Reminder for International Travel
As we approach the holiday season, here are some important reminders for international travel.

No University equipment:
Technology purchased with university funds cannot be taken to the following countries: Albania, Armenia, Azerbaijan, Belarus, Cambodia, China, Georgia, Iraq, Kazakhstan, Kyrgyzstan, Laos, Libya, Macau, Moldova, Mongolia, Russia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan, and Vietnam. If you are planning a trip to these countries for university business, please contact the Export Control Officer to begin the process to reserve a clean loaner. While university technology is also not allowed in Iran, Sudan, N. Korea, and Cuba, additional travel and license restrictions apply to these four countries. If you have plans to travel to these countries, please contact the Export Control Officer immediately.

University equipment:
University technology is allowed to be taken freely to the remainder of the world’s countries after the traveler files a TMP with the Export Control Officer. A TMP is required for both business and personal trips for University owned equipment. In addition, ITS now requires a VPN to access SLU systems while traveling internationally. Contact the help desk to have a VPN installed on your machine. Contact the Export Control Officer to begin the process to file a TMP for the technology you wish to take on your next international trip.

For additional questions or concerns, please contact the Export Control Officer:
Michael Reeves
Michael.reeves@health.slu.edu
977-5880

Going forward the Compliance Newsletter will be published quarterly, during the months of March, June, September & December.

Upcoming Billers’ Meetings
10:00-11:00am
Law Clinic Annex 321 Spring Ave
January 9, 2018
February 13, 2018
March 13, 2018

Welcome New Employees!
All new employees of SLU are required to complete compliance training within 30 days of their start date. Modules can be found at myslu.slu.edu/home. Compliance Requirements section is in the lower left of the screen.
Observation Billing:

If the duration of observation care is less than eight hours on the same date of service, codes 99218-99220 are appropriate, but do not report the discharge (99217) separately.

Question: This 45-year old man underwent colon resection for carcinoma of the transverse colon. The physician progress note on post-operative day 2 states anemia. Hemoglobin and hematocrit levels dropped significantly after surgery, and a blood transfusion was ordered. How is this anemia coded?

a. D62 Acute post-hemorrhagic anemia
b. K91.840 post procedural hemorrhage of a digestive system organ or structure following a digestive system procedure.
c. D64.9 Anemia, unspecified.
d. D. Query the physician because opportunity exists to improve documentation of etiology of anemia.

Answer:

C: D64.9 Anemia, unspecified would be assigned as the correct code for the documentation provided. The anemia may be acute blood loss or a complication due to the surgery, but, it is not stated by the physician. However, an opportunity exists to improve documentation of etiology of anemia resulting in a more specific diagnosis code.

DOJ Reports Nursing Home Pays $5 Million to Settle Claims - Qui Tam Whistleblower after Witnessing Abuse, Neglect and Depriving Patients of Food and Water

Health Services Management Inc. (HSM) is based in Murfreesboro, Tennessee, and owns and operates nursing homes throughout Texas and the United States.

The United States and Texas began the investigation following the filing of a qui tam, or whistleblower, lawsuit. The whistleblower worked at Huntsville Health Care Center, a 92-bed nursing home and rehabilitation facility that HSM owned and operated.

The Whistleblower claimed during employment at HSM she witnessed patient abuse, neglect, inadequate care, physical and verbal abuse and denial of basic services, such as providing patients with food and water.

"It's disturbing when a nursing home company accepts Medicare and Medicaid money to care for vulnerable nursing home residents and in return provides substandard care, as alleged in this case," said Special Agent in Charge C.J. Porter of the U.S. Department of Health and Human Services - Office of Inspector General (DHHS-OIG). "We will continue to hold nursing homes accountable to give residents the quality health services, and living conditions, taxpayers pay them to provide."

Click Here to read more about this case.
Conflict of Interest
Frequently Asked Questions

This Fall, the University rolled out a new system called InfoED for disclosure, review, and management of conflicts of interest (COIs). The Research Integrity Group and the Compliance Office have collaborated in designing the new system to integrate three unique COI policies into a single disclosure. We are asking all individuals to submit their disclosure through InfoEd by December 15, 2017. Following are some Frequently Asked Questions & Answers to assist you in the disclosure process.

