Welcome to the Step by Step: Initiating and/or Enhancing Billable Services Module 3: Corporate Compliance: Concepts for Policy and Procedure Development

RR Health Strategies

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Learning Objectives

- Describe the core elements of corporate compliance
- Discuss both internal and external audits including corrective action
- Examine the rules and regulations of non-physician practitioner services
- Describe other elements of corporate compliance (human resources, occupational safety, and laboratory testing)

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Corporate Compliance

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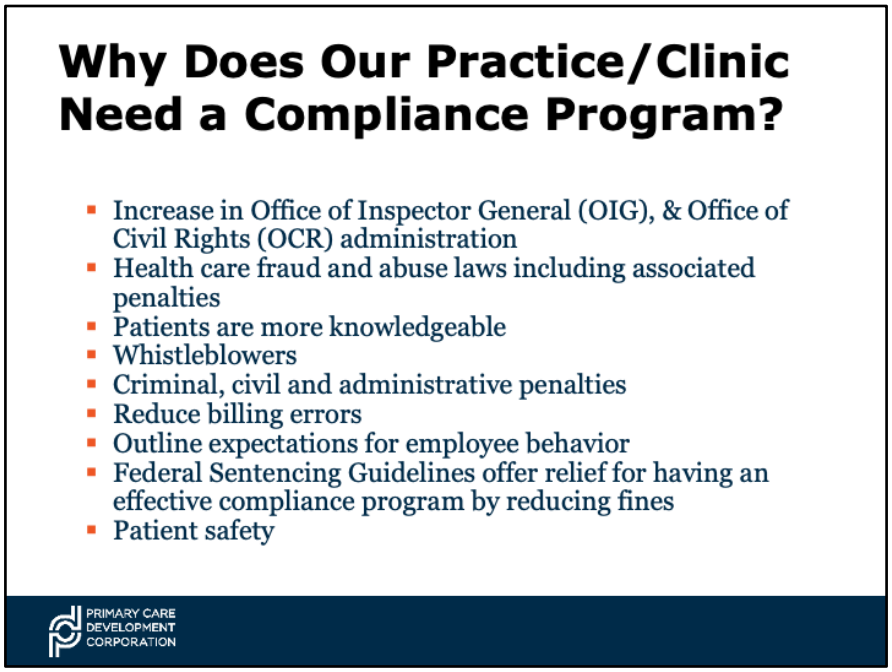
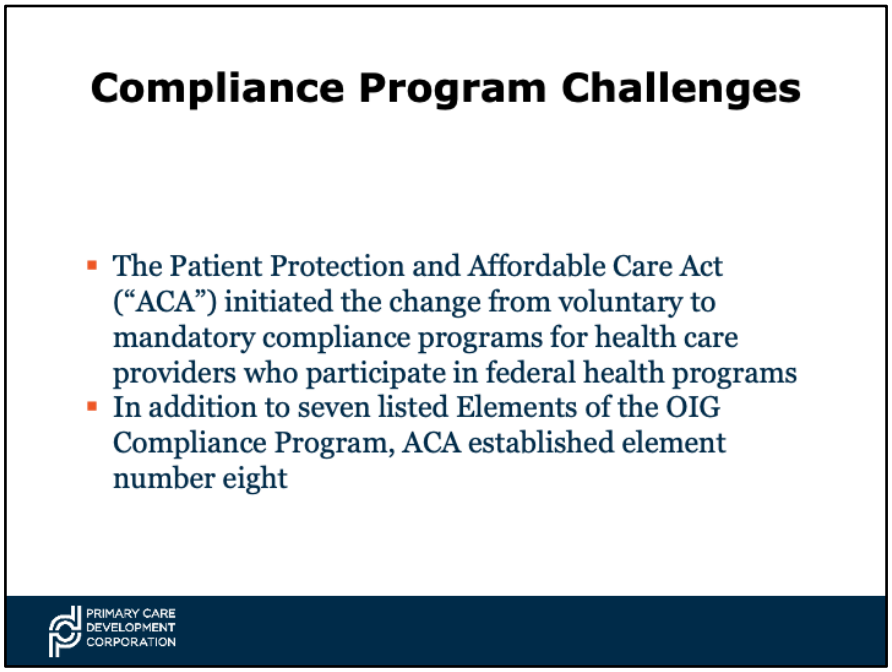
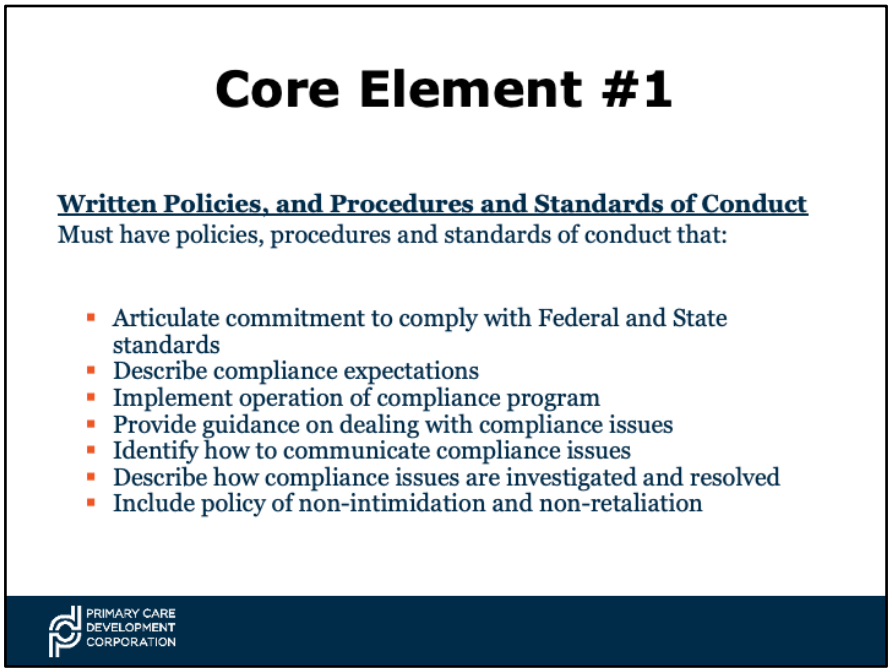
Compliance programs will vary based on size or organization and resources.



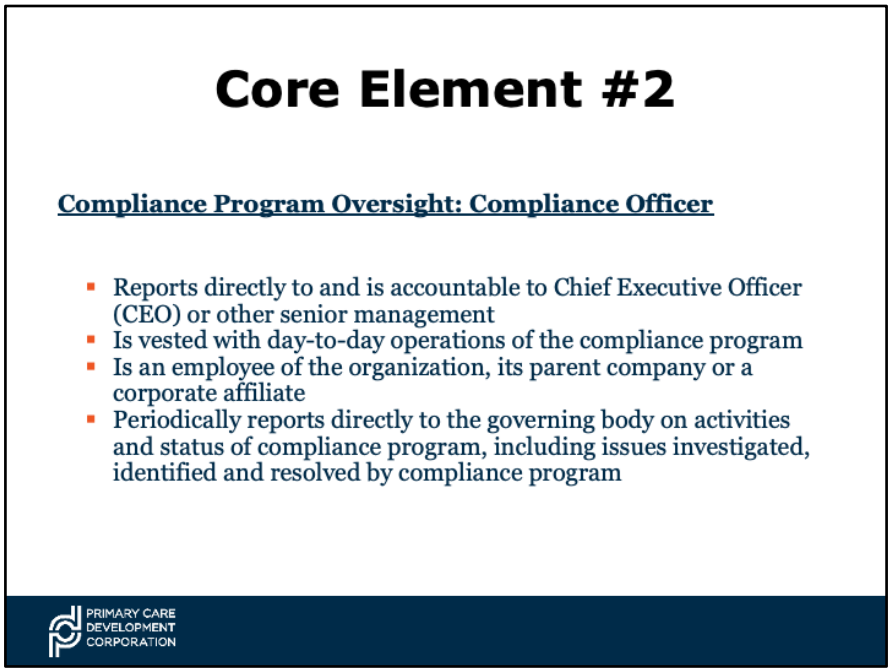
A compliance program will:
- Ensure employees understand the Federal Law regarding compliance and the consequences of violating it.
- Cultivate a culture of compliance within your practice/clinic.
- Educate your practitioners and office staff on what to do when a compliance issue arises.



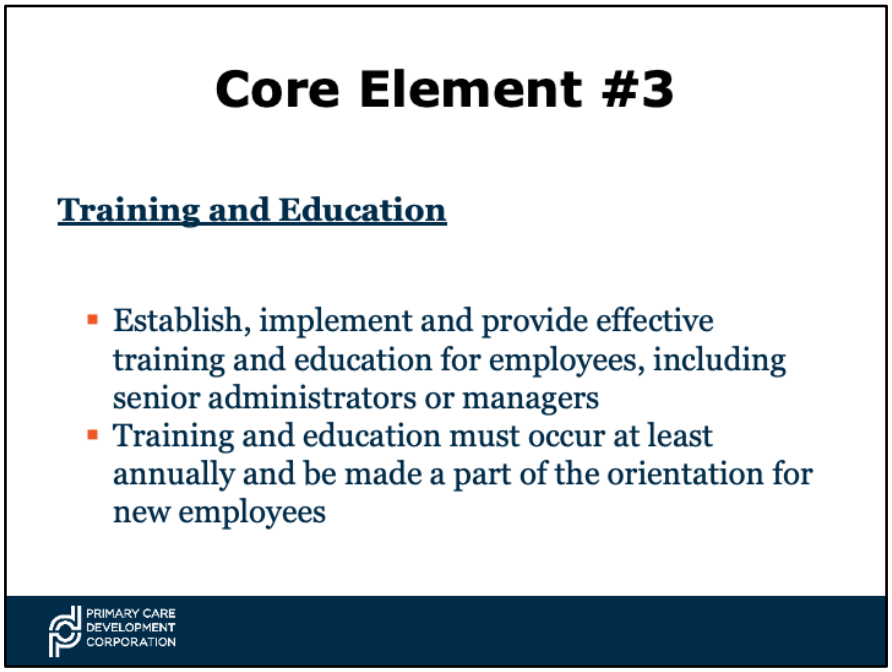
-The Affordable Care Act of 2010 mandates that all health care entities and providers participating in federal health care programs, including individual and small-group physician practices, implement effective compliance programs.
- A Compliance program is not simply having a manual. The program involves conducting audits, training employees, and enforcing disciplinary standards through policies and procedures.



