DISCLOSURE

The information contained within this session was used as a visual aid for informational purposes only. This content was not designed to be utilized without the verbal portion of the presentation.

Accordingly, information included within these slides, in some cases, are only partial lists of requirements, recommendations, etc. and should not be considered comprehensive. Additionally, reimbursement laws, regulations and policies are subject to change.

Providers should consult with their respective insurers, including Medicare contractors for specific information on proper coding & billing.

These materials are being issued with the understanding they must not be considered legal advice.
Coping with Billing Compliance

Pennsylvania Association of Community Health Centers
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What is compliance?

Corporate compliance for healthcare means meeting the statutory and regulatory requirements set out for particular activities in the provision of healthcare.

~American Health Lawyers Association
Yes, but what does it mean for you?

Successfully accomplish:

- documentation
- coding
- claim submission
- follow-up
- patient collections

Within the various principles that govern these areas directly or indirectly
Fraud or abuse?

- Fraud – intentional deception, misrepresentation or concealment in order to gain something of value

- Abuse – unintentional, improper act which is inconsistent with acceptable business practices, regulation or policy

Rules?

- Medicare
- Medicaid
- Commercial Payers
- Health Resources & Services Administration (HRSA)
- HIPAA
- National Correct Coding Initiative
- Escheatment
- Health Center policies
- More...
Who enforces the rules?

- Recovery Audit Contractors (RAC)
- Office of Inspector General (OIG)
- Bureau of Program Integrity (BPI)
- Novitas Solutions
- Office of Civil Rights (OCR)
- List goes on...

Strategy to combat fraud and abuse

- Enrollment – scrutinize individuals and entities that want to participate in healthcare programs
- Payment – establish payment methodologies that are reasonable & respond to changes in marketplace
- Compliance – assist healthcare providers & suppliers in adopting practices that promote compliance
- Oversight – vigilantly monitor programs for evidence of fraud, waste & abuse
- Response – respond swiftly to detected offenses and remedy program vulnerabilities

~OIG’s Five-Principle Strategy
Why are they so interested?

Why is it so hard?

- Rules are many
- Rules are everchanging
- Rules are unclear
Leaves us balancing at times...

Need to capture revenue

Interpretation of the rules

Common areas of concern
What should a Health Center do?

• Have an ACTIVE compliance plan
  • **Standards, policies & procedures**
    • Brings awareness, provides direction & sets expectations
    • Ensure employees understand how to perform specific job duties
    • Billing & collections
    • Compliance
    • Keep them updated
    • Use for new employee training

Based on Compliance Program Guidance for Individual and Small Group Physician Practices at www.oig.hhs.gov

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What should a Health Center do?

• Have an ACTIVE compliance plan
  • **Compliance program administration**
    • Compliance Officer/committee
    • Oversee & monitor implementation
    • Establish methods to improve efficiency & reduce vulnerability to fraud & abuse
    • Revise compliance plan periodically
    • Compliance training

Based on Compliance Program Guidance for Individual and Small Group Physician Practices at www.oig.hhs.gov
What should a Health Center do?

• Have an ACTIVE compliance plan
  • Open lines of communication
    • Written confidentiality & non-retaliation policies to encourage communication & reporting of incidents
    • Various methods available for communicating concerns

Based on Compliance Program Guidance for Individual and Small Group Physician Practices at www.oig.hhs.gov

What should a Health Center do?

• Have an ACTIVE compliance plan
  • Education & training
    • Who needs the training
    • Type of training
    • When and how often
    • Include (at minimum)
      • Coding requirements
      • Claim development and submission processes
      • Proper documentation of services
      • Signature requirements
      • Billing standards
      • Legal sanctions for false or reckless billings

Based on Compliance Program Guidance for Individual and Small Group Physician Practices at www.oig.hhs.gov
What should a Health Center do?

• Have an ACTIVE compliance plan

  • Monitoring & auditing
    • Procedure review
    • Claims submission audit
    • Coding patterns
    • Denial trends
    • “Hot” areas

Based on Compliance Program Guidance for Individual and Small Group Physician Practices at www.oig.hhs.gov

What should a Health Center do?

• Have an ACTIVE compliance plan

  • Investigations and remedial measures
    • Determine if violation did occur
    • Decisive steps to correct
    • Documentation of investigation and corrective action

Based on Compliance Program Guidance for Individual and Small Group Physician Practices at www.oig.hhs.gov
What should a Health Center do?

- Have an ACTIVE compliance plan
  - Discipline for non-compliance
    - Needed for credibility & integrity
    - Clear policy – procedures for enforcing & disciplining
      - Intentional disregard for regulations
      - Failure to detect
      - Failure to report

Based on Compliance Program Guidance for Individual and Small Group Physician Practices at www.oig.hhs.gov

What can you do?

- Educate yourself
- Research answers
- Question
- Keep questioning
- Communicate (report) internally
- Stop
We have an issue...now what?

• Stop
• Investigate
• Quantify
• Self-report?
• Engage legal counsel?
• Payback (if needed)
• Evaluate policy and ongoing process

“We are constantly working towards the highest level of compliance possible.”

~ Mike Davidson
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