SAINT LOUIS UNIVERSITY
COMPLIANCE
877-525-KNOW

August
2014

Office of Inspector General 2014 Work Plan

The Office of Inspector General (OIG) Work Plan 2014 was created to protect the integrity of the Health and Human Services (HHS) programs and operations and the well-being of beneficiaries by detecting and preventing fraud, waste, and abuse. Every year the OIG assembles what is called the OIG Work Plan. This Work Plan outlines what health care areas the OIG considers to be high risk areas for potential fraud, waste, and abuse. The Compliance Department analyzes this Work Plan every year to ensure those high risk areas are also incorporated into our annual reviews if necessary. The following topics are just a few hot areas on the OIG Work Plan for 2014.

Evaluation and Management Services—Inappropriate Payments

- Billing and Payments: The OIG will determine the extent to which selected payments for evaluation and management (E/M) services were inappropriate. They will also review multiple E/M services associated with the same providers and beneficiaries to determine the extent to which electronic or paper medical records had documentation vulnerabilities.
    - *Context—Medicare contractors have noted an increased frequency of medical records with identical documentation across services.*

Providers must be careful documenting within the Electronic Health Record. Providers should avoid macro, identical, or copy and pasted documentation. Documentation should always reflect what is transpiring with the patient for each particular date of service. The OIG has detected identical documentation to be a major problem and therefore this issue has been placed on the OIG 2014 Work Plan.

Outpatient Evaluation and Management Services Billed at the New-Patient Rate (new)

- Billing and Payments. The OIG will review Medicare outpatient payments made to hospitals for evaluation and management (E/M) services for clinic visits billed at the new-patient rate to determine whether they were appropriate and recommend recovery of overpayments.
    - *Context—Preliminary work identified overpayments that occurred because hospitals have used new-patient codes when billing for services to established patients.*

According to Federal regulations, the meaning of "new" and "established" pertains to whether the patient has been seen as a registered inpatient or outpatient of the hospital within the past 3 years. The OIG has detected there may have been some overpayments generated because patients have billed at the new patient rate when they were establish patients.

Other hot topics on the 2014 OIG Work Plan include: Security of (PHI) Protected Health Information, hospice documentation requirements, rural health clinics compliance and location requirements, just to name a few. Below is the link to the OIG 2014 Work Plan. Here you can read the entire OIG Work Plan for 2014.

http://oig.hhs.gov/reports-and-publications/workplan/index.asp

2014 Annual Compliance Update

Now Available Online

This **mandatory** online session provides an overview of current health care compliance including the prevention of fraud, waste and abuse; teaching physician guidelines; OIG work plan; HIPAA; various healthcare laws; Sunshine Act; Conflict of Interest; and Research Compliance. The update is available in the "Compliance Requirements" section of your MySlu home page and must be completed by October 31, 2014.

Instructions for accessing and completing the course are available on the Compliance website click here. (*Note: The video playback speed can be adjusted at the bottom of the Tegrity player.*)

Use Google Chrome to access the course.

HIPAA Privacy and Security Online Education Module

As a compliance requirement of Saint Louis University, workforce involved in patient care and activities that include the handling of protected health information are required to complete HIPAA Awareness training.

The Office of University Compliance recently prepared a set of HIPAA education modules that will soon be available for viewing. Successful completion of the online training course will meet the requirement for HIPAA Awareness training. Documentation of online training will be maintained in Banner.

Physician Disclosure Statement

As part of the University's commitment to strive for the highest standards of professionalism while maintaining interactions with the industries impacting the health care system, the School of Medicine adopted the Policy on Medical Center Conflicts of Interest in Patient Care and Service. The policy asks that all SLU*Care* physicians submit a disclosure statement on their financial dealings with health care product companies.

The School of Medicine announces the inaugural disclosure request from our patient care providers. We ask that all physicians answer a short series of questions about "gifts and transfers of value" from health care product companies between August 1, 2013 and December 31, 2013. The purpose of the disclosure statement is to identify gifts, pharmaceutical supplies (other than sample medications intended for routine clinical use), food, and personal compensation earned by our physicians from companies operating within the health care system. By providing financial transparency in such transactions, it is our desire to add to the University's ongoing efforts to manage conflicts of interest.

The disclosure is aligned with the Physician Open Payment information that will soon be made public as part of the Physician Payments Sunshine Act. More information about the Sunshine Act can be found at http://www.slu.edu/general-counsel-home/compliance/sunshine-act.

Dr. Robert Heaney is sponsoring three Physician Forums to promote discussion on the Sunshine Act as well as this Disclosure Statement.

- Tuesday, September 2, 2014
  10:00 AM to 11:00 AM
  LRC Pitlyk Auditorium C

- Wednesday, September 3, 2014
  4:00 PM to 5:00 PM
  Schwitalla Hall Lecture Hall 1

- Monday, September 8, 2014
  2:30 PM to 3:30 PM
  LRC Pitlyk Auditorium C

WHAT MUST BE REPORTED?

