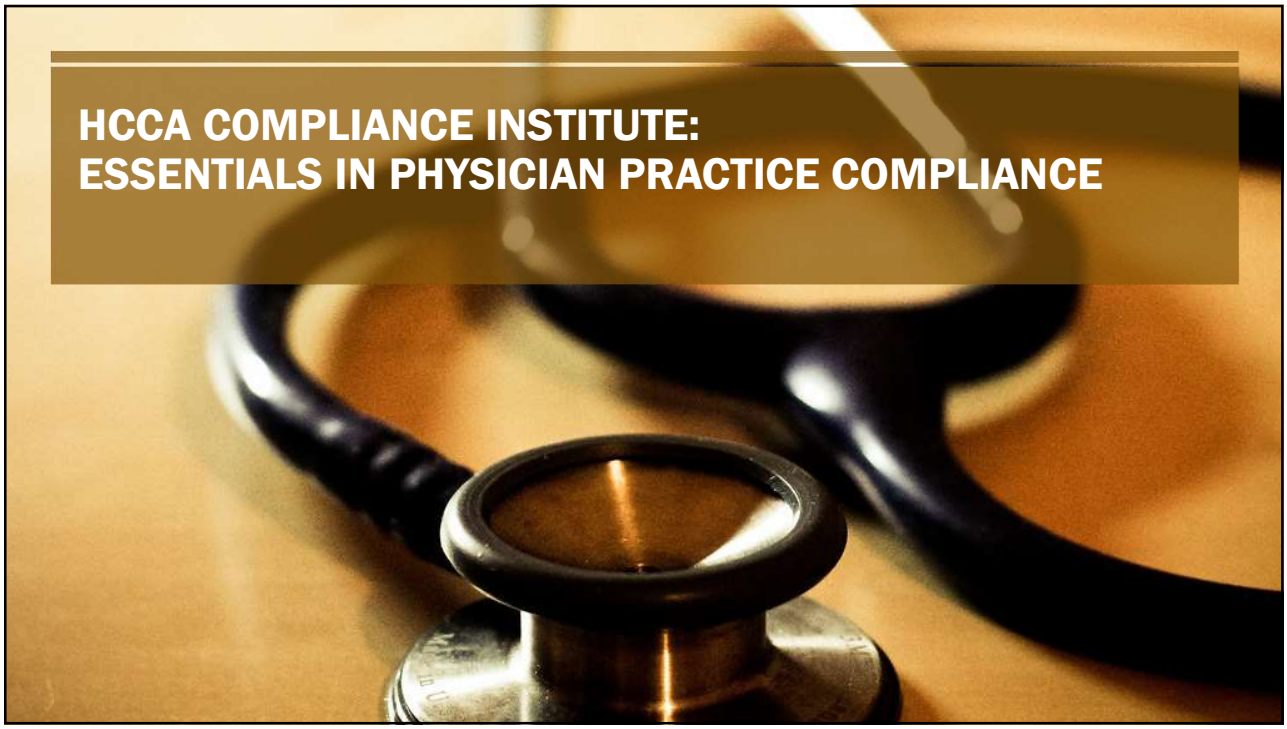

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DISCLAIMER

All views and opinions expressed are solely our own, and do not necessarily reflect the opinions of our employers.