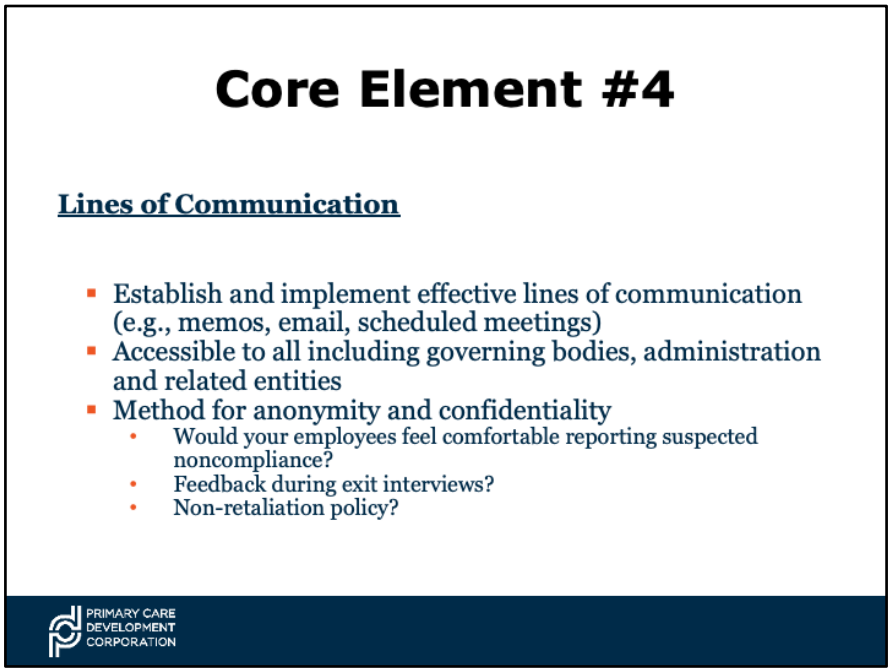
- Generic, “off the shelf” manuals will not provide practice/clinic specific P&P’s.
- Generalized P&P’s can be more harmful than helpful to your organization.



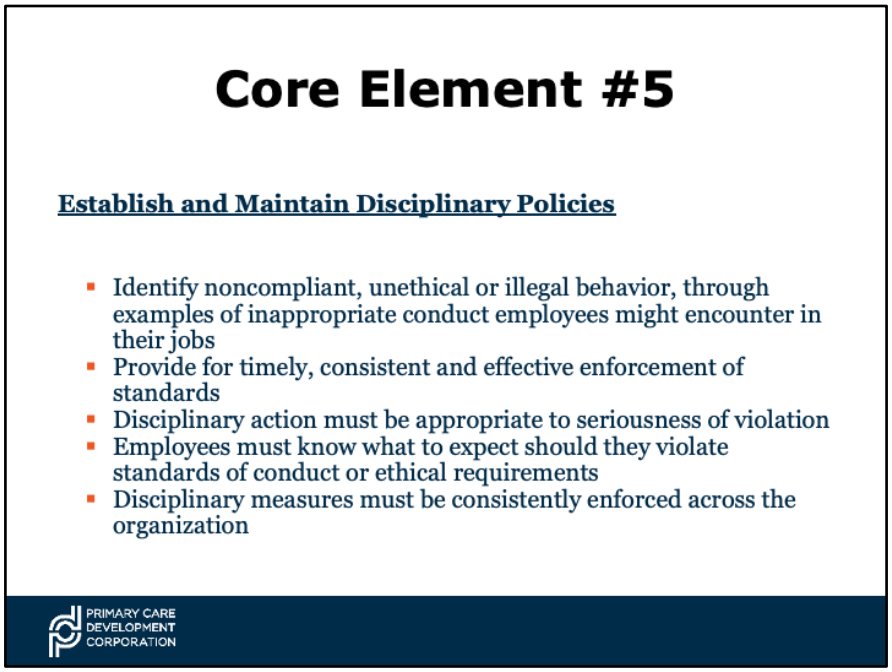
- The CO must understand the importance of his/her role in the organization and take their job responsibilities seriously.
- The CO should be a certified compliance professional.



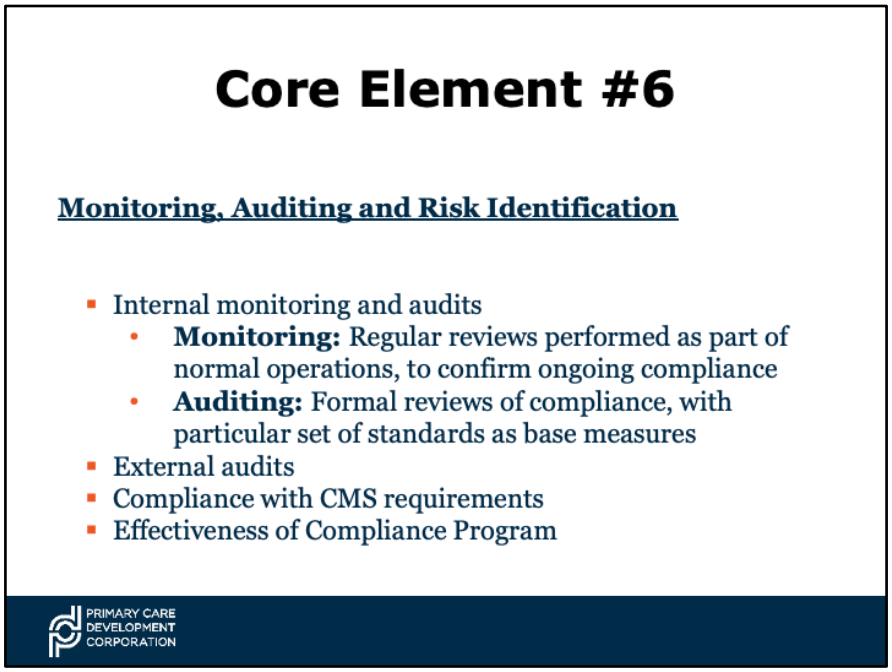
- Some basic staff training may be performed by the CO.
- Other more specific training, such as coding and documentation requirements and HIPAA, may be best performed by an outside vendor.



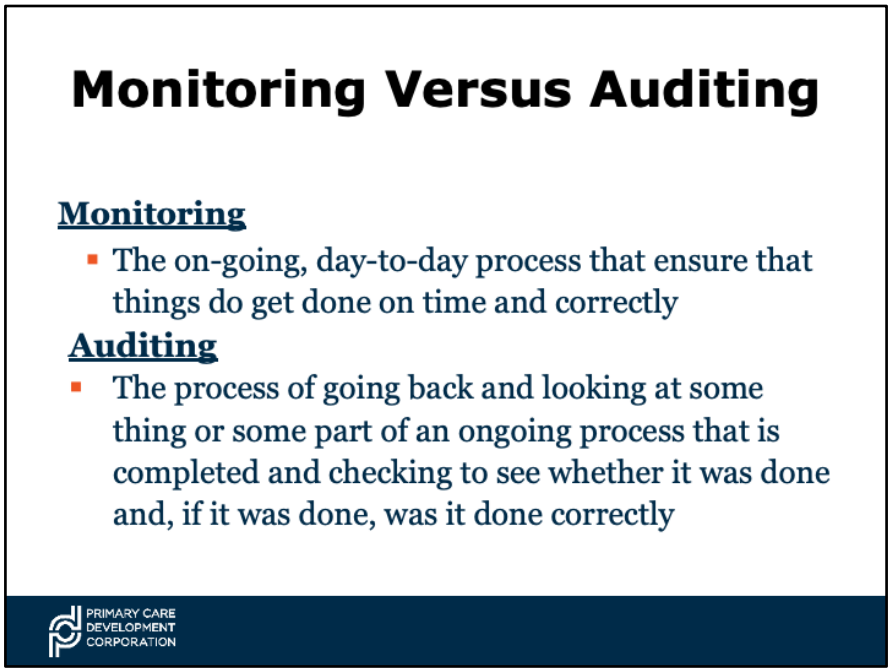
- Your staff should feel that they can anonymously report a compliance issue.
- The non-retaliation policy should be strictly enforced. This will allow staff to report issues without concerns about their position.



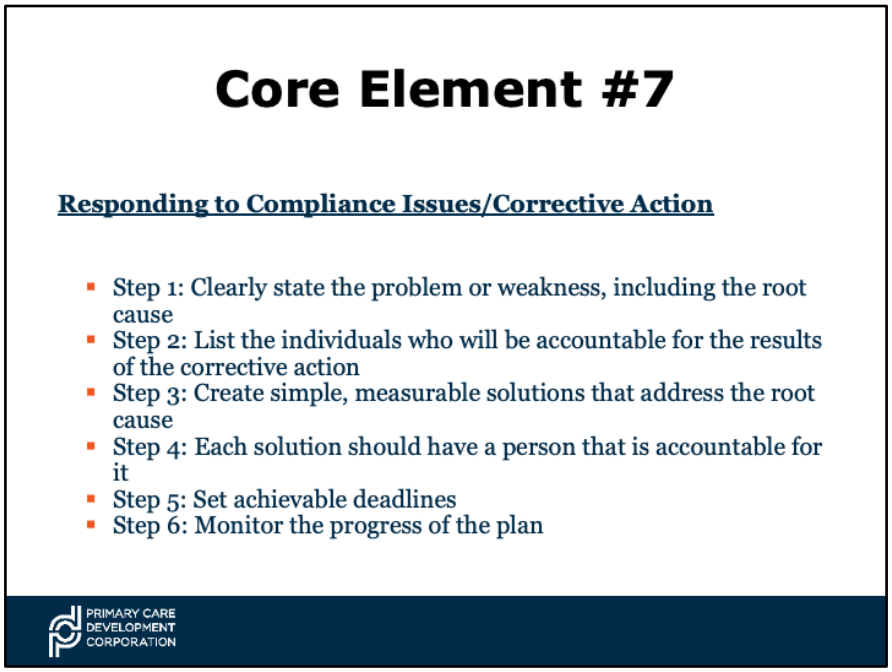
- Disciplinary P&P's should be drafted and review with Legal before implementation.
- The CO must strictly enforce disciplinary policies.
- All members of Administration should reinforce and stand behind these P&Ps.



