



SAINT LOUIS UNIVERSITY
—
OFFICE OF UNIVERSITY COMPLIANCE

June 2017 Compliance Newsletter

Alert

2017 Annual Compliance Update will begin in early August. Please be aware that ALL employees of clinical departments as well as departments that support the clinical departments, are required to complete the training module. This includes adjunct and emeritus faculty.

This online education module provides an overview of the current healthcare compliance climate including the prevention and detection of fraud, waste and abuse, SLU's Compliance program, updated information regarding HIPAA and Information Security, Research Compliance, Conflicts of Interest, Export Controls, Contracting Basics, and Risk Management.

The 2017 Annual Compliance Update will take approximately one hour to complete. This includes watching 2 videos and answering a number of questions after each video. The update must be completed by August 31, 2017. Instructions for completing the training will be forthcoming.

PLEASE NOTE: Employees who do not complete the training module by the deadline will have their access to myslu.edu frozen until they have completed the module.

2017 Billers' Meeting Schedule

All meetings will be from 10:00-11:00am

July 11, 2017
August 8, 2017
September 12, 2017
October 10, 2017
November 14, 2017
December 12, 2017

NOTICE

Anne Schwartze is no longer with the Compliance Office. If you have questions regarding physician billing and documentation, please contact Mickey Coriell at coriellm@slu.edu or 314-977-5886.

Welcome New Employees!

All new employees of SLU are required to complete compliance training within 30 days of their start date. The module can be found on the "Compliance Requirements" section of your mySLU homepage.

The CODING CORNER

Query a Provider:

CMS has two rules for provider queries:

1. The query cannot be leading.
2. The query cannot introduce new information that is not already present in the medical record.

Queries may be used in situations such as:

1. Clinical evidence of a higher degree of specificity or severity is needed.
2. A cause-and-effect relationship between two conditions.

Which provider should receive the query?

- The provider who originated the note or report in question.
- A query for abnormal test result should be directed to the attending physician.
- Documentation that conflicts with another provider should be sent to the attending physician for clarification.

Queries should not be done to question a provider's clinical judgment.

International Travel Laptop Rule Change

The increased risk of malicious cyber activity continues to pose a threat to University systems. As a result, Information Security & Compliance has created new requirements for international travel with University laptops 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.** University laptops are now prohibited from being taken to the aforementioned countries; a clean loaner laptop from ITS or personal laptops are permitted. In addition, any staff or faculty member wishing to access network applications or files on the Saint Louis University shared drives from these countries will need to do so through Authentic8 software.

All other international travel will require the use of a VPN for access to network applications or information on SLU shared drives.

Please contact the Service Desk at 977-4000, for information on getting a clean loaner and/or loading VPN/Authentic8 onto your machine.

If you are traveling internationally, please contact the Export Control Officer to ensure the University remains in compliance with all federal Export Control regulations. Michael Reeves, mreeves8@slu.edu, 977-5880

Non-Physician Practitioner Services

In a time of increased physicians demand, non-physician practitioners (NPP) are playing an increasingly important role in the expansion of health care. NPPs are individually trained and licensed providers that include advanced practice nurse practitioners, physician assistants, clinical nurse specialist, and clinical nurse midwives. When utilized appropriately, practices have the opportunity to increase the quality of treatment, patient satisfaction, and the overall patient base and revenue.

Rules for billing with these professionals have proved to be confusing, particularly when our organization has collaboration agreements with NPPs employed by SLUCare and SSM Health. It is important to note that the purpose of a collaboration agreement is to satisfy practice requirements for NPPs, and has no effect or ruling on the way in which the NPPs services are billed unless otherwise stated within the agreement. In general, when a SLUCare physician is working with a NPP that is employed by SSM Health, they cannot utilize the documentation of that NPP for billing purposes unless otherwise stated in a signed agreement.

Generally, when working with an NPP (employed by SLUCare or otherwise subject to written billing arrangement) there are three scenarios in which services are billed:

1. Under the NPPs provider number (NPI) – paid at 85% of fee schedule
2. Incident-to the physician's services – paid at 100% of fee schedule
3. Split/Shared service with the physician – paid at 100% of fee schedule

Incident-to and Split/Shared services tend to cause most of the confusion because of the requirements these services must meet in order to be billed appropriately. Incident-to services are defined as those services that are furnished incident to physician professional services in the physician's office or in a patient's home. To qualify as 'incident to' these services must be a part of the patient's normal course of treatment, during which a **physician personally performed an initial service and remains actively involved**, according to CMS's guidelines. The incident to guidelines also state that the supervising physician is also required to be present within the office suite to render assistance if necessary. If the above requirements are met, the services provided by the NPP incident to the physician services may be billed under the physician's name and NPI number. Medicare does not require the physician to sign the medical record when the NPP provides a service under the incident to guidelines.

Providing Split/Shared services can muddy the water a little more as it has more documentation requirements for the physician involved in the services. CMS defines Split/Shared services as *"a medically necessary encounter with a patient where a physician and a NPP each personally perform a substantive portion of an E&M visit face to face with the same patient on the same date of service. A substantive portion of an E&M visit involves all or some portion of the history, exam or medical decision making key components of an E&M service. The physician and NPP must be in the same group practice or be employed by the same employer."* Split/Shared services may not be performed in a skilled nursing or nursing facility.

Split/Shared services must first meet incident-to requirements, therefore any New Patient visit performed by a NPP must be billed under their name and NPI number. In the event that a split/shared service is performed appropriately, both providers are required provide their own set of documentation for their face-to-face portion of the visit with the patient. It is then that the bill may be submitted under the physician's name and NPI number, similar to incident-to guidelines. It is also important to note that the split/shared rules only applied to selected E&M visits including hospital admission, follow up visits, discharge management, observation care, ER visits, prolonged care, and outpatient/office visit. They do not apply to consultation services or critical care services. More information can be found about NPP services on CMS's website and in their Internet Only Manuals.



