Cultivating a Culture of Compliance

Understanding Health Care Fraud and the Importance of an Effective Compliance Program

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Cultivating a Culture of Compliance

- Navigating the Fraud and Abuse Laws
- Compliance Program Basics
- Operating an Effective Compliance Program
Compliance Education Materials

Compliance 101

Welcome to OIG's Compliance 101 Web page. OIG developed this Web page to help health care providers, practitioners, and suppliers understand and comply with laws and the consequences of violating them. These comprehensive materials provide ideas for ways to cultivate a culture of compliance within your organization.

General Compliance Education Materials

Compliance Program Guidance

OIG has developed a series of voluntary compliance program guidance documents directed at various segments of the health care industry, such as hospitals, nursing homes, third-party billers, and durable medical equipment suppliers, to encourage the development and use of internal controls to monitor adherence to statutes, regulations, and program requirements. The documents provide principles to follow when developing a compliance program that best suits your organization’s needs. The documents also help organizations to improve their internal controls and reduce the risk of fraud, waste, and abuse.
A Roadmap for New Physicians

Avoiding Medicare and Medicaid Fraud and Abuse

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Navigating the Fraud and Abuse Laws

- Physician Self-Referral Law
- Anti-Kickback Statute
- False Claims Act
- Civil Monetary Penalties Law
- Exclusion Authorities
Navigating the Fraud and Abuse Laws

Physician Self-Referral Law

Limits physician referrals when there is a financial relationship with the entity.
Navigating the Fraud and Abuse Laws

Three Questions:

1. Is there a referral from a physician for a designated health service (DHS)?

2. Does the physician (or an immediate family member) have a financial relationship with the entity providing the DHS?

3. Does the financial relationship fit in an exception?
Navigating the Fraud and Abuse Laws

Anti-Kickback Statute

Prohibits asking for or receiving anything of value to induce or reward referrals of Federal health care program business
Navigating the Fraud and Abuse Laws

Improper Referrals can lead to:

- Overutilization
- Increased costs
- Corruption of medical decision-making
- Patient steering
- Unfair competition
Navigating the Fraud and Abuse Laws

**Fraud** includes obtaining a benefit through intentional misrepresentation or concealment of material facts.

**Waste** includes incurring unnecessary costs as a result of deficient management, practices, or controls.

**Abuse** includes excessively or improperly using government resources.
Navigating the Fraud and Abuse Laws

The False Claims Act

Prohibits the submission of false or fraudulent claims to the Government
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Accurate medical records are critical
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- Program Integrity
- Patient Safety
- Provider Protection

DOCUMENTATION
Accurate coding and billing are important.
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Fraudulent billings result in stiff penalties
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Fines

Prison Time

Program Exclusion
Navigating the Fraud and Abuse Laws

Civil Monetary Penalties

Penalties range from $10,000 to $50,000 per violation
Navigating the Fraud and Abuse Laws

The OIG has the authority to exclude individuals and entities from participation in Medicare, Medicaid, and other Federal health care programs.
What is the effect of exclusion?

Excluded individual or entity cannot be paid, directly or indirectly, by the Federal health care programs, for any items or services they provide.
Exclusion Basics

- **Types:** Mandatory and Permissive.
- **Who:** Any individual or entity.
- **Time:** Generally defined period, but certain may be indefinite in length.
Checking for Exclusion

- Screen against the OIG’s List of Excluding Individuals/Entities.
  www.oig.hhs.gov/fraud/exclusions.asp.

- Self-disclose if you discover you have employed an excluded individual

- Maintain documentation of searches
Compliance Program Basics

Compliance programs keep you on track
Affordable Care Act: Mandatory Compliance Plans Coming Soon

Where do things stand now?

- CMS has NOT finalized the requirements
- CMS will advance specific proposals at some point in the future
Seven Fundamental Elements
1. Written policies and procedures
2. Compliance professionals
3. Effective training
4. Effective communication
5. Internal monitoring
6. Enforcement of standards
7. Prompt response
Practical Tips

#1 Make compliance plans a priority now

#2 Know your fraud and abuse risk areas
#3 Manage your financial relationships

#4 Just because your competitor is doing something doesn’t mean you can or should REPORT FRAUD
Operating an Effective Compliance Program
Once a compliance program has been established, develop a process to evaluate it and measure its effectiveness.
Policies and Procedures

Policies and procedures are up-to-date and user-friendly
Tips to Measure Effectiveness

• Develop benchmarks and goals in team with Compliance Committee, Board, and department managers

• What do you want to measure?
Train Your Staff

- Test knowledge
- Make training part of the job
- Compliance staff/officer education & networking
CMS National Training Program

The CMS National Training Program is celebrating its 18th year of excellence in providing consistent, accurate, and reliable information about the programs that are administered by the Centers for Medicare & Medicaid Services.

We provide support for partners and stakeholders, not-for-profit professionals and volunteers who work with seniors and people with disabilities, and others who help people make informed health care decisions.

Resources are provided in formats to meet specific needs:

- **Training Library**: A comprehensive collection of training resources, including training presentations, workbooks, job aids, and other learning tools.
- **Web-based Training**: Our Learning Series webinars provide an in-depth overview of a key topic each month. The CMS Stakeholder & Partner Education monthly webinar features CMS policy experts who provide in-depth information on current issues.
- **Multimedia Products**: Entertaining and informative outreach and education tools featuring videos, webinars, and webcasts. Some products are available in Spanish.
- **Classroom Modules**: Complex information is made easy-to-understand in these comprehensive, customizable train-the-trainer presentations that include slides and speaker's notes.
- **Training Workshops**: These face-to-face sessions are held nationwide for partners who train others. They feature expert Medicare presenters and interactive learning activities.

Use these products and resources to learn about Medicare, Medicaid, the Children's Health Insurance Program. The National Training Program also provides information on the Health Insurance Marketplace on Marketplace.cms.gov. This information will help you conduct outreach and education sessions, or counsel people on their health care options and benefits.
Open Lines of Communication

- Solicit feedback
- Maintain visibility with employees
Make an Audit Plan

- Proactively audit:
  - Coding
  - Contracts
  - Care
Enforce Policies and Procedures

- Act promptly when issues arise
- Take and document corrective action