COMPLIANCE PROGRAM ACTIVITY – Open Meeting

January through March 2009

Prepared by: Judy Cotta, District Compliance and Privacy Officer

REVIEWS AND RISK ASSESSMENTS

- Completed an Observation Status billing review to validate the Districts adherence to the internal process of communicating status changes necessary for compliant claim submission; a 94% compliance rate was noted based on patient status, use of code to identify inpatient to observation order changes, and write-off of non-covered observation hours; Compliance worked with Patient Accounting to assure the claims were corrected and appropriately rebilled to Medicare
- Completed a review of medical staff non-monetary compensation; federal regulations require the recording and monitoring of non-monetary compensation to ensure compliance with self-referral prohibition; 100% compliance was noted as all non-monetary compensation did not exceed the annual limit of $338.00 for the calendar year 2008
- Completed a review of physician reappointments as they relate to the OIG exclusion list; any such payments received as a result of services provided by excluded parties are deemed inappropriate and should be repaid; 100% compliance was noted with federal regulations
- Completed a review of employee new-hires as they relate to the OIG exclusion list; much like the physician reappointment comparison, the federal regulations relate to individuals who are employed or contracted with Kaweah Delta; 100% compliance was noted with federal regulations
- Completed a review of the accuracy of physician orders for CT and MRI exams; of noted concern was the use of contrast material, and specifically the use and/or non-use of the material when not otherwise separately stated by the ordering physician; a 96% compliance rate was noted based on a review of physician orders when compared to UB-04 billing claim; it was noted by the Compliance Dept in a Medicare clarifying bulletin that Medicare has afforded the treating physician the ability to provide, at their discretion, contrast material when medically necessary; accordingly, the clarifying bulletin limits risk posed to the District for billing exams with contrast that were not otherwise ordered by the ordering physician
- Completed a review of the Medicare Consolidated billing requirements based on two (2) prior compliance issues; in short, the charges associated with outpatient dialysis treatments (at KD Dialysis Center) that overlap with the inpatient rehabilitation/Skilled Nursing Facility stay must be removed from the outpatient dialysis claim prior to claim submission; the Compliance Dept noted a 67% compliance rate; the Compliance Dept worked with Patient Accounting to assure the correction and rebilling of the claims submitted in error; in addition, Compliance worked with ISS to create an electronic tool to assist Patient Accounting in the identification of these occurrences; Compliance with continue to review the issue until substantial compliance is noted

PREVENTION AND MONITORING

- Completed assessment and review of the 2009 OIG Work plan; Compliance working to develop plan to determine District risk assessment plan on identified issues
- Continued coordination of monthly distribution of monthly Medicare Memo from Palmetto GBA (Medicare Fiscal Intermediary) and Medi-Cal Bulletins from the State of California to all areas potentially affected by regulatory changes; departments responded back as to actions taken

RESEARCH AND CONSULTATION WITH OTHER DEPARTMENTS

- Worked with Laboratory Director to establish charging guidelines for a clinical trial proposed by Dr Cislowski
- Worked with Administration and the Radiation Oncology Department to clarify billing and physician availability requirements when independent contractors cover vacancies
- Worked with Dialysis Management to provide guidance for ESRD laboratory protocols and admission order sets
- Worked with members of HIM, Patient Accounting, ISS, and Patient Access to clarify and establish corrective action for the billing outpatient surgery accounts

EDUCATION

- Provided education to the Area Compliance (ACE) representatives with monthly topics for their departmental staff meetings; topics included compliance related articles, patient privacy regulatory changes, behaviors that undermine a culture of safety, AP.103 Public Release of Patient Information, your health information privacy rights, Identity Theft Red Flag Rules
- Provided email reminder to all employees about the Medicare fraud and abuse, patient privacy, with a follow-up reminder on access to patient records
- Presented articles for the monthly publication Communi-K (a management communication tool for staff) on Medicare Recovery Audit Contractors, Medicare Fraud and Abuse, Safeguarding Patient Privacy
- Presented articles for the monthly publication - What's up Doc? (a physician newsletter) on Safeguarding Patient Privacy, Medicare Fraud and Abuse, Medicare Recovery Audit Contractors
- Presented article on Medicare Recovery Audit Contractor Initiative for distribution at the Quarterly Physician Office Staff Meeting
- Provided education on the Recovery Audit Contractor Permanent Program to Patient Accounting, Case Management, HIM; provided Identity Theft Red Flag Rules education to Patient Access, Radiology; provided Stark education to the Marketing Department,
- Provided education on the New California Privacy Laws to various departments throughout the District; sent out the PowerPoint presentation for management to review with their department employees