Leveraging Your Resources for Compliance

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Where Can I Get Help?

Otherwise known as making Compliance an organization-wide project
Compliance is not a One Man or Woman Show
Administration and the Governing Board

- Conflict of Interest Policy
- Non-retaliation Policy
- Resolution empowering the Compliance Officer with the authority to run the program and real life support
- Regular reporting structure and access to administration and the governing Board
Medical Staff Affairs

- Awareness of relationships and contracts that may have Stark and Anti-Kickback implications
- Include Compliance Training and Acknowledgement documentation in the Credentialing process
- Incorporate elements of Corporate Responsibility and applicable laws into the Bylaws (i.e. EMTALA)
Legal Counsel

Access to external or internal legal counsel is needed in the event of CMS investigations involving the False Claims Act, Civil Monetary Penalties or the Federal Sentencing Guidelines or other governmental investigations.
Real Estate

Does your real estate manager understand, apply and document Fair Market Value for medical staff property transactions?

- Rental Property: Bills being sent, payments being received, reviews to keep rates at FMV, leases in writing

- Buy and Sell Transactions: independent appraisals of FMV
Revenue Cycle

- Denial Management – what things aren’t being paid and why
- Billing Issues – what type of edits are already in your system and are they correct?
- Revenue Cycle Team – Get the issues on the table so that they can be resolved
- Write-off Analysis
- MSP Compliance
What role does your Coding Supervisor or HIM Director play in your compliance program?

- DRG audits
- APC assignment
- Documentation that is in keeping with CMS requirements
- Chart Reviews
- Three Day Window
Billing

- Billers need ongoing education regarding CMS billing guidance and commercial insurance guidelines.
- Billers require extensive training and knowledge of the billing system to isolate system errors from actual coding issues.
- Billers are a valuable resource for the Revenue Cycle team from both a billing and remittance analysis perspective.
Chargemaster

- Develop a close relationship with the person or person(s) responsible for the Chargemaster.
- The person with overall responsibility for the Chargemaster needs access to tools for constant coding changes to the Chargemaster.
- Does the person in charge of the Chargemaster have relationships and work with clinical departments on HCPCS assignment?
Clinical & Ancillary Departments

- Work with department directors to reinforce the idea that they are the clinical experts. Their participation and cooperation is extremely important to:
  - Correct application of HCPCS codes
  - Communication of processes to support correct billing
  - Awareness of CMS billing, coding and medical necessity guidelines pertinent to that department
Release of Information

Person in charge of the hospital’s release of information function can significantly influence the hospital’s HIPAA and state information disclosure compliance.

- Awareness of the HIPAA Privacy and Security standards
- Awareness of any state laws pertinent to the release of health information, particularly mental health or HIV
MOP Admissions

- Relationships with your medical staff, nursing staff and admitting staff are essential to appropriate use of MOP admissions in accordance with Medicare criteria.

- Commercial insurers have different criteria from Medicare in classifying MOP admissions. Case Management or Utilization Review must be aware of these criteria.
EMTALA

- Quality Assurance – if there is a review of ED charts for QA purposes, this review could include a monitor on EMTALA transfer documentation
- ED Clinical Personnel - understanding of medical screening examination
- Medical Staff Affairs – documentation of on-call schedules and by-law requirements
- Security – awareness of assistance for ED patients anywhere on your campus
Excluded Individuals

- New Hires – HR includes a check for excluded individuals in their standard background check routine
- Medical Staff Affairs – Check for excluded individuals done as a part of initial and repeat credentialing
- Purchasing – Check for excluded individuals or organizations done prior to first purchase or contract
- Registration – Request check for excluded individuals for first time ordering physicians
- HIS or Compliance - Run entire database of physicians, vendors and employees on a routine basis, at least once a year
Hazardous Surveillance

- Can use routine hazardous surveillance checks to quiz staff on compliance program awareness. Include questions –
  - Who is your Compliance Officer?
  - What reporting mechanisms do we have?
  - Can you tell me the Hotline number or where to find the number?
  - Where can you find hospital wide policies and procedures and the Standard of Conduct?
Education

- Work with your Continuing Education Department to incorporate broad based compliance education into employee’s annual inservices – live or computer-based
- Be a resource for other departments – do HIPAA specific training at staff meetings
- Work with department managers to see that employees who need specific training get that training (coders, billers, registration)
Compliance is Everyone’s Responsibility
Thanks and Good Luck

Please feel free to call or e-mail if I can be of help.

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