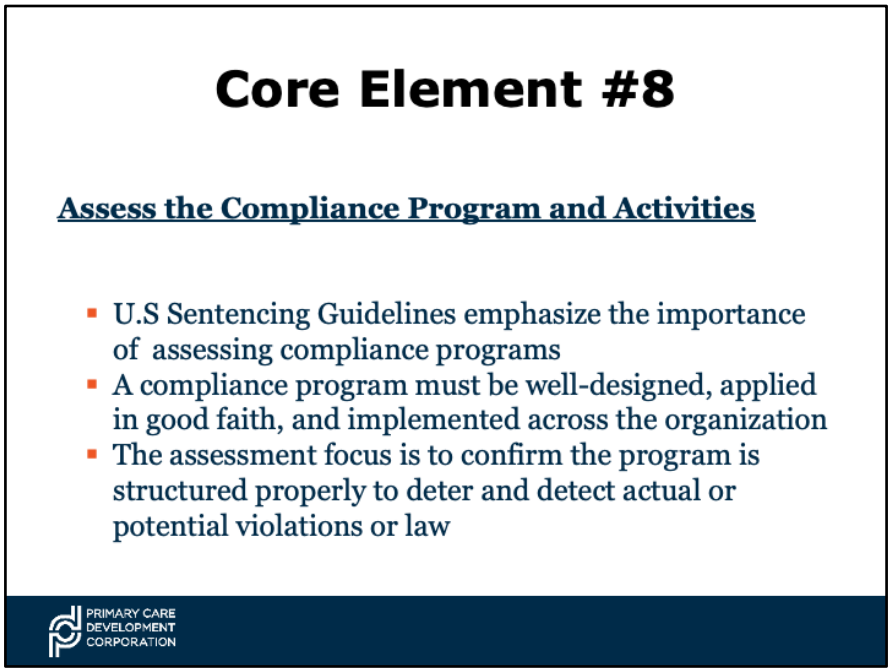
- Ongoing internal monitoring is an essential function to ensure appropriate coding and billing functions.
- A formal audit (preferably performed by an certified external auditor) will provide validation or identify potential risk areas.



- The Practice Administrator and the Billing Manager should work together to identify the areas to be monitored on a quarterly basis.
- A formal audit will review provider documentation to validate if the services (E/M, CPT, ICD-10 and modifiers) are supported by the documentation.



- Likely the most difficult aspect of the compliance program requirements.
- Depending upon the issue identified, legal or a compliance consultant may need to be engaged for assistance and guidance.
- Once you are aware, you must act!



- This added step is fairly new and organizations are responding differently based on their compliance program activities and resources.
- Even the most basic steps for assessment and validation should be instituted.

Program Audits

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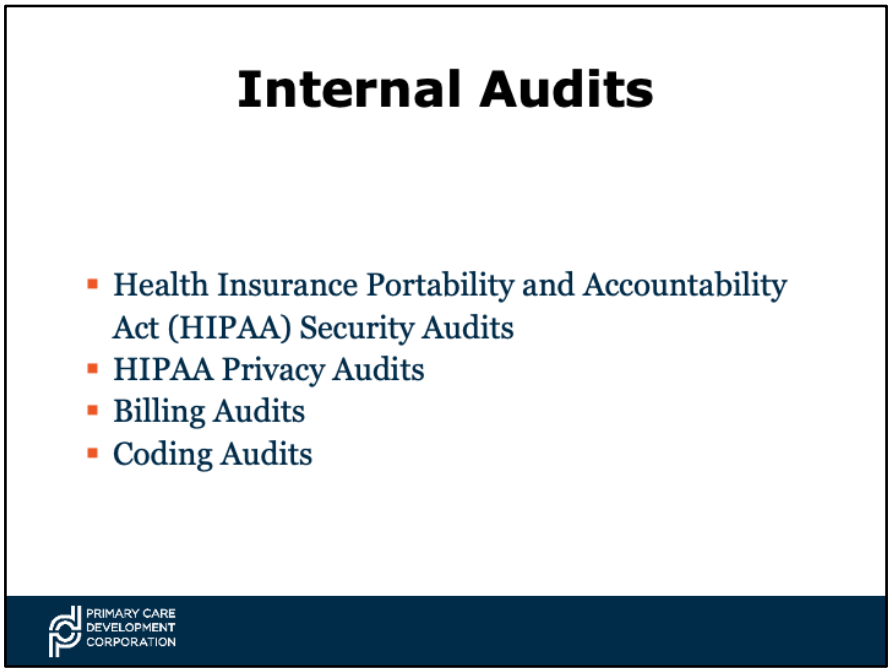
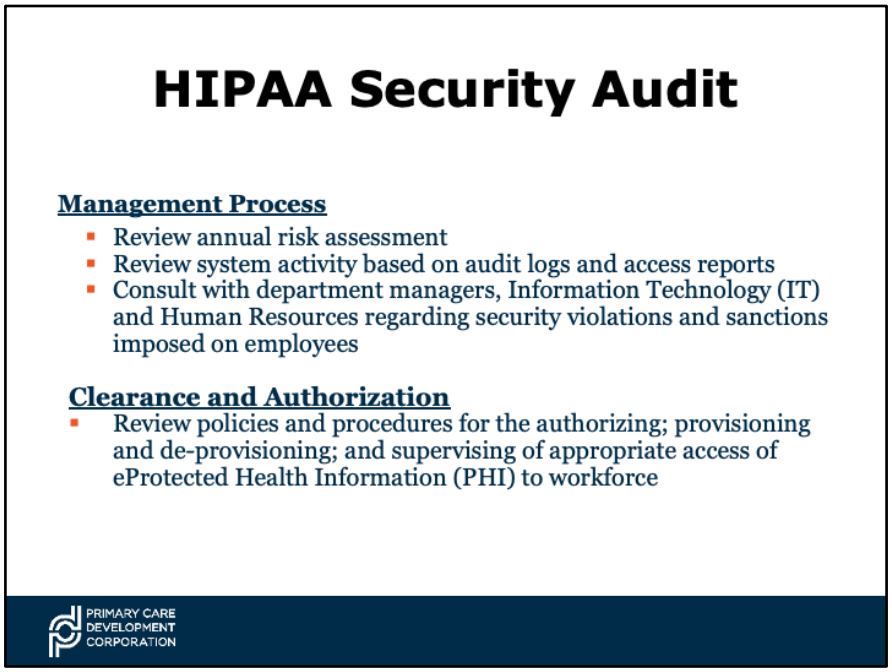
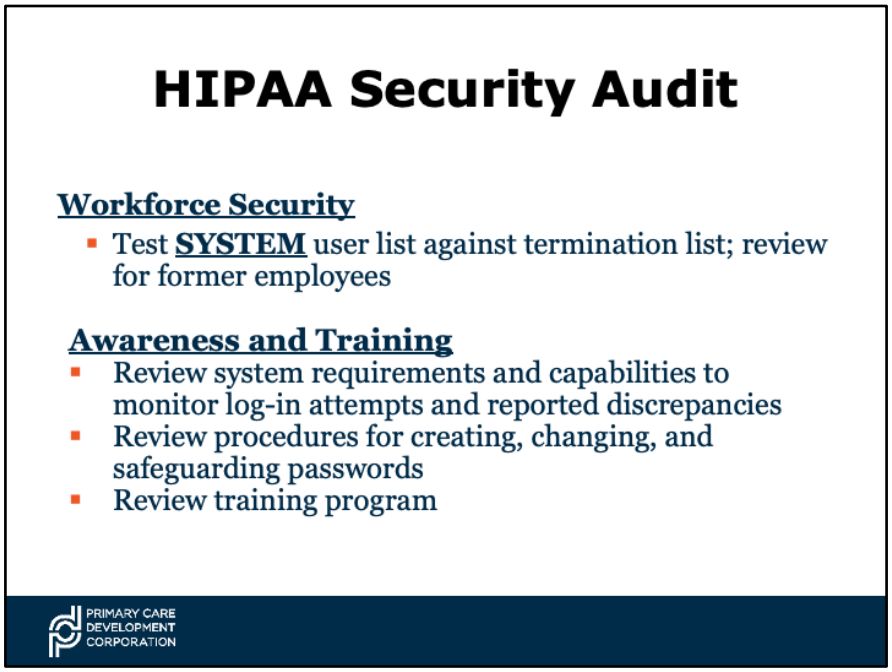


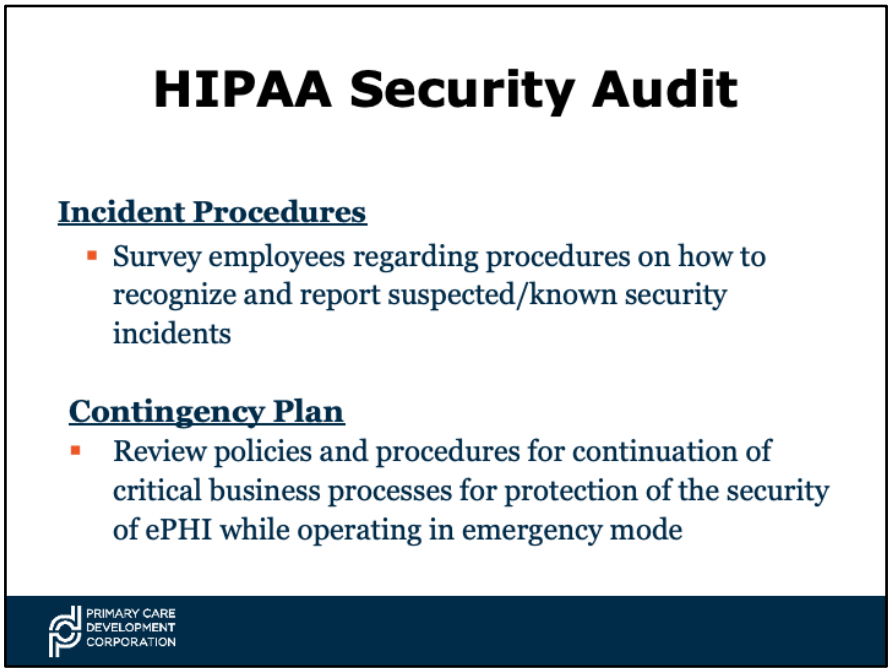
- Various audits will be required based on the different potential risk areas.
- This will require various levels of knowledge and expertise.



