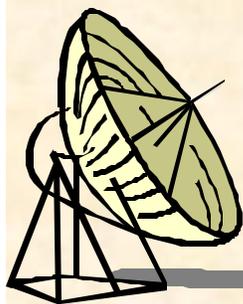




Compliance - Matters!

A newsletter from the Office of Compliance at Morehouse School of Medicine
July 2006

Consultations: On the Radar!!!!



Current Procedural Terminology (CPT) defines a consultation as a “type of services provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other

appropriate sources.” Reimbursement for consultations is allowed when the three “Rs” are met and documented:

Written or verbal **request** for the consultant’s opinion is made and documented along with medical necessity; an opinion is **rendered** and documented; a written **report** of findings is prepared and provided to requesting physician.

Effective January 1, 2006, the AMA CPT section on consultations was modified. In response to the changes, CMS issued a transmittal that clarified Medicare’s documentation guidelines for consultations.

General Guidelines for Consultation Services

- ◇ Confirmatory, and Inpatient follow up codes have been deleted
- ◇ NO split billing for Consultations; consults must be performed by the physician provider.
- ◇ ONLY one initial consultation code per hospital visit per physician – If the same physician or group member physician is called to see the patient again during the same admission – a subsequent visit **MUST** be billed.
- ◇ A Consultation service may be based on time when the counseling/coordination of care constitutes more than 50% of the face-to-face encounter between the physician or qualified NPP and the patient.
- ◇ Physicians within the same specialty **MAY** request a consult within your specialty provided your peers have subspecialty knowledge.

- ◇ A pre-operative consultation at the request of a surgeon is payable IF the service is medically necessary and **not routine screening**.
- ◇ Following a pre-operative consultation, if the same physician or qualified NPP assumes responsibility for management of all or part of the patient’s care postoperatively, the subsequent hospital visit codes must be billed.
- ◇ Postoperatively, if a surgeon asks the PCP or physician who had not seen the patient for a pre-op consultation to **manage** an aspect of the patient’s condition postoperatively, the physician cannot bill for a consultation because the surgeon is not asking for an opinion or advice for the surgeon’s use in treating the patient. The care should be billed as subsequent hospital care.

For more information, please read the transmittal <http://www.cms.hhs.gov/transmittals/downloads/R782CP.pdf>.

“Inside This Issue”

A Stalled Engine	2
A Clean Bill of Health	2
Practices Can Get You Sued	3
Piedmont Healthcare, Atl., Ga	3
OIG site visits	3
Confidential Disclosure Line	3
Proverb	4
Compliance Education	4

Keeping the Engine from Stalling!



Just as your engine needs periodic tune ups, so does our Compliance program! MSM has a compliance plan modeled after a Billing Compliance Plan adopted in March 1997. In order to prevent our compliance efforts

from stalling, we have reactivated a Compliance committee to provide oversight. The oversight responsibilities and the infrastructure of the Billing Compliance Program are designed to provide an integrated initiative for ensuring the integrity and ethical behavior of the organization and all responsible parties. It is the charter of the Compliance committee to provide advisory counsel to the Compliance Officer on all issues relating to the provision of, documentation of, or billing for medical and health care services that are billed to payors by or on behalf of the Morehouse School of Medicine/MMA. The Committee is responsible for reviewing and ensuring the efficacy of all components of the Compliance Plan including:

- ◇ Compliance policies and procedure
- ◇ Internal and external compliance monitoring;
- ◇ Identification of compliance issues;
- ◇ Sanctions for non-compliance;
- ◇ Education and training programs; and
- ◇ Evaluation of professional services & vendors with respect to compliance plan criteria.

This committee should advise the Compliance Officer, promote the MSM/MMA Compliance Plan, develop and assess policies and procedures to ensure that the Corporation members' billing and collecting activities are compliant with governmental and third party payors' regulations and policies. Committee members have been selected to represent all clinical departments. The focus of this committee aligns with clinical activity and residency training. The committee Chair is **Gregory Strayhorn, MD**, Chair of Family Medicine, Co-Chair **Myra Rose, MD**, Interim Chair of Medicine. Committee members are listed: **Ayanna Buckner, MD, MPH**, **Rosie Callender, RHIA, CPC**, **Sarita Cathcart, MN, NP-C, CHC** (Compliance Officer/ Privacy Official), **Linda Poteat-Brown, MBA**, **Rita Martin-Douglas, CPC**, **Truddie Darden, MD**, **Frances Dunston, MD**, **Marty Elks, MD**, **Eric**

Jackson, (Security Officer), **James McCoy, MD**, **Sylvia Nealy, Vijaykumar Patel, MD**, **Dusty Sanders, MD**, **Sandra Singh, MBA** and **Tammara Warren, RN, MBA**. MMA/MSM employees are encouraged to communicate with members of the committee regarding enhancing our compliance program!

Is the OIG Going to Give YOU a Clean Bill of Health?



Rebekah N. Plowman, Esq.
Kristen Pollock McDonald, Esq.
Epstein Becker & Green, P.C.