FAQs Related to All Three Policies:
Q1: Who needs to complete a disclosure?
A1: Anyone who participates in the design, conduct or reporting of Research; Anyone who participates in a Clinical activity, especially those that resulted in a medical order or billed encounter; and/or Anyone who identifies as an Institutional Official, including Deans, Assistant and Associate Deans, Department Chairs, Division Directors, and those who have been authorized to sign agreements on behalf of the University.

Q2: Which Federal Regulations require the Outside Interest Disclosure?
A2: Several federal regulations require that institutions maintain a process for identifying and managing conflicts of interest. Those regulations include:
• Uniform Guidance
• Anti-Kickback Statute, (42 USC §1320a-7b(b))
• Stark Law, (42 USC § 1395nn)
• CMS -- Centers for Medicaid & Medicare Services
• IRS -- Form 990
• Public Health Service (PHS):42 CFS part 50 Subpart F

Q3: What are my responsibilities related to Conflicts of Interest?
A3: The employee is responsible for disclosing their relationships annually and within 30 days of a significant change in their relationship with industry, which could include (1) a new role with the outside entity or (2) a relationship with a new outside entity. The responsibility of the supporting administrative offices will include a discrete review of the disclosure along with other pertinent information, such as the employee's roles and responsibilities on behalf of the University. The Research Integrity and Safety Group supports employees who design, conduct or report on research while the Compliance Office supports Institutional Officials and employees who provide patient care. Finally, the corresponding Committee will make a determination if a COI exists, and then resolve the matter if deemed necessary.

Q4: What is the Reporting Period?
A4: Calendar Year 2016: January 1, 2016-December 31, 2016 and year to date 2017: January 1, 2017-Date of your Disclosure.

Q5: In which period should I report a payment from an Outside Entity for a speaking engagement that took place in June 2016, yet was not paid to me until January 2017?
A5: The date of payment determines which year the funds are assigned, i.e., Cash Basis. If the activity took place in June 2016 and the payment was received in January 2017, then you would apply the payment to the 2017 reporting period.

Q6: Is SLU's retirement plan administrator, TIAA-CREF, considered an Outside Entity?
A6: No

Q7: What is the University's rationale for asking about my spouse's income?
A7: The disclosure requirements for Immediate Family Members follow the Physician Payment Sunshine Act - Section 6002 of the Patient Protection and Affordable Care Act (PPACA), which also conforms with the Stark Law. We, at the University, opt to follow the federal guidance as far as practical. Our Outside Interest Disclosure asks for relationships with Outside Entities including the individual, their spouse, dependent children, siblings, and any other person(s) residing in the individual's household.

We understand that there may be some uncertainty in disclosing the exact dollar amounts of one's immediate family member's income. If you are reticent to disclose dollar amounts, then we suggest selecting the "Value can not be determined" option on Question #5 which reads "Select the total value of your personal financial relationship with the entity". Our objective is to identify the significance of the relationship with the Outside Entity. In the absence of a stated value, we will assume that the relationship is significant.

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FAQs Related to Patient Care COI:

Q8: What is the purpose of SLU's policy on Medical Center COI in Patient Care & Svc?
A8: The purpose of SLU's Policy on Medical Center COI in Patient Care and Service describes the necessity for reporting, tracking, and monitoring relationships between Medical Center personnel and Healthcare products companies in order to protect the learning environment and the patient-centeredness focus of all practitioners.

Q9: Why does LCME Accreditation require COI policies?
A9: LCME Accreditation Standards expect a medical school to have effective policies and procedures for board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

Q10: Which University healthcare employees are covered by the Policy on Medical Center Conflicts of Interest in Patient Care and Service?
A10: The policy applies to health professions faculty and clinical, educational and research support staff (including full time, part time, adjunct, volunteer); as well as health professions trainees at the undergraduate, graduate and post graduate level, (including fellows and residents); and Medical Center Administration.

For more information on the University's COI policies, look to the following site: https://sites.google.com/a/slu.edu/coi or email InfoEdHelp@slu.edu.