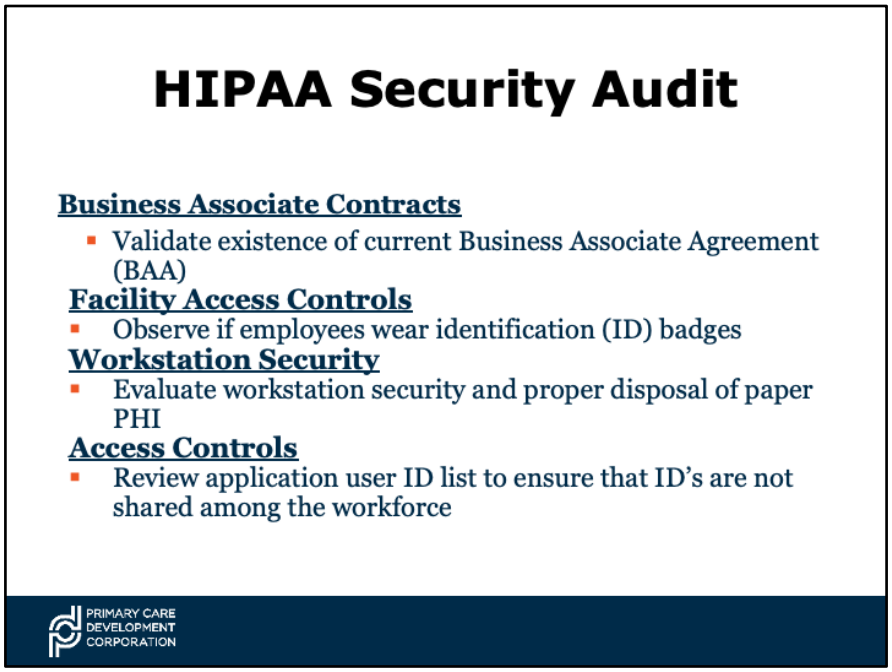
- The Security Officer, along with management, should designate a month in which all HIPAA tasks are performed (e.g., risk assessment, training, policy review).
- Appropriate access to electronic PHI does not only mean via a PC. Security incidents occur related to the use of laptops, other portable and/or mobile devices and external hardware that store, contain or are used to access electronic PHI.



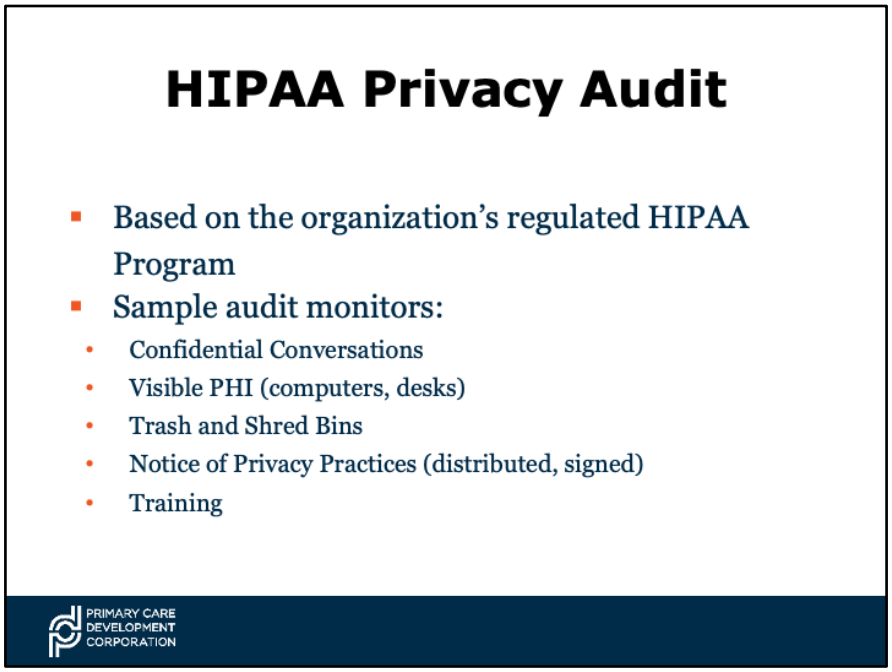
- Develop a practice/clinic checklist for terminated employees which should be signed off by management. Include things such as building badge and/or key return and the deactivation of usernames and passwords.
- Many of the items that are required to be tracked for Security purposes can all be place d on one (1) spreadsheet with various tabs.



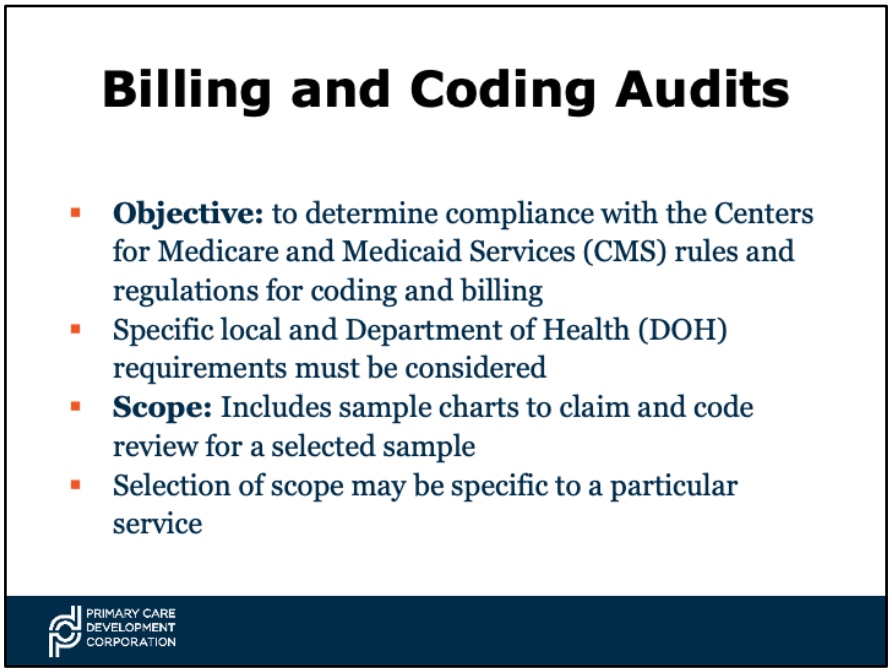
- All security incidents must be documented with remediation.
- The Contingency plan is a policy that is required for HIPAA Security Compliance and the specific procedure must be written specifically for your practice/clinic.



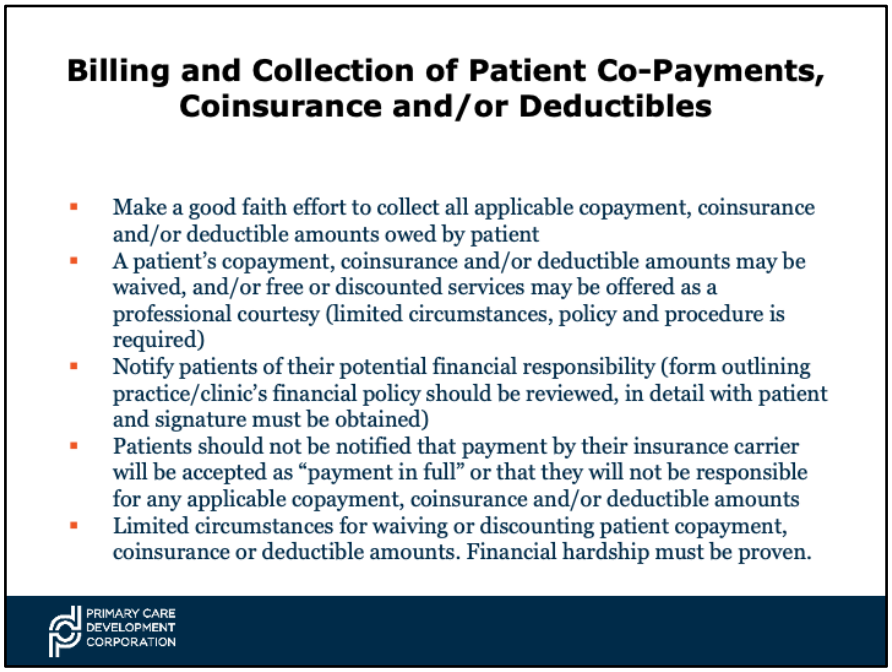
- The practice/vendor list should be reviewed yearly for new vendors and the corresponding BAAs.
- Various aspects of the HIPAA Audit are performed by simply walking through the practice/clinic.



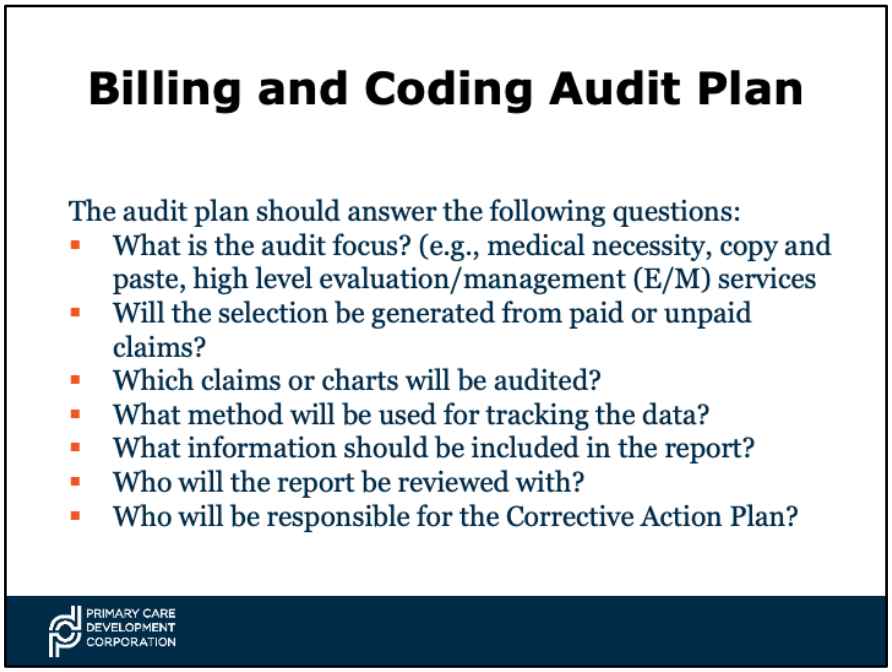
A standardized Privacy Audit Monitor should be established for ease of tracking progress and deficiencies.



- Billing audits should include the claim and carrier EOBs.
- Coding audits focus on the provider documentation compared to the coding submitted.



- The law does not allow routine write-offs of co-pays and deductibles without risk to for violating payer contracts or federal and state laws.
- A provider may waive a coinsurance or deductible amount in consideration of a particular patient's financial hardship.



Billing Audit:
- When selecting the focus of the audit, target potential areas of risk (high level E/M services, new procedures, highly reimbursable procedures, etc)

Coding Audit:
- A random select is always best.
- The common number of encounters to be reviewed is 5 or 10 encounters per provider.

