizona Health Network.

MD: I have worked in healthcare for over 30 years. Upon graduating from nursing school, I worked for short stints in acute medical and pediatric hospital units. As my nursing skills improved, I moved into critical care nursing, where I quickly developed an interest in newly emerging technological advancements in cardiac care. Then in the late 1980s, I unexpectedly stumbled into health care auditing work when given an opportunity to learn hospital insurance counter auditing (i.e., substantiating the services hospitals provide to patients). Shortly thereafter, a physician practice administrator with University Physicians asked if a similar methodology could be applied to professional service claims, thus beginning my foray into health care coding and compliance.

Over the years, I have been afforded many opportunities to advance my skills in coding, revenue cycle management, and compliance on behalf of both the University Physician’s (practice plan) and University Medical Center (hospital). Just over one year ago, both organizations merged, recently adopting the name “University of Arizona Health Network.” The newly formed health system includes two hospitals, a behavioral health facility, numerous clinics, a health plan, and approximately 6,000 employees.

RS: Mary, please tell us how you first became involved in the Compliance profession.

MD: In the early to mid 1990s, the CFO with University Physicians offered me an opportunity to develop an internal audit program. The program was initially developed to evaluate and strengthen organizational processes and procedures from appointment scheduling through payment reconciliation. As it turned out, the foresight of the
CFO was particularly timely in light of impending regulatory scrutiny. Academic medical centers were among the first to experience such scrutiny, as adherence to Medicare Teaching Physician rules (PATH) was put under the microscope.

RS: What do you remember of the fateful call you and I had and the subsequent meeting held as part of the AGMA conference that eventually led to the establishment of HCCA?

MD: Mostly, I remember how timely the first call was. The AGMA conference set the stage for networking opportunities as academic medical centers shared their early experiences with regulatory enforcement activities and the early development of compliance and education programs. The collective experience and perspective that you, Brent Saunders, Ed Longozel, Lisa Murtha, Debbie Troklus, the Russos, and others openly shared helped organizations shift away from a reactive to a proactive solution-based approach. As you may recall, following the AGMA conference, several meetings were held with CMS officials and academic medical centers to clarify the Teaching Physician rules. These meetings were instrumental in clarifying documentation requirements and subsequently paved the way for future dialogue with other governmental agencies.

RS: Please tell us how the Compliance profession has changed over the past 16 years.

MD: Early compliance programs raised organizational awareness and laid the ground work for current programs. In addition to implementing effective compliance program elements (as per OIG recommendations), compliance efforts seemed to primarily focus on areas of financial risk or vulnerability in response to regulatory enforcement (e.g., coding, billing, Teaching Physician rules, Stark and anti-kickback legislation, etc.). With the emergence of data mining technologies and integrated/complex organizational structures, these areas remain high on the priority list. Other, equally important, priorities have subsequently emerged as well. Privacy and security regulations, coupled with advancements in medical technologies, telecommunications, and the use of electronic health records has necessitated changes in compliance programs. Recent trends also include integrating quality-of-care initiatives with compliance activities, as care standards, metrics, and outcomes impact third-party payer contracts and payments. It is not uncommon for large health systems to employ numerous compliance professionals who have a broad spectrum of skill sets, to provide the necessary oversight in today’s quick-changing regulatory landscape.

RS: Would you say that HCCA has helped in these changes and, if the answer is “yes,” how?

MD: Absolutely, HCCA has been and remains an invaluable resource for health care compliance professionals. The association provides a wealth of information for compliance professionals at any level of development. Access to sample policies, templates, PowerPoint presentations, regulatory documents, and educational opportunities is very helpful. Membership lists and social networking sites make it easy for compliance professionals to make connections and learn from one another.

RS: You regularly attended HCCA’s annual Compliance Institute. Please tell us why.

MD: The annual Compliance Institute is like a “big box store” for compliance professionals. The Institute affords compliance professionals an opportunity to access a wide variety of regulatory, enforcement, program development, problem resolution, and system support information that is both relevant and timely. The program content is applicable to all aspects of health care. Most notably, it is the one event that brings together a broad spectrum of compliance experts, both within and outside the health care field (e.g., government, legal, health care institution, finance, other industry experts).

