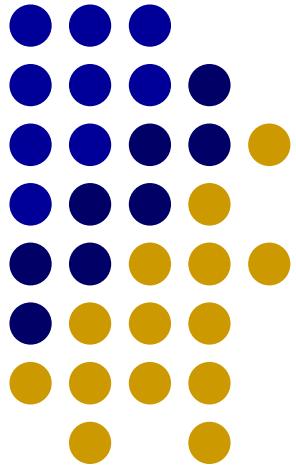
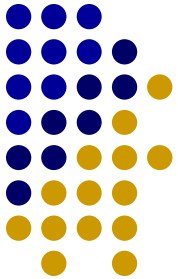
Compliance with Federal and State Regulations as You Begin Your Age Management Practice

The Anatomy of an Effective Compliance PROGRAM

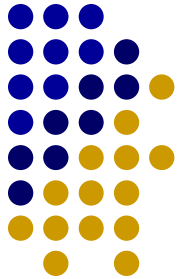


Seminar “Roadmap”



- What is “Fraud & Abuse” Compliance?
- Why is a Compliance *Program* Crucial?
- What should a Compliance Program have?
- How do I start a Compliance Program?
- What is a Compliance Manual?
- What is a Baseline Compliance Audit?
- How do I avoid “New” Compliance Issues?
- ***Walk Through an Actual Compliance Plan***

What is Compliance?



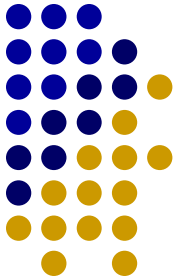
"conformity in fulfilling official requirements"

"acting according to certain accepted standards"

"the act or *process* of complying"

KEY → A *PROCESS* NOT A PIECE OF PAPER!

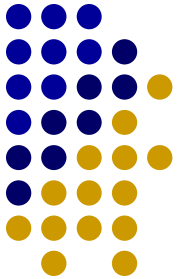
What is “Fraud and Abuse”?



- “Fraud” refers to an intentional deception or misrepresentation in order to procure benefits to which one is not entitled
- “Abuse” refers to actions that are inconsistent with accepted medical or business practices.
- Both result in “overpayments”
- Payers are not overly concerned with intent; they care about “Program Integrity”

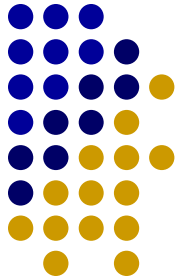
  KEY → NOT ALWAYS *INTENTIONAL* FRAUD

Fraud and Abuse “Targets”



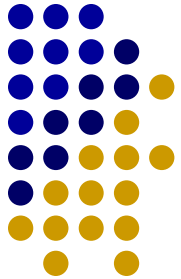
- Billing/Coding/Documentation;
- Scope of Practice;
- Delegation/Supervision of Services;
- Corporate Structure;
- Business/Referral Relationships;
- Compensation Arrangements;
- Marketing/Advertising; and
- Patient Relationships/Incentives

Fraud & Abuse "Compliance"



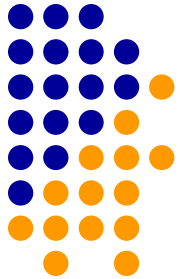
- Section 6401(a) of the Patient Protection & Affordable Care Act ("ACA") requires a broad range of providers, suppliers, and physicians to adopt a compliance program as a condition of participation with the Medicare program.
- The Department of Health and Human Services ("DHHS") is to promulgate "core elements" and set an effective date for compliance programs, but no deadline as yet.

Compliance Guidance



- OIG began publishing voluntary “Compliance Program Guidance” documents in the late 1990s, which include specific recommendations and identifies certain key risk areas for various types of providers.
- New York, the first state in the country to implement a mandatory compliance program requirement for Medicaid providers, offers valuable insight regarding the process.

What is a Compliance Manual?



A RISK MANAGEMENT TOOL

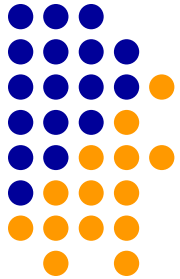
Unfortunately, most of the laws governing your practice are written by lawyers; even if you knew where to find them, you probably wouldn't understand them all.

An effective compliance plan summarizes all of the various laws that you and your practice MUST follow in one place, in a language that you and your staff can actually understand.