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COMPLIANCE PROGRAM OVERVIEW: BASED ON 7 ELEMENTS

Oversight	Standards & Procedures	Training and Education	Reporting	Enforcement and Discipline	Auditing and Monitoring	Response and Prevention
Designate Compliance Officer	Update Code of Conduct	New Provider Onboarding Education	Compliance Incident Reporting Process	Code of Conduct Discipline Guidelines	Third-party Documentation-to-bill Audit	Anonymous Reporting
Compliance Committee Formation	Compliance Program Charter	Create Calendar of Mandatory Training	Compliance & Ethics Anonymous Hotline	Progressive Discipline Policy	Created Internal Compliance Audit Plan	Compliance Risk Assessment
Setup Compliance Program Contacts	Standard Process for Policy Creation & Approval	RFP for Online Education Vendor	Awareness Campaign for Compliance Hotline	Compliance in Performance Reviews	Monthly Exclusion Screenings	Security Risk Assessment
Assign Privacy & Security Responsibilities	Update Privacy & Security Manual	Code of Conduct Training	Utilization reporting for audit program		Review Vendor/Contracts for Required BAA	Create Compliance Incident Tracking
Assign Safety and OSHA Responsibilities	Review Key RCM Compliance Policies	Documentation & Coding Training	Rollout Compliance Scorecards		Tracking System for External Audits	
	Standardize Operational SOP Manual	Healthcare Fraud Training			Review FMV for Leases w Referral Sources	
		HIPAA Training			Contract Management Plan	
		Fraud, waste & abuse (FWA) Training			Scored Documentation Audits	
		Anti-Harassment Training			Audit Contracts for Stark & AKS Compliance	

7 Elements of an Effective Compliance Program

3

3

ANTICIPATING AND PREPARING FOR COMMON PHYSICIAN PRACTICE COMPLIANCE PITFALLS

- Focused Arrangements
- Incident-To
- 2021 E/M Coding Changes
- Revenue Cycle
- M&A Activity
- Policies & Procedures

4

PHYSICIAN COMPENSATION: GOOD FOUNDATIONS

Start with a compliant model and monitor	Stark Law	AKS	Revenue Cycle Management Impact
• Document arrangements • Review by counsel	• Ancillary services, DHS, and compensation calculations	• FMV • Leases • Medical Director and Call Coverage Agreements	• Monitoring and billing designated health services (DHS) • Proper billing management of APP relationships

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PHYSICIAN COMPENSATION CASE STUDY

- Strategy of extending physicians through addition of Advanced Practice Providers (APRNs, PAs)
- Audit results-personally performed vs billing provider
  - Documentation compliance
  - Billing compliance
- Analysis of FMV for physician salaries
- Reporting on RVU for APPs
- MAC change for 2021

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INCIDENT TO

"Incident to" services are defined as those services that are furnished incident to physician professional services in the physician's office (whether located in a separate office suite or within an institution) or in a patient's home.

In your office, qualifying "incident to" services must meet the following guidelines:

- Employed by the same entity
- Person supervising and person performing the service must be employed by the same entity. They may be an employee, leased employee, or independent contractor
- Only performed in place of service 11 (physician's office)
- Service must be integral although incidental
- Patient must be an established patient with an established diagnosis. The follow-up services rendered must be connected to the course of treatment the physician planned at the initial service.

Note: "Incident to" billing does not apply to a new patient or a new problem for an established patient.

7

INCIDENT TO: COMMON MISINTERPRETATIONS

- **Incident-to services must be an integral part of the physician's services -** The physician must have initially provided health care services to the patient whom the NPP is treating "incident-to" the physician's services. This requirement does not mean that there must have been a service rendered by a physician for each visit by a patient.
- **Institutional Settings -** Physicians cannot bill Medicare Part B or many state Medicaid programs for services furnished by NPPs in an institutional setting (i.e., hospitals or skilled nursing facilities) even if they meet all of the other requirements such as direct supervision.
- **Direct Physician Supervision -** Many state laws permit advanced registered nurse practitioners (ARNPs) and physician assistants (PAs) to furnish health care services to patients without a physician's on-site presence or direct supervision. Many of these state laws permit "general" physician supervision.
  - Conflicts with Incident-to Guidelines of Direct Physician Supervision - Direct supervision means that a physician must be immediately available to provide assistance and direction while an NPP is providing services that the physician plans to bill as incident-to. While the physician does not have to be in the same room as the NPP, the physician must be in the same office suite.

