Compliance Plans
Keeping It Simple

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Financial Disclosures

• Ellen Adams
  • No financial interests or relationships to disclose
• Donna McCune is a consultant for Corcoran Consulting Group and acknowledges a financial interest in the subject matter of this presentation.

Objectives

1. Define what a compliance program is
2. Describe how to develop a compliance plan
3. Identify the role of a compliance officer and how to effectively manage the associated tasks

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

What’s Involved?

Plan
Program

OIG Guidance

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

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

- Federal health care programs
- Private payers’ health plans

**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

**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

**Critical Compliance Areas**

- Correct Coding initiatives
- HIPAA Compliance
- Quality Assurance / Variance Reporting
- Medical record requests from Attorneys or payers

**Keep it Simple but Have a Plan**

My doctors seem to be doing ok. What could POSSIBLY go wrong?

**Keep it Simple: Have a Checklist**
Compliance Programs

- Formal compliance plans become mandatory
- 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?

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 or other payer

Keep it Simple: Requests for Records

- Appropriate & timely response to requests
- Avoid of duplication of effort
- Avoid widening audit
- All insurances can request records

Keep it Simple: Requests for Records

- All medical records
  - Don’t miss back sides of paper charts
  - Include test results
  - All requested DOS
  - Confirm receipt

Documentation Tips for Medicare Compliance

- Provide medically necessary services
- Document service provided
- Code from documentation

Source: Trailblazer Health 2002
**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
- Could involve legal assistance
- May need to engage other outside consultants
- Not a “one time” activity

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**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

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**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

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**Keep it Simple: Auditing and Monitoring**

- Baseline audit within 3 months of initial training, and thereafter on an annual basis
  - 5-10 records per physician

Source: Federal Register Vol 65, No 194, October 5, 2000

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**Keep it Simple: Auditing Tips**

- Select a Clinic Day & Doctor
- Hold the encounter forms for the day
- Select a range of exams to cover many service types
- Audit 10-20 charts per provider
**Compliance and Practice Standards**

- Specific risk areas:
  - Coding and billing
  - Reasonable and necessary services
  - Documentation
  - Improper inducements

*Source: Federal Register Vol 65, No 194, October 5, 2000*

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**Keep it Simple: Audit Checklist**

- Charts ➢ Random selection
- Spreadsheet ➢ Prepared
- CPT, ICD10 ➢ On Hand
- Fee Schedules ➢ Current

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**Keep it Simple: Auditing Tips**

- Document what you find using non-judgmental terms
- Note CPT / reimbursement based on code selected by MD and CPT / reimbursement you recommend
- Note areas of weakness
- Conduct training

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**Conduct Training**

- Annual training for all
  - Compliance training
  - Coding and billing training
- New employees
  - As soon as possible
  - Work under an experienced employee

*Source: Federal Register Vol 65, No 194, October 5, 2000*

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**Compliance and Practice Standards**

- Develop written standards and procedure manuals
- Update clinical forms
- Clinical protocols, pathways, and treatment guidelines
- Records retention

*Source: Federal Register Vol 65, No 194, October 5, 2000*

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**Compliance Officer / Contact(s)**

- Compliance officer’s roles and responsibilities
  - Overseer of CP
  - Establish methods to improve quality and efficiency
  - Revise CP
  - Develop, coordinate and participate in training programs

*Source: Federal Register Vol 65, No 194, October 5, 2000*
Compliance Officer / Contact(s)

- Compliance officer’s roles and responsibilities (cont.)
  - Check OIG’s list of Parties Debarred from Federal Programs
  - Investigate any allegations of unethical or improper conduct
  - Monitor corrective action programs
  - May divide duties among several contacts

Source: Federal Register Vol 65, No 194, October 5, 2000

HIPAA Compliance Goals

- Proper Privacy Notice Posting & Patient Education
- Identification of Areas of Potential Breach
- Compliance with HITECH Provisions
- Appropriate & Ongoing Staff Education

HIPAA Compliance Tools

- Routine Audits
- Policy Development & Enforcement
  - [www.hhs.gov/hipaa](http://www.hhs.gov/hipaa)
- Variance Logs

HIPAA Variance Log

- Date
- Brief Synopsis of Incident
- Name of Employee(s)
- Name of Patient(s)
- Resolution
- Name / Initials of Who Logged Variance & Date Logged
- OIG Reporting Date

Quality Assurance Tools

- Variance reporting
- Patient satisfaction surveys
- Outcomes studies

Keep it Simple: Weekly Checklist

- Monday ➢ Coding Audit
- Tuesday ➢ HIPAA Tasks
- Wednesday ➢ Address Variances
- Thursday ➢ Legal Requests
- Friday ➢ Policy review/writing
Respond to Detected Offenses

- Investigate the allegation
- Take decisive steps to correct the problem

Source: Federal Register Vol 65, No 194, October 5, 2000

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

Source: Federal Register Vol 65, No 194, October 5, 2000

Enforce Disciplinary Standards

- Necessary for credibility and integrity of CP
- Disciplinary actions:
  - Warnings (oral)
  - Reprimands (written)
  - Probation
  - Demotion

Source: Federal Register Vol 65, No 194, October 5, 2000

Enforce Disciplinary Standards

- Disciplinary actions (cont.):
  - Temporary suspension
  - Termination
  - Restitution of damages
  - Referral for criminal prosecution
  - Consider mitigating or aggravating circumstances

Source: Federal Register Vol 65, No 194, October 5, 2000

Keep it Simple: Compliance Messaging

- The practice wants to do the right thing
- Acknowledge the team protection effect
- Share experiences framed ethically

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

Summary

- Compliance is daunting
- Break into smaller bits
- Stick to a plan or checklist

...and you will Keep it Simple!

More help...

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