Former Doctor Sentenced to 23 Years in Prison for Distributing Prescription Drugs, Health Care Fraud and Money Laundering

Sardar Ashrafkhan of Ypsilanti, Michigan, was sentenced today to 23 years in prison for participating in a conspiracy to distribute prescription pills, conspiracy to commit health care fraud, and money laundering, Acting U.S. Attorney Daniel Lemisch announced.

Ashrafkhan, also known as "Dr. Khan," 59, was sentenced by U.S. District Judge Robert H. Cleland.

Lemisch was joined in the announcement by Timothy Plancon, Special Agent in Charge of the Drug Enforcement Administration; David P. Gelios, Special Agent in Charge of the Detroit Field Office of the Federal Bureau of Investigation; Robin Shoemaker, Special Agent in Charge of the Bureau of Alcohol, Tobacco, Firearms, and Explosives; Lamont Pugh, Special Agent in Charge of the Inspector General of the Department of Health and Human Services; and Manny Muriel, Special Agent in Charge of the Detroit office of the Internal Revenue Service, Criminal Investigation.

Sardar Ashrafkhan was found guilty, along with two co-defendant doctors, after a seven week jury trial. Ashrafkhan was convicted on felony counts of conspiracy to illegally distribute prescription drugs, conspiracy to commit health care fraud, and two counts of money laundering. The convictions arose from the operation of the defendant's fraudulent medical practice known as Compassionate Doctors. The medical practice purported to be a visiting physician's practice, but was actually a scheme that involved patient marketers bringing paid "patients" to residences to obtain fraudulent prescriptions for controlled substances. Medicare was billed for medical examinations and tests that were not conducted properly or were not conducted at all. Marketers filled the controlled substance prescriptions at cooperating pharmacies and sold the drugs on the street market.

According to evidence submitted at trial and at sentencing, Ashrafkhan operated Compassionate and related health care corporations from 2006 until 2013.

Ashrafkhan was responsible for participating in illegally distributing over 200,000 dosage units of oxycodone (including Oxycontin) and opana, powerful Schedule II opiates. He was responsible for over 1 million dosage units of another opiate, hydrocodone (Vicodin, lortab), and over 3 million dosage units of controlled substances of all kinds. He was responsible for over \$8 million in health care fraud.

Oxycontin, oxycodone, and hydrocodone are controlled substances that may be prescribed by a doctor only for a legitimate medical purpose. A doctor must act in good faith in prescribing these medications. These powerful and addictive drugs in the opioid class are easily abused, and can lead to addiction and eventual heroin use.

"More people die in America every year from prescription drug overdoses than from overdoses of all other drugs combined," Lemisch said. "In addition, prescription drug addiction has led to resurgence in heroin use. Licensed professionals who participate in the diversion of prescription drugs to the street market are contributing to this epidemic, and we are focusing our enforcement efforts on stopping them."

"Dishonest and unethical Doctors and Pharmacists who provide prescription drugs, especially Opioids, to individuals with no medical need are fueling a national crisis which has resulted in alarming levels of addiction, overdose deaths, and violence at the hands of criminal enterprises competing to flood our streets with illegal drugs," said David P. Gelios, Special Agent in Charge, Detroit Division of the FBI. "To those prioritizing profit over their pledge to honestly service the health needs of the public, the message should be clear that the collective resources of local, state and federal law enforcement will expose your illegal activities and bring you to justice."

"When you exploit every business principle to enrich your pocket with illegal proceeds," stated Special Agent in Charge Manny Muriel, "IRS Criminal Investigation will use their financial expertise to shut you down."

Ashrafkhan was one of 44 defendants named in a multi-count second superseding indictment unsealed in March of 2013. Six doctors and five pharmacists were convicted, either by guilty plea or at trial, and all received custodial sentences. The longest custodial sentence imposed on a pharmacist was 78 months, and the longest custodial sentence imposed on a doctor was 228 months. As the owner and manager of the fraudulent clinic, Sardar was the leader of the activity and obtained the largest share of the profits from this illegal activity.

Ashrafkhan is a citizen of Pakistan who came to the United States in approximately 1991 to study medicine. He no longer has legal status in the United States, and is subject to deportation after service of his sentence.

Acting United States Attorney Lemisch thanked the agents of the Drug Enforcement Administration, the Federal Bureau of Investigation, the Bureau of Alcohol, Tobacco, Firearms and Explosives, the U.S. Marshals, the Internal Revenue Service Criminal Investigation, the U.S. Immigration and Customs Enforcement's Department of Homeland Security Investigations, the Department of Health and Human Services Office of Inspector General, the Detroit Police Dept., Portsmouth, Ohio, Police Dept., Scioto County Sheriff's Office, and the Detroit Violent Crimes Task Force and Michigan State Police for their successful investigation of the case.

Cuba Sanctions Update

Restrictions on travel to Cuba that had been eased in 2016 were reinstated on June 16, 2017. The main impacts to Saint Louis University personnel are the restrictions on people-to-people travel and a prohibition on transactions with the Cuban military, Grupo de Administración Empresarial, S.A. ("GAESA").

Individual travel will now be disallowed, even for educational purposes. Any travel will need to be conducted as part of a group that is organized by a United States sponsor. Those traveling with a group or under a general license will be required to understand and not conduct any transactions with GAESA businesses while in Cuba. If you have additional questions, please contact the Export Control Officer to ensure the University remains in compliance with all federal Export Control regulations.

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