Sample Billing and Coding Audit Spreadsheet

Audit Steps:	
Audit Name:	
Purpose:	
Assumptions:	
Souce(s):	
Preparer:	
Reviewer:	
Date:	
Tickmark Legend:	

Audit Steps	DEMOGRAPHICS				QUALITY ASSURANCE (Additional audit steps may need to be added when regulatory requirements are tested to determind compliance)			STANDARD CODING AND BILLING (Additional audit steps may need to be added depending on audit plan)											
Audit Criteria, Procedure, Atribute	MRN	HAR	DOS	Hospital Admit Date/ Hospital Discharge Date	Physician Order, Written and Signed	Audit Step identified to determine compliance with specific CMS, CoP or TJC	Audit Step identified to determine compliance with specific CMS, CoP or TJC	Claim is available for review	Claim Type Correct	Revenue Codes Correct	Procedure Codes Correct	Facility E/M Code (Facility Audits, if applicable)	CPT/ HCPCS Code Correct	NDC# (Pharmacy Audit only) Correct	NDC ID# (Pharmacy Audit only) Correct	Units Billed (Pharmacy Audit only) Correct	Principle Diagnosis Correct	ICD-10 Codes Correct	Physician on Claim Correct
CMS/TJC/ Additional Government Requirements Determining	The Joint Comission				CMS Requirement	CMS, CoP, TJC Requirement	CMS, CoP, TJC Requirement												
Correct Data																			
Location in EMR																			

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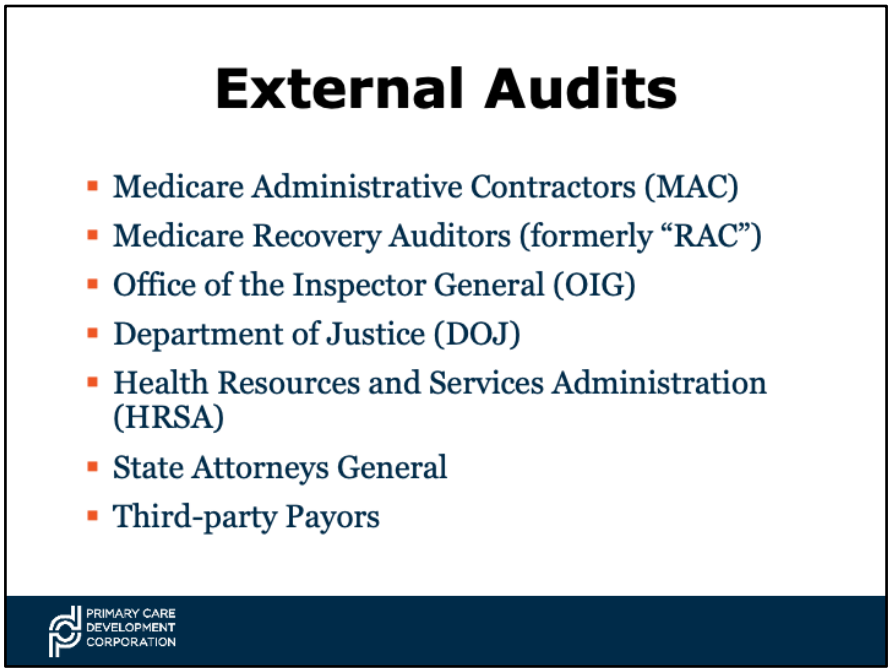
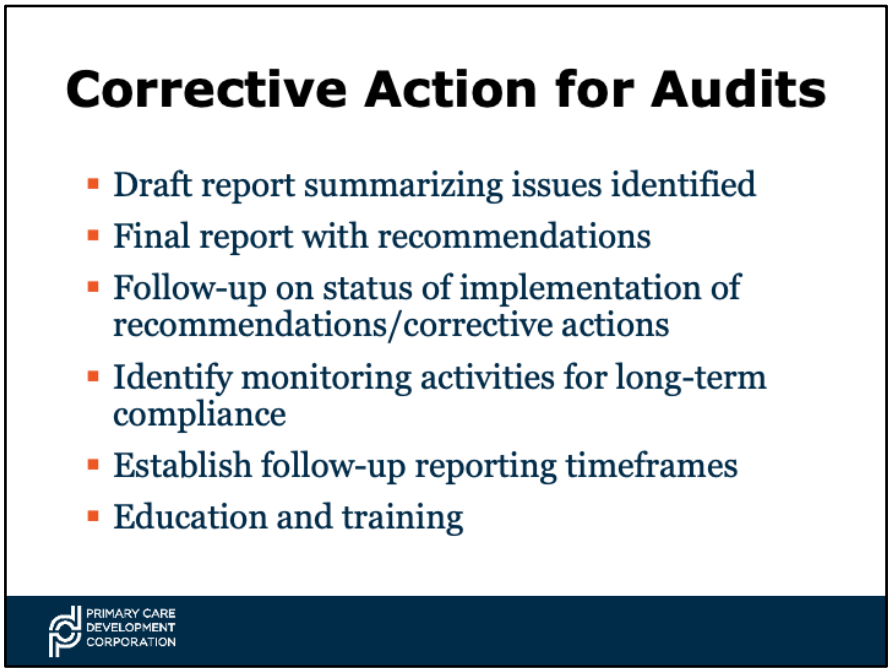
- Be sure to utilize a template or spreadsheet that allows the reviewer to capture consistent data for all encounters.



- These audits are occurring routinely.
- The Federal payers have outsourced resources to assist in the high volume of audits being conducted.
- Be sure to respond to carrier requests timely and thoroughly.



- Once an issue has been identified, the practice/clinic must develop a plan of action to correct the issue(s).
- This may not be correctable overnight but the organization must be committed to the plan to correct the issue.

Non-Physician Practitioner (NPP) Services: Understanding the Rules

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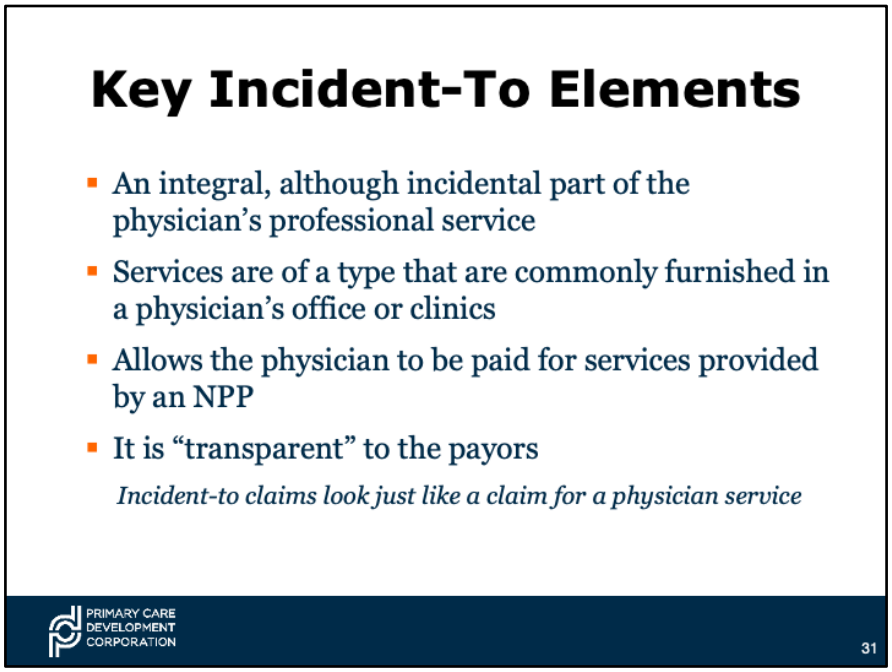
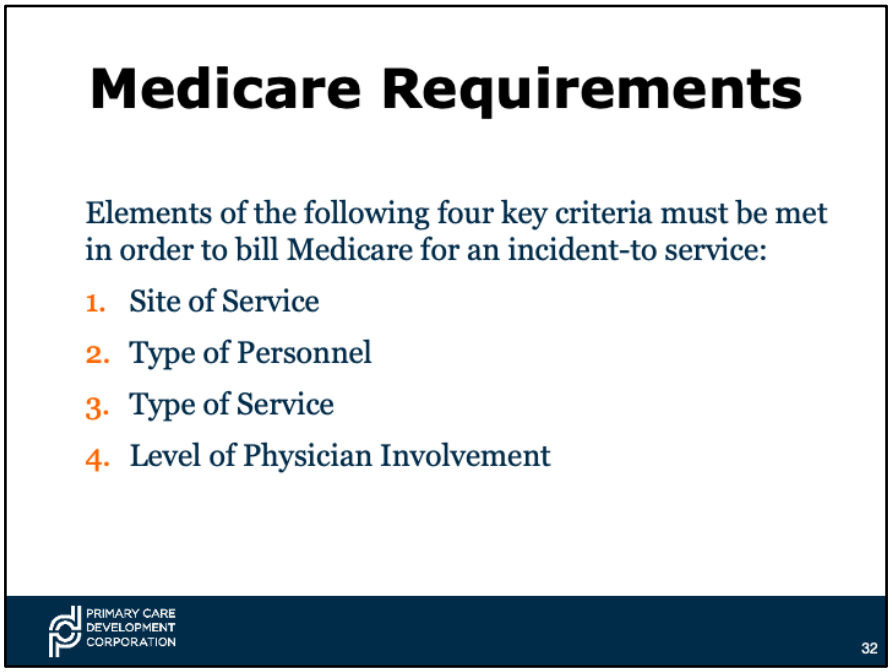
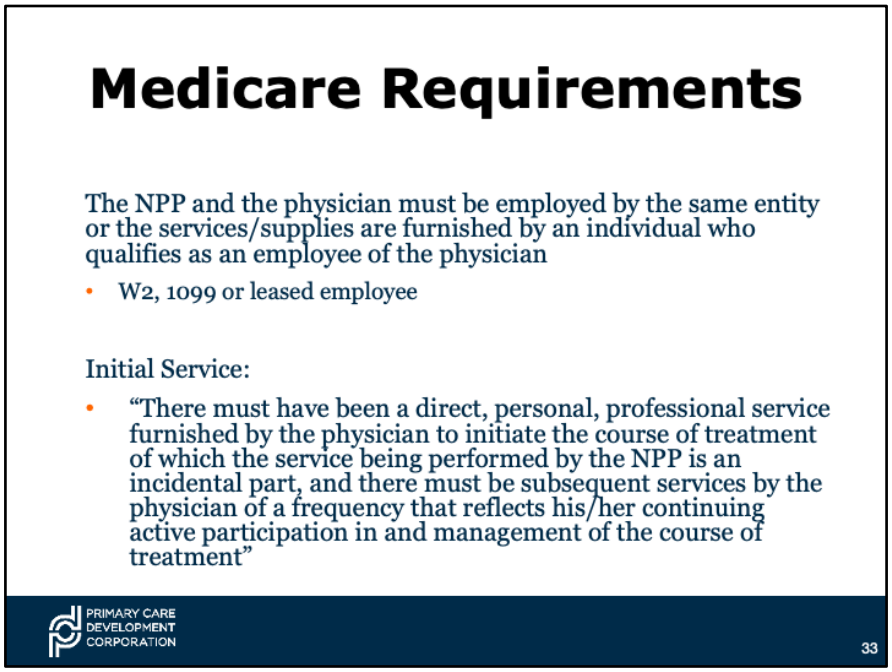