THE STARTING POINT FOR AN EFFECTIVE COMPLIANCE PROGRAM IS YOUR STANDARD

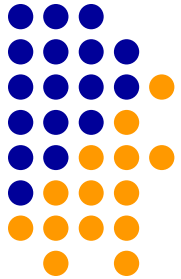
KEY → SETS FORTH THE RULES OF THE GAME

What Laws Must You Comply With?



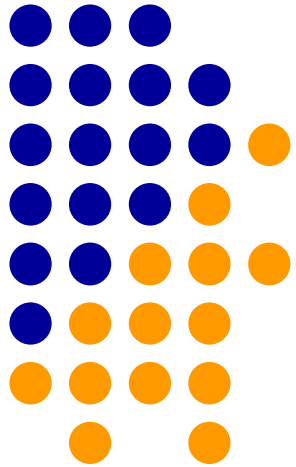
- Laws governing what services you can perform and how you can perform them (e.g., scope, diagnostic testing);
- Laws governing how your practice is organized;
- Laws governing how you must bill (e.g., CPT, “incident to”);
- Laws governing how and what you must document;
- Laws governing who you can employ or contract with, what they can do for you, and how you can pay them;
- Laws governing who you can transact business with, and how those relationships can be structured;
- Laws governing who you can lease space or equipment to or from, and what you can pay or charge for it; and
- Laws governing how you can advertise your services;

Seven Key Goals of a Compliance Manual

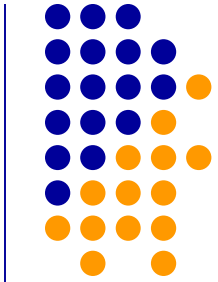


- Develop effective internal procedures to ensure compliance with all applicable laws, regulations, and rules.
- Improve patient record documentation to properly reflect the care needed and given.
- Improve the knowledge level of all of the practice's employees.
- Reduce the amount and frequency of claim denials (or refund requests).
- Streamline practice operations by fostering improved communication.
- Reduce the practice's exposure to fines, penalties, and overpayment demands (or refund requests).
- Avoid personal liability for non-compliance.

Three Steps to Integrate an Effective Compliance Plan



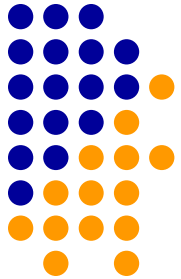
Prepare the Manual



Engage an experienced and knowledgeable *health care* attorney familiar with carrier reimbursement, regulatory and licensing requirements, and fraud and abuse issues to develop a plan that is specifically tailored to meet the needs of your practice.

KEY → NO ONE SIZE FITS ALL!

Conduct a Baseline Audit



Engage a knowledgeable healthcare attorney to review all of your practice's formational documents, employment contracts, consulting agreements, space and equipment leases, third-party billing contracts, and all other contracts.

Engage a certified professional coder through counsel to perform an audit of your practice's claims submissions and documentation in order to identify problematic areas that must be addressed/improved to comply with the plan.

KEY → ESTABLISH A BASELINE TO GAUGE IMPROVEMENT

Continued Vigilance

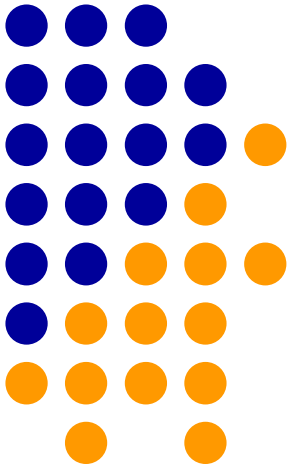
Employ a comprehensive and continued education program that continually monitors practice compliance and routinely identifies issues before they escalate into a larger problem that might result in liability.

KEY → THIS PRONG IS ON YOU!!!

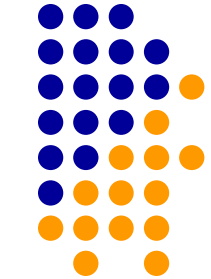
8 Tips to Implementing Compliance:

1. Realize one size does not fit all;
2. Don’t leave anyone out;
3. Match staff training to responsibilities;
4. Stress the importance of compliance;
5. Make sure clinical staff knows it regs;
6. Consistent billing and coding training;
7. Make compliance a “group” effort; and
8. Regularly conduct internal audits.