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INCIDENT TO: RECENT ENFORCEMENT ACTIVITY

August 17, 2016:

- •$690,441 settlement by Dr. Yasin Khan, Dr. Elizabeth Khan, Dr. Dong Ko, Westfield Hospital and affiliated entities including a related pain clinic, Lehigh Valley Pain Management, to resolve FCA billing allegations
- •Defendants billed services performed by non-physicians as "incident to "physicians when physicians were away from the office or otherwise incapable of supervising
- •Settlement included 2 ½ year agreement to refrain from billing any services under the "incident to" rate, even if the services could be properly billed for under that rate

https://www.justice.gov/usao-edpa/pr/doctors-and-medical-facilities-lehigh-valley-pay-690441-resolve-healthcare-fraud

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INCIDENT TO PRACTICE ADMINISTRATION CASE STUDY

- Billing Incident-To
  - Requires physician plan of care
  - Edit in place
- Practice Setup – Staff Education
  - New patients
  - NPO

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2021 E/M CODING CHANGES EDUCATION: "30 MINUTES OR LESS"

"The key to success, is to deliver the education in 30 minutes or less."

- Effective communication & education

Targeted, Simple & Specific Education

- Knowing your Audience and what they need to understand to be successful

Struggles of 2021 E/M Changes:

- EMR algorithms
- Data Complexity
- Risk of minor procedures

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POLICIES & PROCEDURES

- Why policies matter
  - Setting expectations
  - How policies support a single repeatable model and reduce risk
- Beware of off-the-shelf manuals
  - Policies that fit the practice
  - Team effort: Stakeholders have input in development and approval process
- Policy Access
- Common gaps:
  - Patient Responsibility
  - Financial Hardship
  - Professional Courtesies

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M&A ACTIVITY

Getting ready to sell: It doesn't have to be a fire drill	Due Diligence	Integration
• Due diligence request list • Documentation and coding reviews • Education	• Look at the "problem" areas discussed here • Onsite review with staff interviews	• Sanction screening • New hire onboarding education • Policy harmonization • Revenue cycle policies

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"TOTO, WE ARE NOT IN KANSAS ANYMORE"

M&A CASE STUDY

- Small practice does not mean small compliance risks
- Establishing communication line for integration
  - HR/IT Compliance related systems
- Differences between diligence and post-close interactions
  - Policy vs. Reality

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ESTABLISHING PARAMETERS OF COMPLIANCE

- Defining the scope of the compliance program –
  - Misconception that Compliance has oversight of everything that involves a rule
  - Establish consensus on ownership of risk areas = accountability
  - Being a team player and the consequences of overextension
    - Work Plan that reflects risk assessment
    - Connecting your time, talents and efforts to your risk-based priorities
- Aligning Compliance Goals with Organizational Goals
  - Collaboration

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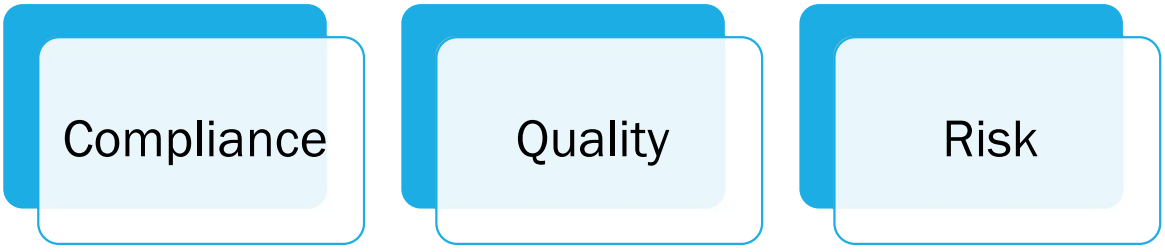
ESTABLISHING PARAMETERS OF COMPLIANCE: CQR COMMITTEE



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CREATING COMPLIANCE CHAMPIONS AND HOW TO GET BUY-IN

CONNECTION

COLLABORATION

OPENNESS

SHARED GOAL PLANNING

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CASE STUDY: INCOMPLETE RECORD DOCUMENTATION

The essence of compliance is consistently applying processes across the practices. There is reputational risk with developing a procedure and being spotty with follow up. When I first began to monitor open encounters there were a tremendous number of outpatient encounters that had not been reported for reimbursement.