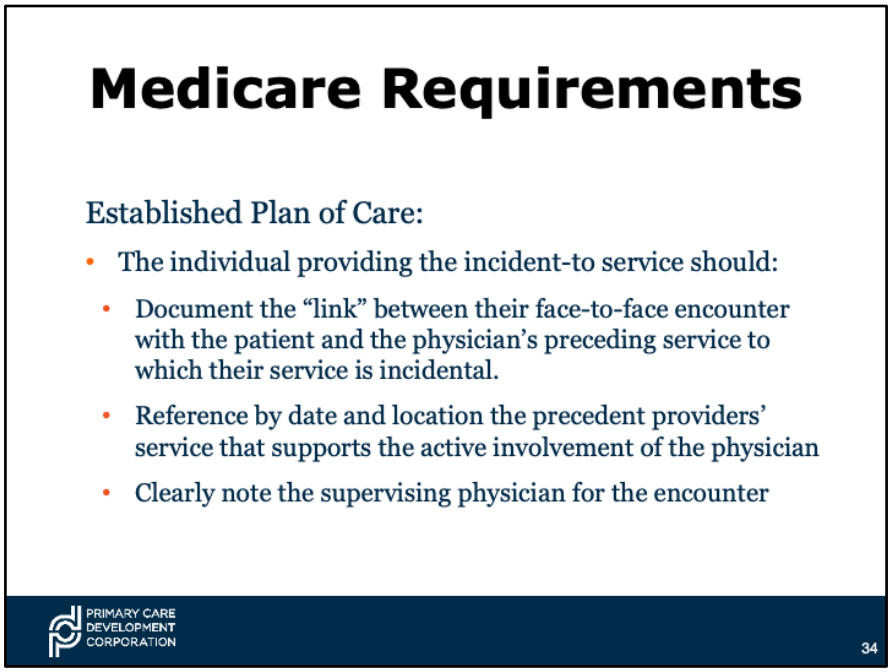
- CMS was the 1st payer to recognize NPPs as billing providers.
- The reimbursement is 85% of the physician fee schedule.
- Incident-to allows the NPP service to be billed under the MD name and NPI to collect the 100% reimbursement.



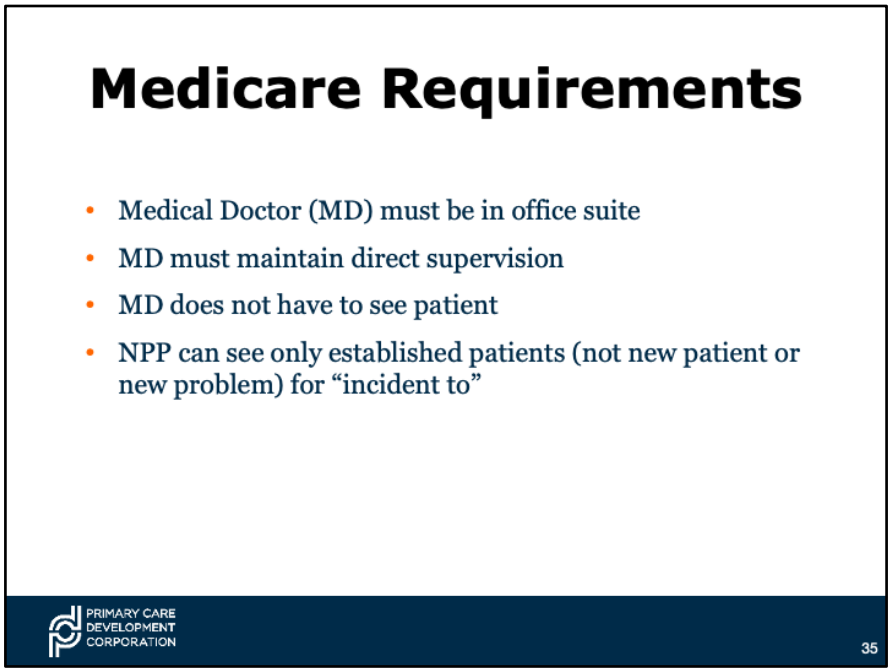
The Medicare I-2 guidelines are stringent and not easy to follow for all services.



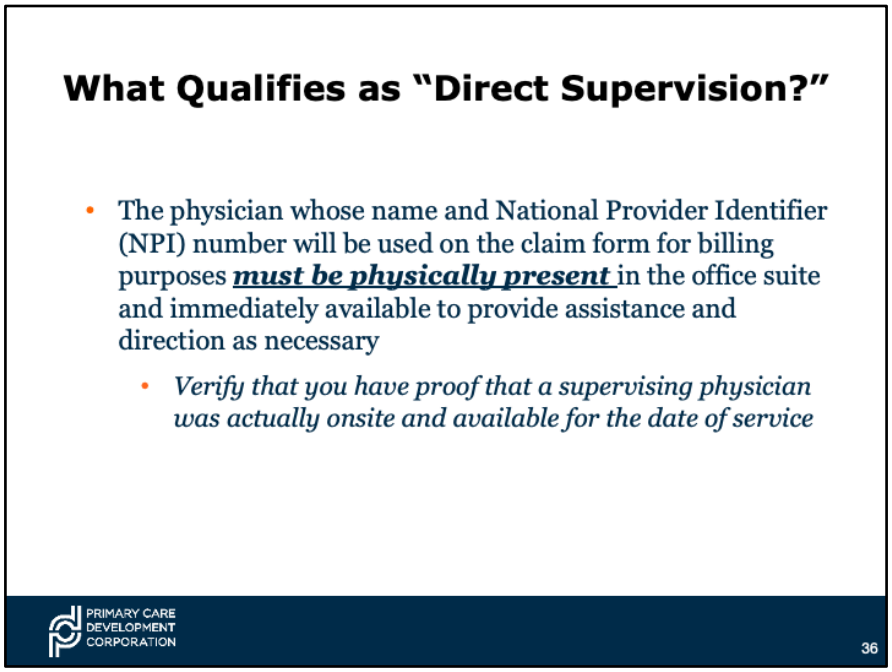
- There must be a financial tie between the MD and NPP for I-2 to apply.
- A new patient visit can NEVER be billed as I-2.



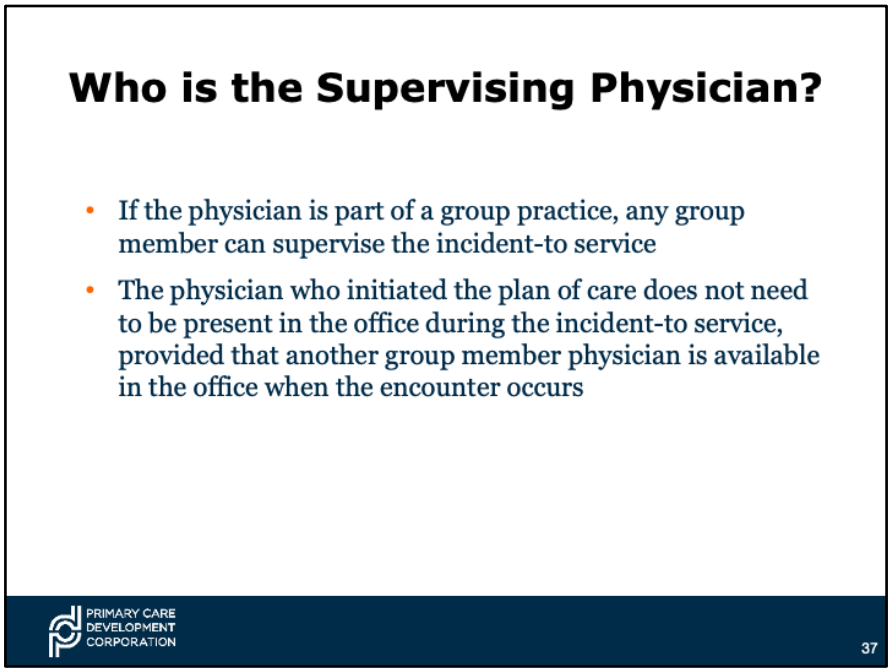
- The MD must establish the POC that will be followed explicitly by the NPP.
- The NPP should be "linking" to the MD's POC in the follow-up visits.



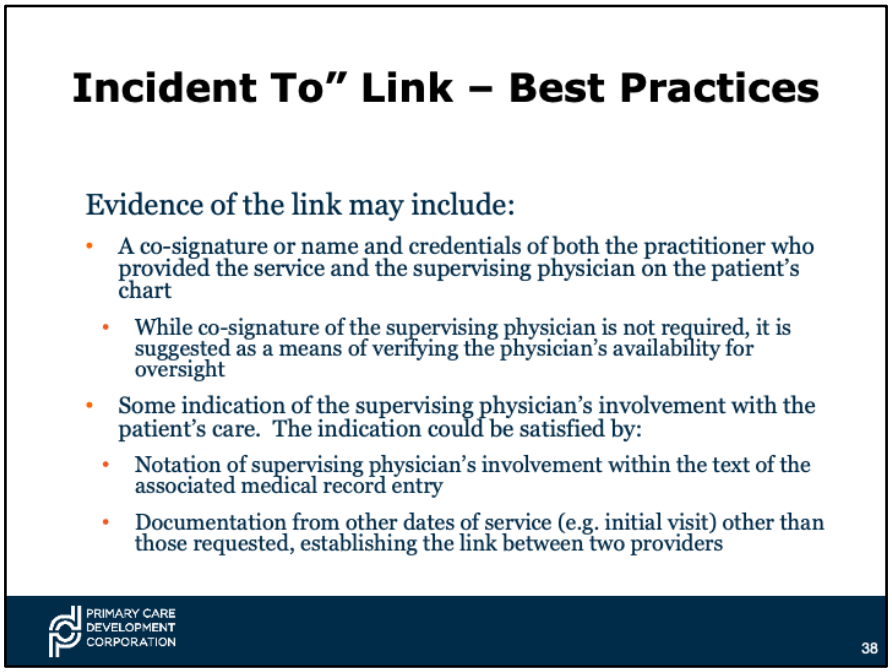
- The in office and direct supervision requirements mean that the MD must be immediately available and in the suite.
- It must also be an established patient with no change in the MD's POC – e.g.; increasing or decreasing Rx by MD, ordering labs, providing Rx for Physical Therapy, etc.