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RS: If you received a call today from someone just starting out in the Compliance profession, what advice and recommendations would you offer him or her?

MD: Definitely connect with the HCCA and, if at all possible, attend a Compliance Institute. It is a terrific venue to learn about compliance, hear about trending topics from government agency perspectives and experts in the field, network with other compliance professionals, and preview vendor products and tools.

RS: How does HCCA best support the work you are doing and what could HCCA be doing to support your work and the profession even more?

MD: HCCA provides exceptional program development and compliance education opportunities, covering a broad spectrum of health care entities. The website is easy to navigate and provides quick access to regulatory resource information, compliance documents, templates, members, and social networking sites. I am especially appreciative of the PowerPoint presentations, educational materials, and sample documents that can readily be adapted for organizational use. As a compliance professional, I am always on the lookout for tools and information that can lead to best practices. HCCA is in a unique position to help members maintain relevant and current compliance programs by continuing to facilitate the exchange of information and material, such as the following:

- Current compliance program effectiveness benchmarking data
- Updated sample job descriptions and compliance documents
- Sample metrics, board reports, and dashboards
- More industry-specific sample audit tools and data management solutions
- Member reviews of compliance products and tools (e.g., similar to Amazon’s five star ratings)

RS: Where do you see Compliance headed in the future?

MD: I see both regulatory agencies and compliance programs being continually challenged to keep pace with the advancements in health care delivery, telecommunications, electronic health records, and payment systems. The possibilities are endless for how health care is delivered as robotics, minimally invasive surgery, genetic-based pharmaceuticals, and remote monitoring technologies (to name a few) become common place. Technological advancements will continue to link health care providers globally to their patients as well as each other. As the delivery of health care changes and budgets stretch, payment reforms will continue to be a priority for governmental and other third-party payers.

RS: What do you enjoy most about working in the health care compliance industry?

MD: I enjoy how dynamic this industry is as it strives to improve individuals’ quality of life through advancements in health care. Every day presents an opportunity to learn something new and exciting. Amidst all the advancements in the delivery of health care, compliance programs are also compelled to adapt and grow.

RS: What has been your biggest challenge over the past year?

MD: This year has been particularly challenging as work loads have shifted and changed in response to both internal priorities and the expansion of regulatory programs/initiatives. The compliance program continues to evolve, change, and mature in response to the needs of our newly integrated health care system. Simultaneously, it has been necessary to adapt and change to meet the demands of regulatory initiatives, such as the expansion of privacy and security regulations, pay-for-performance/quality-of-care initiatives, and Medicare’s Recovery Audit Contractors (RACs) and other third-party payer audit programs.

RS: What has been your biggest challenge as a compliance professional and how did you overcome it?

MD: Health care compliance programs were unchartered
territory in the early years. The management and resolution of problems was often complicated by conflicting advice/perspectives within the industry and government. HCCA was instrumental in engaging a network of industry and government experts in meaningful dialogue, practical advice, and regulatory guidance.

**RS:** What skills and/or techniques do you employ to help resolve potential compliance problems?

**MD:** Approximately 10 years ago, quality improvement programs shifted away from looking at incidents and near misses from an outcomes-based perspective to root cause analyses. I find this methodology particularly useful when evaluating potential compliance incidents as well. Rather than assigning blame, or focusing too narrowly on the outcome of an adverse finding or incident, the goal is to validate the problem and understand the root cause (i.e., what, when, where, why, how). This approach helps achieve effective analyses by reducing/removing bias, promoting objectivity, and facilitating communication. By drilling down to the root cause of a problem, an effective resolution can be implemented to correct and prevent future occurrences.

**RS:** Mary, tell us what about your hobbies and what you do to relax when you’re not at work.

**MD:** Any opportunity to get outdoors for a walk, enjoy some play time with our dog Bo Jangles, get together with friends, or read a good book tops the list of favorite pastimes. Our daughter’s 4-H horseback riding activities and the occasional day trip to local artisan events also makes for a fun and relaxing change of pace as well.

**RS:** What is the title of the last book you read?

**MD:** Most recently I read *Cutting for Stone.*

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