

Compliance

Today and Tomorrow

August 25, 2023

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Presenters



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ROADMAP

DEFINING COMPLIANCE

What does compliance mean in the context of healthcare, coding, and reimbursement?

TODAY'S COMPLIANCE PROGRAMS

How do today's compliance programs compare to those of the past, and what do they look like for the future?

NAVIGATING COMPLIANCE ISSUES

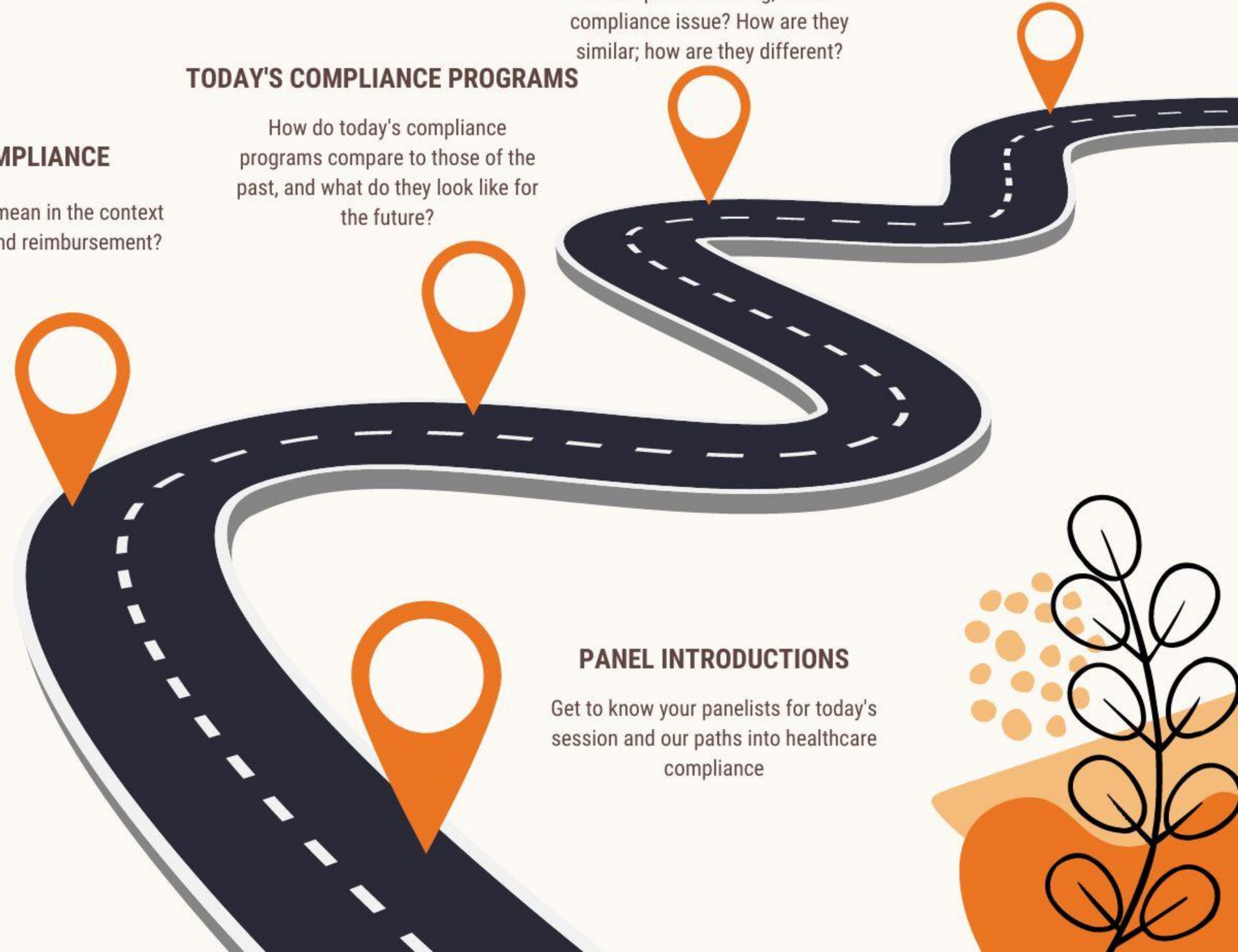
What constitutes a compliance event, a compliance finding, and a compliance issue? How are they similar; how are they different?

Q&A

What questions do you have?