- Payments & Transfers of Value: must be reported when an item is worth >$10, or if the annual aggregate is >$100
  Health care product companies are required to report:
  - Direct & Indirect payments & transfers of value
  - Payments & transfers of value that are made to a 3rd party at the request or on behalf of a physician
- Ownership & Investment Interests: must be reported when an investment in a health care product company is held by physicians or their immediate family members
  - ***Dollar amount*** invested and the ***value*** and ***terms*** of the ownership or investment interest (excluding interests in publicly traded securities & mutual funds)
  - Any ***payments or transfers of value*** provided to a physician owner or investor

PAYMENT CATEGORIES

The payment or transfer of value must be categorized as one of the following:

- Consulting fee
- Honoraria
- Gift
- Entertainment
- Food & Beverage
- Research
- Grant
- Charitable Contribution
- Royalty or License
- Travel & Lodging
- Ownership/Investment Interest
- Education
- Compensation for serving as a speaker for a Continuing Education Program
- Compensation for services other than consulting, including serving as faculty at an event other than a Continuing Education Program

Physician Payment Sunshine Law

WHERE CAN I FIND MORE INFORMATION?

The official CMS Website for the Sunshine Law, also referred to as the National Physician Payment Transparency Program, Open Payments: http://go.cms.gov/openpayments

Information from the AMA: www.ama-assn.org/go/sunshine

WHERE DO I DIRECT MY QUESTIONS?

The Saint Louis University School of Medicine is committed to assisting you navigate the Sunshine Law. Please direct your questions to the Graduate Medical Education Office at (314) 977-9853.

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This brochure is intended to provide a brief educational summary of Sunshine Law's key transparency provisions. Please visit http://www.slu.edu/general-counsel-home/compliance/sunshine-act to see the entire text of the law.

Saint Louis University

WHAT IS THE PHYSICIAN PAYMENTS SUNSHINE ACT?

Signed into law in 2010 as part of the Affordable Care Act, the Physician Payments Sunshine Act requires health care product companies to track and report certain *payments made to* and *transfers of value* provided to physicians and teaching hospitals. It also requires manufacturers to report *certain ownership* and *investment interests* held by physicians and their immediate family members.

Physician Payment Sunshine Law

WHY WAS THE LAW ENACTED?

The main purpose of the Sunshine Law is to provide patients with greater transparency into the relationships their health care providers have with life science manufacturers, including health care product companies. The Law does not restrict industry-physician collaboration or interactions, nor prohibit payments or transfers of value. Rather, the Law requires tracking and reporting of payments and transfers of value that result from these transactions.

WHAT IS THE TIMING OF THE LAW?

- Aug 2013:Health care companies must begin collecting info about payments, transfers of value, & ownership interests
- Aug 2014: Physicians may access their own data via secure online portal for review & correction
    - 45 days to review & initiate disputes
    - 15 days to resolve disputes
- Sep 30, 2014: 2013 data published on a public website by CMS (8/1-12/31/2013)

WHO IS REQUIRED TO REPORT THE INFORMATION TO CMS?

- Manufacturers of medical devices, drugs, biologicals, & medical supplies operating in the US must submit Transparency Reports annually to CMS on payments & transfers of value given to physicians & teaching hospitals
- Group Purchasing Organizations (GPOs) & Manufacturers must report ownership & investment interests held by physicians or their immediate family members & any payments or transfers of value to physician owners/investors

CAN PHYSICIANS REVIEW THE DATA & MAKE CORRECTIONS, IF NECESSARY?

Before information is publicly posted, a Physician will have 45 days to review submitted data on a secure online portal. If the dispute is not resolved during this 45 day period, an additional 15 days are provided to come to a resolution. If the dispute continues, the data will still be posted to the public webpage but will be flagged as "Disputed".

HOW DO PHYSICIANS ACCESS THE DATA FOR REVIEW PURPOSES?

Registration is required, and includes the following steps:

1. Physicians register in EIDM (EIDM=CMS' Enterprise Identity Management System)
2. Physicians request access to Open Payments System within EIDM
3. Physicians use EIDM registration credentials to register in the Open Payments System

CAN THE UNIVERSITY REVIEW THE DATA & INITIATE THE DISPUTE PROCESS?

Without the express permission of the physician, the University may not access or review the payment data or initiate any corrections through the dispute process. The physician may nominate a SLUCare Administrator to access, review, and coordinate corrections on their behalf as part of the formal registration process in the Open Payments System within EIDM. Even when nominating a proxy, the physician must still register & submit to an identity check.

HOW WILL THE UNIVERSITY HELP THE PHYSICIANS?

- The University will annually collect data on payments to physicians,
- Will reconcile those records with that which is reported by CMS,
- Will identify discrepancies and proactively work with the physicians for accurate financial transparency with health care companies.
- Will coordinate responses to all external party questions (including media requests) after the payments to our physicians becomes public information

WHAT IS OUR UNIVERSITY POLICY ON PAYMENTS TO PHYSICIANS?

The University Policy on Medical Center Conflicts of Interest in Patient Care and Service identifies non-allowable interactions with health care companies due to the inherent bias they pose, and limits or defines acceptable methodologies for allowable interactions. The Policy requires faculty to report certain interactions with health care product companies, and requires administration to assure overall integrity of patient care, service and trainee learning environments.

WHAT ARE THE PENALTIES?

- A Manufacturer's or Group Purchasing Organization's noncompliance to the Sunshine Law include financial penalties ranging from:
    - $1,000 - $10,000 for each unreported payment
    - $10,000 - $100,000 for "knowingly" failing to report a payment or transfer of value