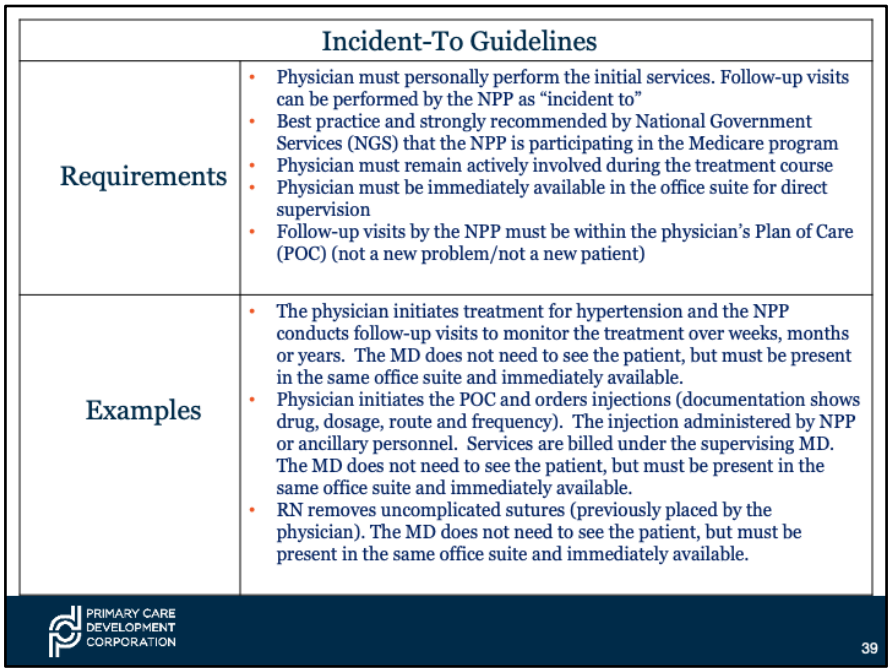
Direct supervision mean "immediately" available.



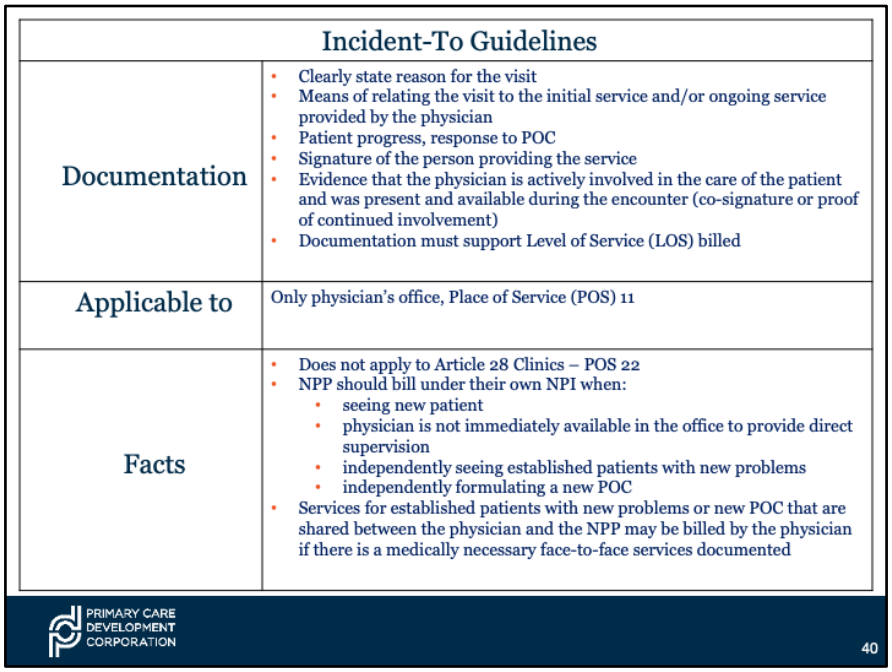
- The supervising MD must be available in the office when the patient is being seen by the NPP.
- If the MD is on vacation or out of the office, another MD from the group (of the same specialty) can supervise.
- The service must be billed in the name and NPI # of the MD in the suite providing supervision.



- The I-2 guidelines do not require the MD sign the NPP's note.
- This is a best practices recommendation.
- The 4th requirement for I-2 is that the MD stay actively involved in the care of the patient. Reviewing the medical record documentation by the NPP can be considered maintaining involvement.



The examples provided in this slide will serve as a resource for you/the organization.



- Documentation is the key element for I-2 services.
- The MD must document and clear and concise POC for the NPP to follow.
- The NPP must be sure to follow the POC or bill service independently.

Human Resources and Occupational Safety and Health Administration

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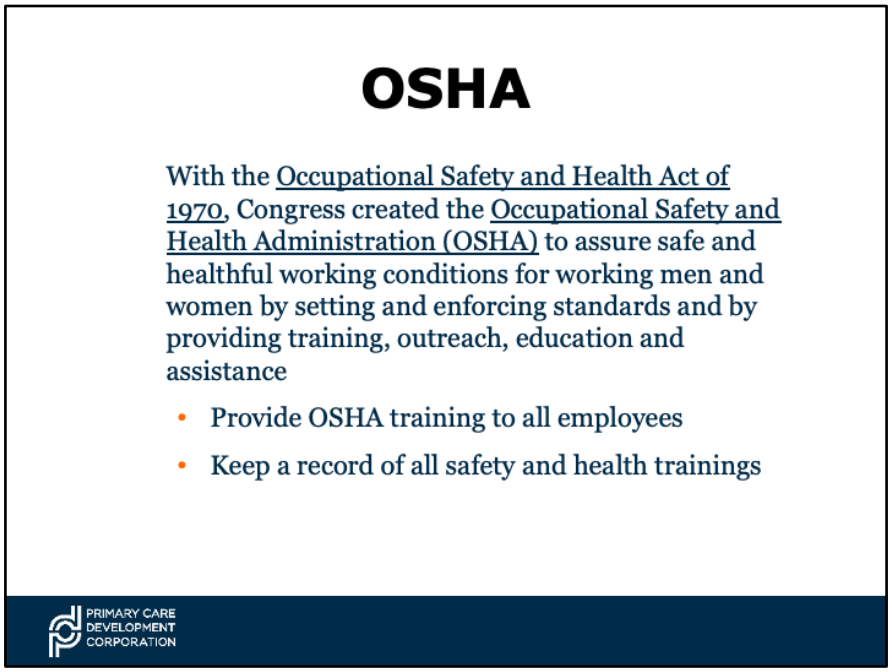
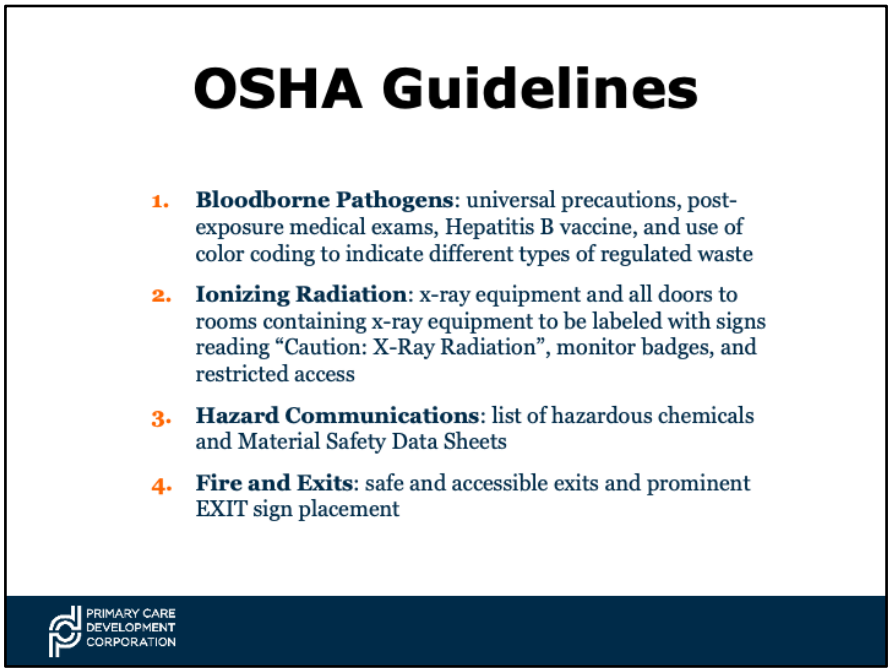
- - Human resources oversees and implements the organization's policies and procedures
- A resourceful HR department provides guidance to employers and employees for standard and compliant practices under current employment laws

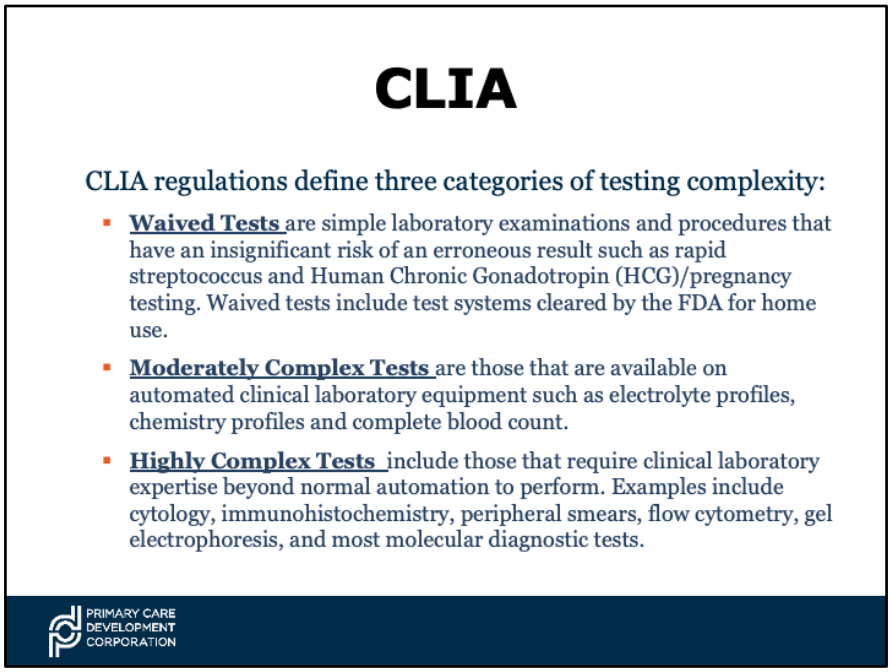


- OSHA standards protect both the practice/clinic and the employee.
- OSHA standards identify possible causes of job-related injuries and require explanation for procedures and equipment that can pose to be a workplace hazard.

