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Resolutions for Health Care Providers:

Part 2 of 2 - Compliance Plans, Risk Assessments, and Improved Workflows

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As the new year continues, it is useful to review your practice's processes and policies to ensure that the practice operates with efficiency and remains compliant with ever-changing healthcare regulations. In this second installment of a two-part series, we propose resolutions for health care providers involving compliance program best practices that will help promote the success of your practice in 2025 and beyond.

- 1. Create a Robust Compliance Program. The U.S. Department of Health and Human Services Office of Inspector General (OIG) compliance program guidance recommends seven core elements to serve as the foundation of a compliance program: (1) implementing written policies and procedures; (2) designating a compliance officer and compliance committee; (3) conducting effective training and education; (4) developing effective lines of communication; (5) conducting internal monitoring and auditing; (6) enforcing standards through well-publicized disciplinary guidelines; and (7) responding promptly to detected problems and undertaking corrective action. An entity's leadership should commit to implementing all seven elements to achieve a successful compliance program.
- 2. Risk Assessments. Practices should conduct a documented enterprise-wide risk assessment that can be the basis for creating the auditing and monitoring plan. A process should be developed with careful thought given to deciding who participates, prioritizing topics determining mitigation steps, and deciding what education is to be provided and how the results will be reported. The highest risk areas should be covered with reports provided to appropriate leadership.
- **3. Improve billing workflows.** Billing is a common compliance risk area. Billing processes are never perfect; however, spending time to review billing practices and identify areas of improvement helps to avoid errors and challenges down the road. These best practices can be easily implemented but create a lasting impact:

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- a. Implementing clear processes for collections. Clear processes promote efficiency and uniformity of collections. Specifically, policies for when and how collections are made will streamline the work of your staff and will make payment expectations clearer for patients. Clear expectations often garner prompt payments eliminating the extra time spent following up on unpaid bills.
- b. Leveraging technology. Technology can take the administrative burden off your staff and increase the productivity of billing activities. Review your current billing software and ensure that it is working for you. Different software and vendors offer a variety of services that may or may not be well suited to your practice. Understanding your needs will help to identify which system is the most cost effective and advantageous to your practice.
- c. Coordinating training to review claim submissions with staff members. Some of the biggest issues with billing and claim submissions are simple errors including incorrect patient information, incorrect codes, and duplicate billing. Each of these can be avoided with proper training and education opportunities for staff.

If you missed Part 1 of the Resolutions For Healthcare Providers series highlighting Cybersecurity, Privacy, and HIPAA Items, click <u>here</u>.

Bodman PLC can provide guidance on this matter and others provide practical advice to meet your needs. To discuss these or any other legal issues affecting your organization, please contact Brandon Dalziel at (313)393-7507 or bdalziel@bodmanlaw.com. Annalise Lekas Surnow at (313) 392-1059 or alekas@bodmanlaw.com or Grace Connolly (313)393-7563 or gconnolly@bodmanlaw.com. Bodman cannot respond to your questions or receive information from you without first clearing potential conflicts with other clients. Thank you for your patience and understanding.