

Compliance Today – February 2020 Meet Marjorie K. Maier

An interview by Adam Turteltaub

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This interview with **Marjorie K. Maier** (marjorie.maier@hms.com) was conducted in late October 2019 by **Adam Turteltaub, CHC, CCEP, Vice President of Strategic Initiatives & International Programs, SCCE & HCCA.**

AT: You’ve spent your entire career in healthcare and have had quite a range of experiences. You started out by working as a provider. What was your introduction to compliance like then?

MM: I started my career in direct patient care in home health, hospice, catastrophic case management, and then as a therapist working with individuals and families. Understanding the care delivery side of the healthcare industry and working as a provider have been invaluable to my compliance career. Patient care is where the rubber meets the road; understanding this environment is paramount if you want to build an effective compliance and ethics program in healthcare. At that time, billing compliance (i.e., coding, billing regulations) were my main focus. I later spent time in quality assurance, utilization review, and credentialing, supporting a Texas 501(a) organization and an at-risk HMO of more than 500,000 covered lives. While there were certainly regulatory aspects of these jobs, they were limited in focus. I view my very first industry-wide exposure to healthcare compliance to be in 1999, when the proposed HIPAA rule was issued. My CEO asked me to “figure out what all this HIPAA stuff is about,” and that launched my healthcare compliance journey. HIPAA was applicable to all of healthcare, a much broader scope of applicability. I think many of us have similar stories about when and how we were first introduced to healthcare compliance. There was a need, and we were tapped to help out.

AT: From there you started working as the chief administrator for an entire department at a medical center. It was very much of a business-oriented job with business goals. What kind of effect did it have on how you looked at compliance?

MM: This role brought me back to medical coding and billing compliance, as well as billing guidelines for teaching physicians, interns, and residents. NIH grant compliance, human subject research compliance, and employment regulations were all part of the framework in this role. Physician compensation plans, contracting with other healthcare enterprises, and budgeting were the areas where I felt I made a significant impact. The department had a noteworthy multilocation clinical practice, not always typical in an academic setting. Business goals were a real part of the culture, clinical productivity was valued, and excellence in patient care was dominant. This resonated with me, having been a provider myself early in my career. At this organization, compliance was viewed as a “must have,” a reality in the world of healthcare delivery. Our physicians weren’t warm and fuzzy about compliance, but they acknowledged its part in the landscape. I had an *aha!* moment here as it relates to healthcare compliance. I realized that we are obligated to take complex regulatory requirements and translate them into practical, tactical solutions for our stakeholders. Policies and procedures are table stakes; making the policies a part of day-to-day operations is vital. Physicians and other clinicians practice in their medical field, because they want to take care of people and improve their physical lives. They are not motivated by us telling them, “This is what the law says.” They are smart; they are people who like solving medical

problems; and they do not tell their patients, “This is what my textbook says.” They say instead, “These are our treatment options, and we need to decide which is optimal for your condition.” They *translate* complex medical diagnoses and care paths into practical, tactical next steps with patients, just as we need to do a similar translation in compliance.

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