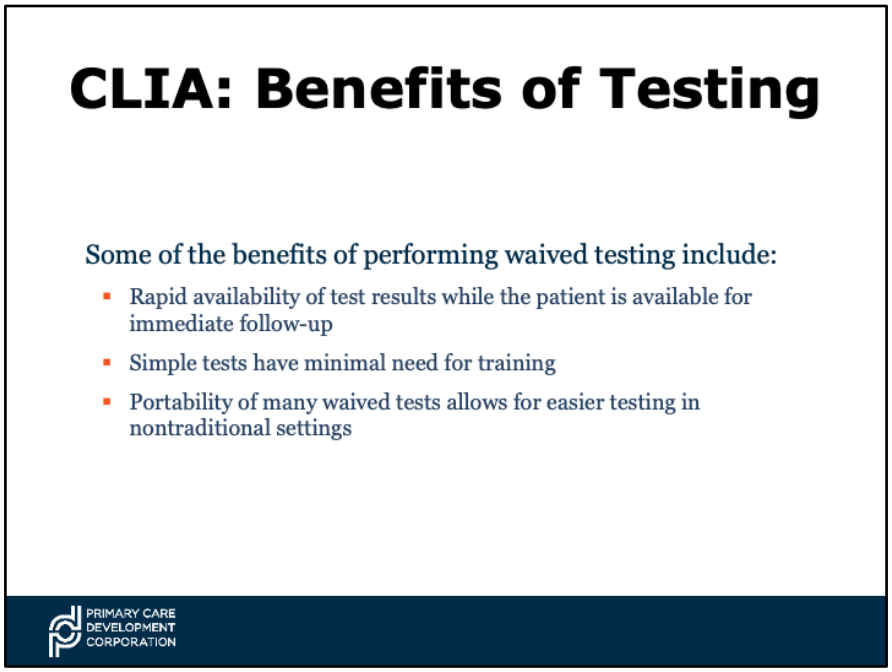


- OSHA compliance for practices/clinics should focus on training and record keeping of all incidents.
- Annual training should include all OSHA updates within the past year.

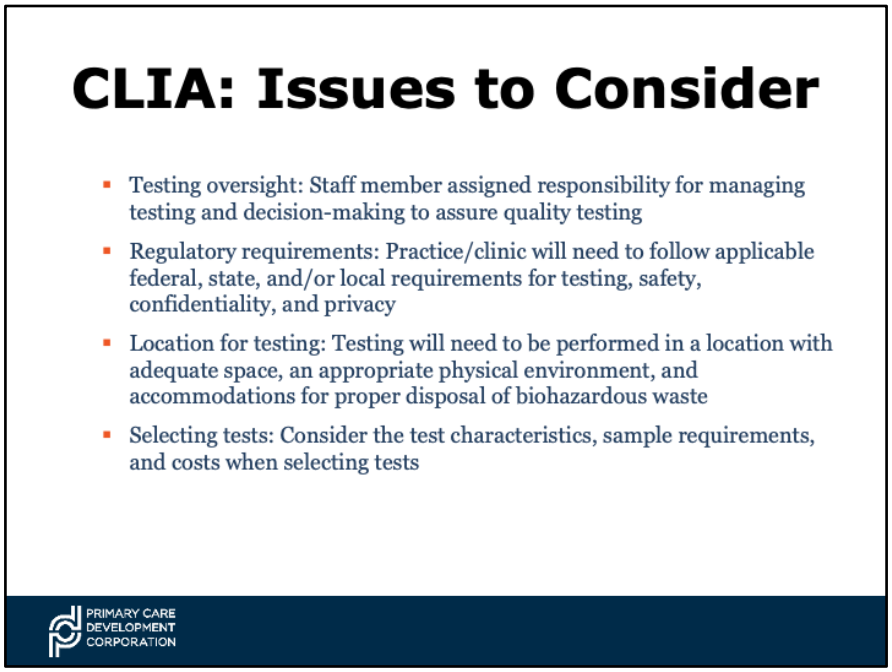
Clinical Laboratory Improvement Amendments (CLIA)



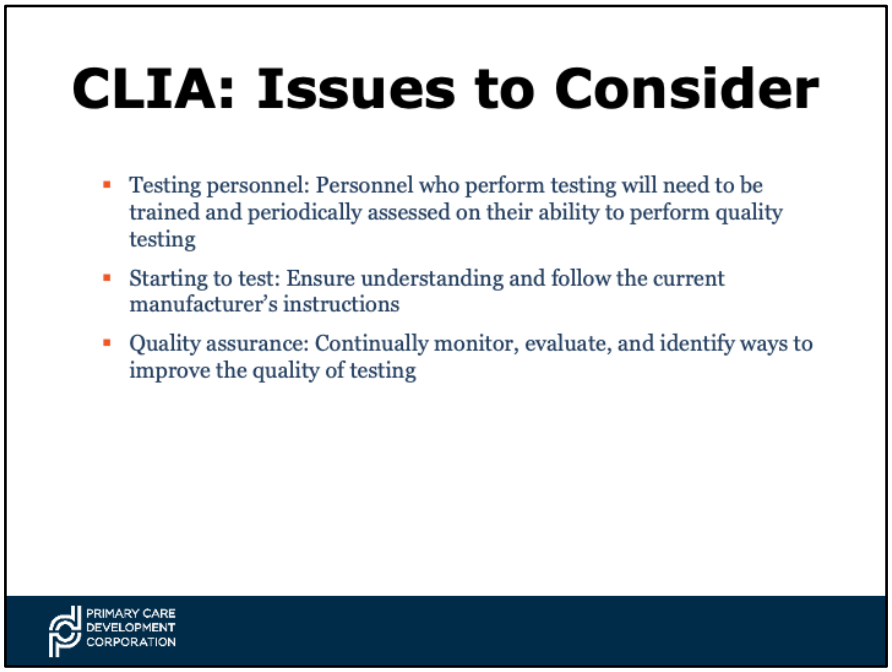
- CLIA categorization is determined after the FDA has cleared or approved a marketing submission.
- The FDA determines the test's complexity by reviewing the package insert test instructions.



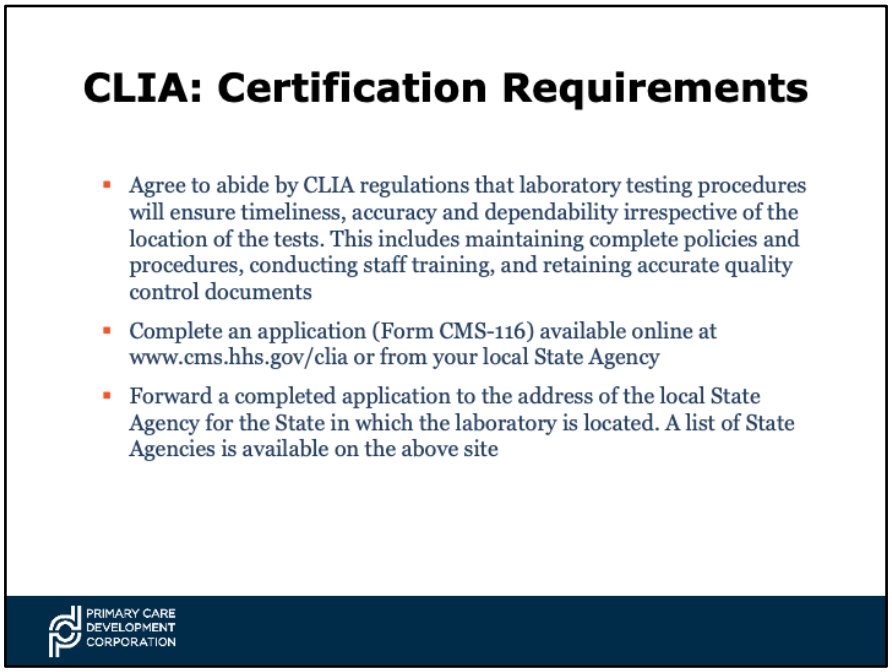
Waived tests represent a compromise between access and quality of care.



Being able to maintain a consistent high level of quality and service should be part of the decision to offer testing.



- The practice/clinic that decides to perform waived testing should identify one person responsible for overseeing testing and decision-making (e.g., provider or manager) who has the appropriate background to make decisions about laboratory testing.



- CMS regulates all laboratory testing (except research) performed on humans in the U.S. through the CLIA.
- All clinical laboratories must be properly certified to receive Medicare or Medicaid payments.

Case Study

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HIPAA Compliance

Challenge: A small family practice with three doctors and one physicians assistant whose been providing outstanding health care to their patients for the past three decades. They have been utilizing an EMR since 1994 and have never performed a HIPAA Security Risk Analysis to help them gauge their compliance and attest for meaningful use.

Solution: The practice sought assistance from a consulting firm that specialized in compliance after working with their EMR vendor and struggling with the complicated reports that would present. They performed a full HIPAA Security Risk Analysis helping to identify processes and procedures that needed to be put in place as soon as possible to ensure HIPAA compliance.

Result: Through this training and understanding requirements, the practice implemented processes and procedures to help them become HIPAA compliant.

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Session Highlights

- Importance of a Corporate Compliance Program
- Conducting Audits: HIPAA, Billing and Coding
- Non-Physician Practitioner Guidelines
- Significance of Human Resource functions in the day-to-day operations of practice/clinic
- OSHA Guidelines for Medical Practices/Clinics
- CLIA considerations

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Session 3 Mini-Assignments

- A Corporate Compliance Program begins with the formulation of policies and procedures. List the practice/clinics available written policies and procedures (e.g., front desk, finance, patient care policies)
- List the types of any internal audits currently conducted in your practice/clinic
- Formulate a list of any follow-up questions regarding Non-Physician Practitioners
- Assess your practice/clinic's Human Resource Department and it's activities
- Obtain the date of your practice/clinic's most recent OSHA training
- Draft a list all laboratory testing currently performed in your practice

PRIMARY CARE DEVELOPMENT CORPORATION