Monitoring your Practice

Compliance Defined
1. the act of conforming, acquiescing, or yielding.
2. conformity; accordance: *in compliance with orders.*
3. cooperation or obedience: *compliance with the law*

Source: http://dictionary.reference.com/browse/compliance

Healthcare Compliance
1. Compliance Requires Courage and a Culture that Cares
2. Create an Environment that Encourages Compliance
3. Fraud is Real; Protect Yourself

Source: AAPC Cutting Edge, December 2013, Healthcare Compliance: What Shade of Gray Are You?

Who’s watching?
- Office of Inspector General (OIG)
- Comprehensive Error Rate Testing (CERT)
- Recovery Audit Contractors (RAC)
- Medicare Secondary Payer Recovery Contractor (MSPRC)
- Zone Program Integrity Contractors (ZPIC)
- Program Safeguard Contractors (PSC)

OIG Guidance
- Office of Inspector General (OIG), HHS
- Published “Compliance Program Guidance for Individual and Small Group Physician Practices”
- October 2000

Scope of Voluntary CP
- Federal health care programs
- Private payers’ health plans

Source: Federal Register Vol 65, No 194, October 5, 2000
Benefits of Voluntary CP

• Speed and optimize proper payment of claims
• Minimize billing mistakes
• Reduce the chances that an audit will be conducted by CMS or the OIG
• Avoid conflicts with the self-referral and anti-kickback statutes

Source: FR Vol 65, No 194, October 5, 2000

Benefits of Voluntary CP

• Demonstrates good faith effort to comply with laws and regulations
• Indicates that staff have an affirmative, ethical duty to report billing errors or fraudulent conduct so it may be corrected

Source: FR Vol 65, No 194, October 5, 2000

Compliance Programs

• March, 2010   HR 3590
• Formal compliance plans become mandatory under PPACA
• Condition of enrollment in federally funded programs
• Secretary to determine timeline of core elements and implementation date

Source: Patient Protection & Affordable Care Act (PPACA) Section 6401

Where do you stand?

What’s Involved?

Indications of Non-Compliance

• Staff turnover
• Claims paid slowly
• Frequent problems with claims
• Problem claims unresolved
• Staff takes work home
• Poor morale
• Irregular accounting
• You are under scrutiny by Medicare

Source: Patient Protection & Affordable Care Act (PPACA) Section 6401
What's Involved?

Plan
- Written document
- "Templates"
- No one size fits all
- May require legal counsel
- May require other outside consultants

Program
- Activities described in the plan
- Not a "one time" activity
- You may be further along than you think

7 Elements of an Effective CP
1. Conducting internal monitoring and auditing
2. Implementing compliance and practice standards
3. Designating a compliance officer or contact
4. Conducting appropriate training and education
5. Responding appropriately to detected offenses and developing corrective action
6. Developing open lines of communication
7. Enforcing disciplinary standards through well-publicized guidelines

Auditing and Monitoring
- Review standards and procedures
- Claims submission audit
  - Are bills accurately coded?
  - Is documentation complete?
  - Are services reasonable and necessary?
  - Any incentives for unnecessary services?

Source: Federal Register Vol 65, No 194, October 5, 2000
Auditor's Attitude
- Extremely important
- Choose auditor carefully
- Goal is to educate and correct
- Don’t punish or intimidate

Respond to Detected Offenses
- Investigate the allegation
- Take decisive steps to correct the problem

Open Lines of Communication
- Require employees to report conduct that a reasonable person would believe is erroneous or fraudulent
- User-friendly process for reporting
- Standards that state a failure to report misconduct or fraud is a violation of CP
- Use simple and accessible procedure to process reports
- Strive to maintain anonymity of persons involved in report
- No retribution for reporting

Case Study Patient Relator
- False claims settlement against a hospital
- Would not correct a bill for a biopsy not done
- DOJ settled for $175,000

Case Study Staff Relator
- Psychiatric care provided to patients who did not need treatment
- Services billed but not rendered
- Kickbacks to physicians for referrals
- Staff members concerns were ignored

CP Faux Pas
- Classic CP mistakes:
  - Shelving the document
  - Photocopy someone else’s CP
  - Fail to inform the staff about the CP
  - Don’t correct errors
  - Penalize employees who identify errors or fraud
  - No monitoring
- Shows bad faith
- Better off without it
Value

- Reveals strengths and weaknesses
- Becomes a component of practice’s strategic plan
- Creates a benchmarks
- Establishes goals and objectives
- Builds confidence
- Fosters teamwork

Potential Compliance Issues in 2014

1. HIPAA enforcement activities and litigation will increase.
2. The ICD-10 conversion will create new compliance risks.
3. Whistleblower activity will increase.
4. The Affordable Care Act will create billing compliance headaches.
5. Meaningful use audits will increase.
6. Provider integration and realignment will trigger compliance concerns.

Source: Medical Practice Compliance Alert 1/6/14

Take Home Task List

1. Assemble your team
2. Outline project and establish a time-line
3. Work from the OIG Guidance document to cover key components
4. Seek advice and assistance as needed

More help...

For additional assistance or confidential consultation, please contact us at:

(800) 399-6565
or
www.CorcoranCCG.com