

SerenaGroup Compliance Plan & your role as a Program Director or employee.

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OBJECTIVES

- Know the CORE principles around the SG Compliance Plan.
- Understand the 7 Elements set forth in the Federal Sentencing Guideline.
- Know where to find the QCR Resource Manual.
- Understand why it is important to understand why employees and providers license/certification verified before date of hire.
- Understand there is a difference between verification list and the OIG exclusion list. And understand the impact that may have if either is forgone.



Need to Know & Understand

As an Management Company whose Compliance Plan do we follow?

All Compliance Plans should derive from the Keys in the Federal Sentencing Guidelines!

What might constitute and Anti-Kickback to an organization?

Stark Law and the impact to SG, hospital partners, and you.

What steps should we take if I find out an Employee or Provider is excluded from the CMS participation?

Who is the Clinical Compliance Officer and how do I contact?

Keys by the Federal Sentencing Guidelines

Implementing written policies, procedures & standards of conduct;

Designating a compliance office and compliance committee;

Conducting effective training and education;

Developing effective communication;

Enforcing standards through well-publicized disciplinary guidelines;

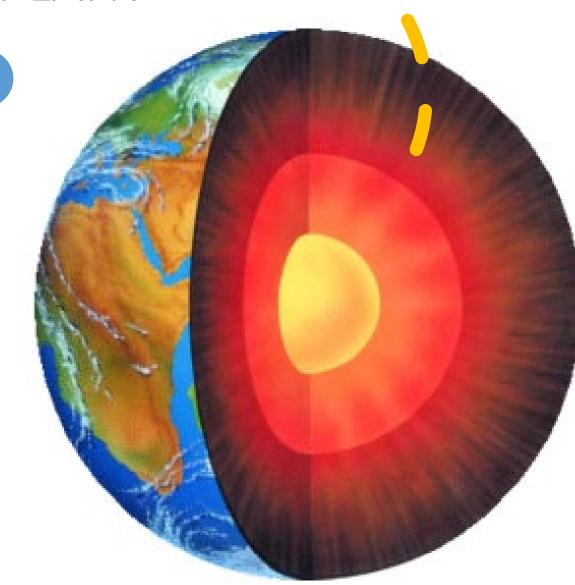
Conducting internal monitoring and auditing; &

Responding promptly to detected offenses & developing corrective action



CORE elements of the SG PLAN?

- Compliance Officer and Committee Oversight.
- Ownership of Ethical/Complaint behavior by all employees.
- Routinely monitor and audit practices/behavior/documentation and proactively address findings.
- Enforce and Educate standards in well published policies and procedures.





So.... Whose Compliance Plan do "I" follow?

You, as an EMPLOYEE follow the SG Plan.

Where do I find the plan?

Egnyte: Shared/PM/Compliance Quality Reimbursement/Reimbursement Manual 2018

You, as a Program Director, *(contracted to the host hospital)* have the additional responsibility of understanding your respective institutions Compliance Plan!

Reporting Issues:

Disclosure Program- currently consist of contacting the Compliance Officer directly.

When & what should I REPORT? Activities, you suspect are:

Harmful to patient, family member or staff member;

Illegal or Unethical;

Violate any State or Federal health care program requirement &/or;

Violate our CORE Plan or any SG Policy or Procedure.



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Reportable events:

Fraud Waste & Abuse (FWA)

False Claims Act (FCA) states knowingly submitting or causing submitted claims for payment when services were not performed or performed as billed.

- Not Provided
- Not Documented
- Not Medically Necessary
- Billing for services by unlicensed or EXCLUDED individuals
- Providing or Billing substantially excessive amounts of items, supplies or
- Improperly upcoding to receive a higher reimbursement.

Violation of the FCA may lead to civil, criminal & administrative penalties. They may include loss of license, monetary and EXCLUSION from participating federal programs.



Potential examples of FWA

Patient presents for a follow up visit- Patient has one or multiple ulcers. All ulcer were assessed, debrided (selective) dressing changed. What codes/charge should be dropped for this patient?

A-G0463 & 97597

B-G0463 only

C-97597

Patient presents for HBOT, patient has sinusitis and cannot equalize his ears & sinus'. The HBOT is canceled. What codes/charges can or should be dropped for the patient?

A-G0463

B-G0277

C-no charges should be dropped.

Patient presents for follow-up visit. Patient has multiple ulcers (6). Five of them are assessed debrided & dressing change. The other ulcer is debrided & TCC applied. What codes/charges should be dropped?

A- 97597, 29445, G0463

B- 97597-59, 29445

C-97597

D 29445

Medical Necessity & FWA



Patient is having a procedure that you know is not covered by the CMS. You inform your staff to move forward with said procedure. Is this an example of FWA? Yes, in this scenario the patient should have been presented with an ABN, and made the decision if they wanted to have the procedure and pay for it, as the CMS will deny it. If an ABN was not forced on the patient, the hospital cannot legally bill for this service.

