Top Ten Compliance Issues for Medical Group Practices

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Disclaimer

• The information presented today is solely the opinion of the presenter. It is not representative of either the HCCA or of The Everett Clinic. You should not rely solely on the information presented today when dealing with matters specific to your practice. You should always seek professional and legal advice from retained consultants and legal counsel as appropriate.
Today’s Objectives

- Discussion of Top Ten Compliance Issues For Medical Group Practices
- Discuss the Opportunities and Challenges we face as Compliance Professionals
- Describe the legal risks associated with HIPAA HITECH - employee’s use of Social Media and the connection to privacy laws
- Identify the challenges associated with educating staff and managers about potential risks and their role in Compliance
- List the steps taken by The Everett Clinic to reduce risks and the goal of continuous improvement

- Founded in 1924 by 4 Physicians
- 8 satellite locations – all in Snohomish County
- 2 Outpatient Surgery Centers & a Regional Cancer Partnership
- Serve more than 250,000 patients
- 320 physicians and 1735 staff
- Reputation as a premier health care provider locally and nationally
- Named Fortune’s Magazine Top 100 Best Companies
Strong Brand Promise:

*The Right Care for the Whole You*

Our Core Values

- We do what’s right for each patient.
- We provide an enriching and supportive workplace.
- Our team focuses on value: service, quality and cost.

Our Culture

- Practice evidenced-based medicine
- And, evidence-based leadership
- Patient centered
- Treat people with courtesy and respect
- Listen to staff
- Offer flexibility
- Culture of excellence and innovation
- Use Lean principles
- Integrated technology
- Recognition and rewards

And we like to have fun!
Top Ten Trends

1. Privacy/HIPAA
2. Electronic Records/Security
3. Accuracy in coding (diagnosis and procedural)
4. Accurate, completeness and timeliness in documentation
5. Hospital relationships (referrals, anti-kickback, medical directorships, pay-for-call)
Top Ten

6. Vendor relationships (anti-kickback, Stark, AMA ethical guidelines)

7. Contracting (anti-trust issues, contract requirements and performance for third party payor agreements including CMS – Billing)

8. Release of Information (often delegated to HIM’s department but an issue for smaller groups)

9. Delegation to and supervision of Advanced Care Practitioners (ACP), PA’s, RN’s, LPN’s, CMA’s

10. Substance abuse, behavioral health (a compliance issue because it relates to licensure)

Four Categories

• Organizational Privacy/HIPAA/HITECH (●’s 1,2,8)

• Coding/Documentation/Contractual language and accurate billing (●’s 3,4,7)

• Relationships (●’s 5,6)

• Staff Behavior and Licensure (●’s 9,10)
The Opportunities

- Improves communications
  - Broad communication to reach new customers and to build customer loyalty
  - Promote products and services
  - FORTUNE’s 100 Best Companies, Top Doctors
  - Internal communication, blogs

- Fosters learning
  - Finding resources more easily, blogs, podcasts, social networks

- Aids in Recruitment
The Legal Risks

- HIPAA/HITECH WA State privacy laws
  - PHI – Reputational - Financial
  - PII – Financial -
- Social Media
  - Privacy
  - Discrimination/Harassment
  - Misrepresentation of Affiliation –
  - Trademark or copyright infringements –
  - Share confidential pricing information

The Send Button….

…OMG!!!!!
“Stupid is as stupid does.”
-Forrest Gump

Why have policies?

• Don’t we trust our employees to do the right thing?
  – Our employees don’t always know what is right
• Needed to define guidelines
• Part of education
• Shows we identified the risks and take this seriously
• Support our Core Values
Our Physicians Need Policy

“These days Doctors face new questions about how to conduct themselves in the new social spaces online. Even with the increasing numbers of medical professionals online, doctors are mostly on their own to devise what the appropriate boundaries are with patients on social media. “ twitterdocs”

Aug 2010

Group Two Coding/Documentation and Contract Obligations

• Coding – Nomenclature used to describe services provided and the medical reason for that service – all codified
• Documentation supports all services provided and the medical necessity for the service
• Contracts oblige us to make these encounters available for payment and quality audits
CMS guidance on E&M Coding
excerpts from May 17, 2011 release

• Purpose of the article
  — “remind providers that medical necessity and the patient’s condition are the foundation for correctly coding Evaluation and Management services.”

• My take away
  — “robo” charting doesn’t make it a level of service

Diagnosis Coding

• Having a diagnosis on a problem list does not make it coded on the encounter unless it is addressed

• HCC coding – increases reimbursement to the health plans – however – the accuracy of that coding must be proven. Documentation must support the conditions were addressed or considered in the treatment of the patient

• ICD-10-CM Preparation – You should have already begun
Complete Documentation

- Must include a legible signature with credential, date of service - electronic “footprint” name, date, time, and credential
- Must be complete – must support the medical necessity
- A plan of care must be something more than a list of the medical diagnoses of that patient with no mention of changes to the plan of care or continuation of treatment.
- Use of some software programs produces office notes that are nonsensical – office notes should be clean when released for final

Relationships Hospitals/Vendors

- Areas of risks – Relationships that include or evidence would support – inappropriate behaviors in these areas.
  - Referrals
  - Anti-kickback,
  - Medical directorships, pay-for-call
  - Stark
  - AMA ethical guidelines
Delegation and Supervision

• Direct Supervision Rules
  – “Incident to Services”
• How are your ACP credentialed
• Scope of Licensure
• Employee Issues
  – Background Checks
  – Licensure Monitoring/Complaints

Steps Taken by TEC

• Developed policies and procedures to educate, guide and support staff to do the right thing
• Developed a Comprehensive Educational Program
  – Staff sign agreements annually
  – Provide ongoing training for Staff
• Address violations
• Discuss it frequently through meetings, internal blog, intranet, etc.
• Monitoring, tracking and reporting, measurements
• PDCA – definitely continuous improvement is needed
Thank you!