Examples/Language From a “Real-Life” Compliance Manual

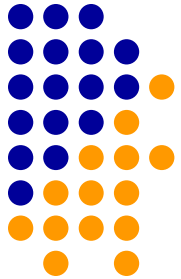


INTRODUCTION – Set the Stage!



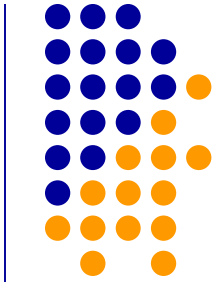
- “intended to ensure that the Practice follows all applicable federal, state, and local laws, insurance requirements, rules, and policies relating to health care reimbursement”
- “furthers the Practice’s mission to provide quality care to our patients”
- “constitutes official Company policy”
- “compliance with the Plan shall be a factor in performance evaluations and compensation decisions for all employees”

Employment/Vendor Screening



- “will not employ or do business with individuals excluded, debarred, or otherwise ineligible to participate in federally-funded health care programs”
- “shall perform comprehensive background investigations on any and all prospective employees, agents, consultants, suppliers, business partners, and contractors”
- “verify all educational degrees, licenses, certifications, and other references”

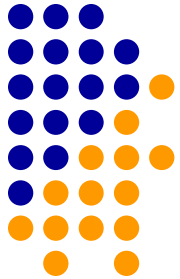
Workplace Environment



"The Practice is committed to maintaining a workplace free from discrimination, sexual harassment, and substance abuse. To that end, the Practice shall adhere to the policies and procedures set forth in the Practice's Employee Handbook, which is incorporated herein by reference"

KEY → MUST "JIVE" WITH EMP. HANDBOOK

CODING AND BILLING - General



- “two fundamental principles of proper billing practice: (1) only submit claims for services actually provided; and (2) properly document the patient record to support the claims submitted”
- “shall follow the billing and coding rules issued, where applicable, by CMS, the AMA, and other statutes, regulations, and federal, state, or private payer requirements”
- “must adhere to the following policies”

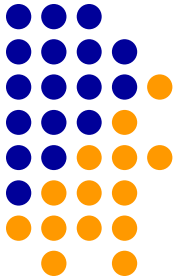
CODING AND BILLING - Specific

- E/M Scoring;
- Correct Coding Initiative (CCI) Edits;
- Modifier -59;
- Modifier -25;
- “Incident to” billing;
- Time-Based Codes;
- Patient Cost-Sharing;
- Advanced Beneficiary Notices; and
- Cash or Self-Pay Billing

DELEGATION OF SERVICES

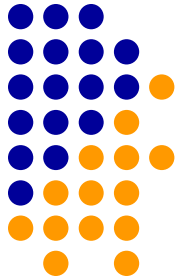
- Scope of Practice;
- Delegation to “licensed” providers;
- Delegation to “unlicensed” staff;
- Medical Assistants;
- Diagnostic Testing Procedures;
- In-Office Dispensing Protocols; and
- KEY → State law + Medicare NCD/LCD

DOCUMENTATION AND PATIENT RECORDS



- “records should be complete and legible”
- Initial Patient Visit Template;
- Subsequent Patient Visit Template;
- Diagnostic Testing Templates;
- Injection Templates;
- EMR (State law system requirements);
- Confidentiality (reference HIPAA Manual);
- Patients’ access to their records; and
- Responding to Subpoenas/Carrier Requests

ADVERTISING / MARKETING



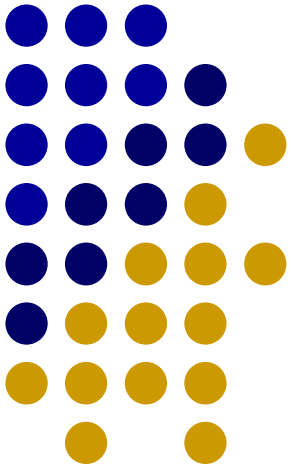
- “will always identify the Practice’s physicians as such”
- “no false, fraudulent, misleading, or deceptive statements”
- “no claims of superiority”
- “no guarantee of results from any procedure”
- “will not offer to pay, give or accept a fee or other consideration to or form a third party for the referral of a patient”
- TESTIMONIALS/DISCOUNTS → TRAPS!

Questions?

Paul D. Werner, Esq.

pdwerner@buttacilaw.com

609-799-5150



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