Policy states 72 hours or as soon as possible, monitoring looks for compliance at a certain time each month.

Surgeons and their ambulatory procedures

PCPs waiting till the end of the month

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CASE STUDY: “IDENTIFYING THE PROBLEM CHILD”

Identified the physician/mid-level provider who was most opposed to the coding education

- Assisted them in gaining a better understanding of coding guidelines/rules
- Asked for feedback or assistance with clinical coding scenarios or education topics
- Engagement: How can we assist you?

End Goal: "To ensure the money we receive, we can keep"

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REFERENCES

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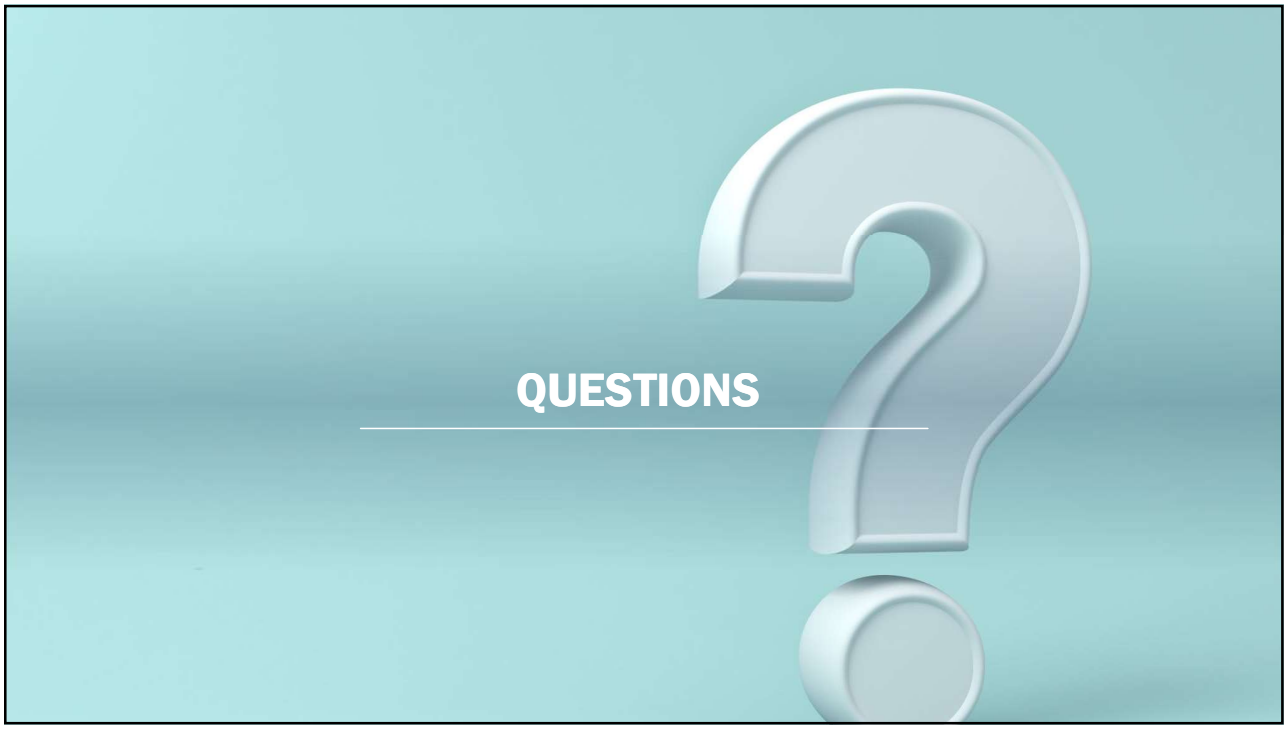

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