PANEL INTRODUCTIONS

Get to know your panelists for today's session and our paths into healthcare compliance





Compliance Defined

Compliance is an umbrella term encompassing many areas of the healthcare organization

- Licensing
- Contractual
- Statutory, regulatory
- Clinical
- Employment and human resources
- Privacy and security
- Revenue cycle and integrity
 - Coding, billing, reimburse for professional fees

POLLING QUESTION

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What type of organization do you work for/with?

POLLING QUESTION

AAPC of Kansas City



Does the organization have a compliance program?

Today's Compliance Programs

How are today's compliance programs different from those of years past?

- Dynamic, not stagnant
- Multi-disciplinary
- Greater buy-in
- Appreciation for importance
- Understanding ROI of a program
- Recognition that compliance means revenue integrity, both over and under

Elements of an Effective Compliance Program

1 Oversight

2 Code of Conduct & Policies

3 Education and Training

4 Monitoring and Auditing

5 Communication and Reporting

6 Response and Corrective Action

7 Enforcement and Discipline

Resource(s): U.S. Federal Sentencing Guidelines (1991, amended 2004);
OIG compliance guidance (various); U.S. Dept. of Justice, Criminal
Division, Evaluation of Corporate Compliance Programs (updated March
2023)

Design and Implementation

➤ Documentation

Policies, education, and auditing of documentation expectations to support coding and reimbursement

➤ Code Assignment

Knowledge of and training on coding guidelines, policies for gray areas, auditing for consistency

➤ Claim Presentation

Understanding claim form indicators, service- and payor-specific rules, monitoring for changes

➤ Payment

Reviewing for accuracy (over and under), procedures for variances

Panelists' Interaction with Compliance and Coding



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Findings, Events, Issues

➤ FINDINGS

- Observations that raise a question of a potential issue
- Understand the appropriate reporting procedures in your organization
- Choose words carefully when communicating in writing; this is not a stage for making conclusions (e.g. error, overpayment, fraud, overbilling, unbundling, violation, etc.)
- Findings lead to investigations where relevant facts are collected, rules are examined, and conclusions can be reached

➤ EVENTS

- Usually are more isolated occurrences, where findings may reveal more systemic trends
- Still important to report, so investigation can rule out an event being a practice or more systemic occurrence

➤ ISSUES

Compliance issues are determined through investigation of relevant facts surrounding a finding or an event, after comparison to pertinent rules or requirements. Issues do not necessarily mean there is legal error, fraud, or overpayment

Navigating a Reimbursement-Related Finding or Event

➤ Identification

- Knowing when to raise your hand
- Knowing when/where to report
- Recognize distinction between mistakes and widespread errors, overpayments, and fraud

➤ Report

- Follow your organization's policies and processes
- If you don't have them, use best judgment to notify appropriate persons
- Frame the issue with specificity and point to the pertinent rule(s) you're concerned about if you can

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Example

Employee believes a service has not been coded correctly and reports to a supervisor they believe the service is billed wrong

- ✓ Walk, don't run
- ✓ Understand compliance is a process, not an event
- ✓ Notify appropriate individuals
- ✓ Listen, analyze with an open and objective mind
- ✓ Overpayment, or not best practices?

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➤ Investigation

- Reporting
- Data Mining
- Interviews
- Record Review

➤ Outcome

- Not the same every time
- Internal policies may not equal error, overpayment, violation, or other compliance issue
- Repayment analysis
- Potential fraud?
- CMS-4201-P

Example, cont.



The employee's initial report appears to be about one individual occasion. After talking with a couple of employees to learn more via interviews, it is unclear if this occurred with any frequency.

How does an organization respond?

- Thoughtfully and intentionally
- What do we know? What do we need to know?
- Do the facts apply to other DOS? To other services? To other providers?
- Refine the issue with specificity
- Consider a probe review, probe audit strategies and considerations
- When to consider legal involvement

Keep in Mind

➤ Not All Sources Are Created Equal

- Binding versus instructive sources
- Discussion of Medicare manuals and MAC pages
- Importance of citing a source
- Do sources align, or is there inconsistency, ambiguity?
- Compare timing of finding, event and sources

➤ Conclusions and Rationale

- When conclusions vary from prior findings or reviews
- Rationales can give context in future reviews when the facts may vary

Compliance is a shared responsibility, a marathon and not a race, and requires careful and objective analysis

Questions?