In an April 24, 2006 Open Letter, the OIG emphasized the importance of maintaining an effective compliance program and stressed that a successful compliance program would factor into what remedies the OIG pursues for a violation of the law, especially the False Claims Act ("FCA"). The OIG cautioned providers that although a compliance program may avoid the provider's exclusion from federal healthcare programs, the provider may still be subject to a settlement requiring a costly Corporate Integrity Agreement ("CIA"). It is abundantly clear from this recent Open Letter that the OIG is intensifying the fight against healthcare fraud and increasing its pursuit of CIAs in FCA settlements and even self-disclosures by providers. The FCA, which provides for treble damages and penalties between \$5,500 and \$11,000 per claim, is arguably the most widely-used method to combat healthcare fraud. Indeed, since 1986, FCA recoveries have exceeded \$15 billion, including a \$327 million FCA settlement with HealthSouth and a \$140 million FCA settlement with GlaxoSmithKline. Because a significant portion of FCA litigation is brought by whistleblowers, it is imperative for providers to not only have a compliance program, but an effective compliance program which addresses all potential concerns, including those raised by whistleblowers. It is imperative for providers to not only have a compliance program, but an effective compliance program which addresses all potential concerns, including those raised by whistleblowers.



Can your Administrative Practices get you Sued?

THEY SURE CAN. Inefficient administrative procedures can increase a physician's risk of being sued for medical malpractice, even when the physician's own interaction with the patient seemed positive. Take the following steps to lower your risk of malpractice exposure:

- Make a good first impression. Your front-desk staff should be friendly and welcoming. Patients should never be kept waiting for an inordinate length of time without an apology.
- Respect patients' privacy in your reception area and the examination room. Staff should speak in a low tone so other patients can't overhear, and physicians and staff should always knock before entering the exam room.
- Reduce medication errors by using medication forms and problem lists, and making sure you're clear on how you write the prescriptions – use standard abbreviations. Document legibly!!!
- Straighten out your test results reporting procedures. Eliminate the "no news is good news" method of reporting results, if you're guilty of this. Establish protocols for logging and tracking every test you order.
- Document care rendered and assure that your billing encounter forms are updated annually. Remember that ICD9 and CPT codes, along with your documentation tell a story!!!

Reference: *Physicians Practice*, March, 2006.

CONFIDENTIAL DISCLOSURE LINE

1-888-756-1364

MMA / MSM COMPLIANCE LINE

OIG site visits... Test your knowledge

During 1995 and 1996, an increasing number of academic medical centers came under scrutiny by the Office of Inspector General's Physicians at Teaching Hospitals (PATH) audits. OIG was seeking recovery of funds for services NOT appropriately documented by teaching physicians' presence during services rendered by residents. After much controversy and legal representation from the AAMC (Association of American Medical Colleges), these audits diminished but were replaced by Whistleblowers. The end result is continued scrutiny, recommended Compliance Plans, and costly financial settlements.

When the OIG sites an institution for non-compliance, there is the risk of a **Corporate Integrity Agreement** or a **Certification of Compliance Agreement (CCA)**. A CIA is usually for a five year period and involves a detailed government imposed Compliance Plan that includes timely auditing, monitoring and scheduled reporting. A less restrictive three year CCA will usually integrate the existing institution's Compliance Plan with required elements of the agreement based on the alleged non-compliance. A component of the CIA's and CCA's are OIG site visits. An effective Compliance Program could easily pass an OIG site visit. All employees, managers, and executive

continued on p. 4

Piedmont Healthcare, Inc., Atl., Ga.

Piedmont Hospital has very recently agreed to a settlement with the United States Attorney's Office in Atlanta (acting on behalf of Medicare and other federal healthcare programs) to pay approximately \$3 million to resolve allegations raised in a "whistleblower" lawsuit. The government reviewed issues dating from 2005 back to the 1990s. Part of the settlement of this matter was Piedmont's agreement to enter into a three-year annual certification of compliance. The allegations of the lawsuit were that claims for physician professional services rendered in the Piedmont Hospital Vascular Lab were improperly submitted for reimbursement, and that the hospital failed to properly execute the required contractual agreements with the physicians performing such professional services.

Report suspected non-compliance in the workplace.

- **It's your responsibility to maintain a culture of "do the right thing."**

continued from p3, OIG site visits

personnel should be familiar with the MSM/MMA Compliance Plan and perform accordingly. Test your knowledge!

- ◇ Are Policy and Procedure Manuals readily available?
- ◇ Are you aware of the ComplianceLine?
- ◇ Do you know the number? Is the ComplianceLine number posted?
- ◇ Who is the Compliance Officer / Privacy Official? – Do you know how to contact this person?
- ◇ Who is the Security Officer?
- ◇ Is there a checklist for Excluded Health Care Providers and does MSM / MMA perform employee background screens?
- ◇ Can recent hires (<30 days) answer these questions?

A survey during Corporate Compliance Week revealed weaknesses in responses. Please discuss the questions with your supervisors/managers or feel free to call the Compliance office!

Proverb

He who knows not, and knows not that he knows not, is a fool;
Shun him/her.

He who knows not, and knows that he knows not, is a child;
Teach him/her.

He who knows, and knows not that he knows, is asleep;
Wake him/her.

He who knows, and knows that he knows, is wise;
Follow him/her

Compliance Education

HIPAA on-Line Training HCCS

www.msm.edu/compliance/default.htm

Compliance Essentials remaining Course Series

- July 20th, and 27th, 2006 / 12:30—2:00pm
- Grady campus—Emory Faculty Office Building
- Call Compliance Office for details 404 756 1345/1353.



Compliance -Matters!

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