TYPICALLY HOSPITALS HAVE A POLICY IN PLACE RELATED TO MEDICAL NECESSITY! ENSURE THAT YOU, YOUR REGISTRATION & CLINICAL STAFF AS WELL AS PROVIDERS ARE AWARE OF THIS PROCEDURE!

Is your staff and provider on the List? (Naughty or Nice) And, what do you do?



All staff licensure & certification must be verified. The preferred method is PRIMARY SOURCE verification. This is a process of going to the licensing or certification agency and ensuring the licensure or certification are active.

Example: http://www.nbdhmt.org/

That's all!?! Not quite.... Is the employee on the OIG exclusion list...

https://exclusions.oig.hhs.gov/

What do I do, if someone is working on the exclusion list and they've been working for quite some time?

Answer- you're going to have a VERY bad day!

Anti-Kickback Statute



Knowingly or willfully giving or receiving offering of anything of value, to encourage referrals for any item or service payable under the federal health care system.

Potential Issues-

Patient X has a co-pay but mentions they cannot pay this, and you should just bill the insurance company.

Company Z wants you to use their product. It's a great product. The company is willing to discount the product if you agree to exclusively use their product.

Nursing home X wants to send you all of their patients. In return, they would like to meet with the Care Coordination department to send all of your patients there.

Company B has a new CTP available. Unbeknownst to you, the vendor met with your provider, the provider agreed to utilize only their product. In return, your provider is paid to speak and promote the product.

Violation of AKS is a **felony!** It can lead to fines, imprisonment and exclusion in participation of federal programs or any combination of these penalties.

Physician Self Referral Law (STARK) You probably won't see it, but if you do....

Prohibits referrals for certain CMS items and services furnished by the organization with which the physician or immediate family has a financial relationship, unless specific legal exceptions (Safe Harbor) apply. The financial relationship can be direct or indirect. It can mean ownership interest to the provider, investment to the provider, or compensation to the provider.

Examples:

Payment to referring provider that is greater than FMV.

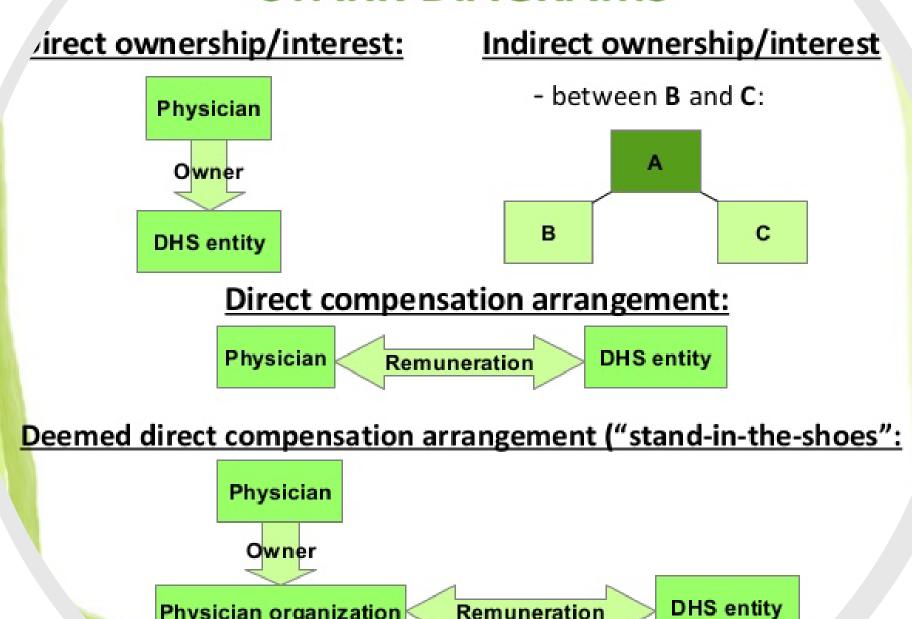
A rental agreement w/ provider, provider pays less than FMV.

Ownership interests in certain providers (e.g. DME, clinical labs)

Your concern in all of this! The facility submits a claim in violation of the Stark law, and doesn't refund in a timely manner.



STARK DIAGRAMS



Remuneration

Physician organization

Others potentials you need to be aware of



- Antitrust and Unfair Competition
- HIPPA & release of PHI
- Conflicts of Interest (see our company policy)
 - Gifts & Gratuities to patients
 - Gifts & Gratuities to providers
 - Gifts & Gratuities to staff
 - Gifts & Gratuities to you

So how can we keep from running afoul and stay compliant?

- Understand and enforce SG policies that pertain to compliance.
 - Vendor (don't meet with them ②)
 - Abuse and Retribution (don't do it)
 - Collection of Facility Co-Pays (understand the process)
 - Non Discrimination
 - Process of obtaining Licensure Unit
 - ADP HR policies.



Final Thoughts

You should not investigate a compliance issue on your own.

If a host hospital compliance issue or concerns come up, contact the SG Compliance Officer immediately.

Ensure when education is offered you and your SG employees attend.

You as an employee have an obligation to cooperate.

Retaliation and Retribution are not allowed in the company.

