



SAINT LOUIS UNIVERSITY
—
OFFICE OF UNIVERSITY COMPLIANCE

Fall 2018 Compliance Newsletter

Attention All SLUCare Providers

This summer, Governor Parsons signed into law an act to limit initial prescriptions of opioids to treat acute pain. The new law, Senate Bill 826, went into effect on August 28, 2018.

In compliance with this new law, SLUCare expects its providers to thoroughly discuss any initial opioid prescription with the patient. Providers are to document:

- (1) medical necessity,
- (2) risks associated with the opioid prescribed,
- (3) quantity of opioids to be issued, and
- (4) option to fill in a lesser quantity.

Furthermore, SLUCare expects its providers to **limit opioid prescriptions for acute pain to SEVEN DAYS.**

Should exceptional circumstances exist, document the condition triggering the necessity for a greater quantity that could not be appropriately addressed by a non-opioid.

Please see Dr. Heaney's complete message to SLUCare Faculty and Staff:

<https://www.slu.edu/general-counsel/compliance/index.php>

Welcome New Employees!

All new employees of SLU are required to complete compliance training within 45 days of their start date. The module **NEWEMPCUFY2019** can be found on the "Compliance Requirements" section of your mySLU Home page.

Current employees should check their compliance requirements on a regular basis.



We have added several training modules to the Compliance Webpage. Annual Compliance Update 2018 remains accessible. Please see

<https://www.slu.edu/general-counsel/compliance/trainings.php>

Upcoming Billers' Meetings

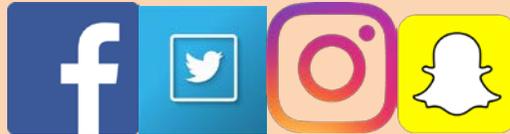
10:00-11:00am

Law Clinic Annex, 321 Spring Ave.

October 9

November 13

December 11



Social Media and HIPAA Privacy

Social media can be a great tool and has many benefits. It can be a great forum to deliver ideas and information. However, it can also bring about great risk in the form of HIPAA Rules and patient privacy violations. The single most important rule to remember before you post is this: Never disclose protected health information (PHI) on social media. PHI includes any text, images, video or anything else that may result in a patient being identified.

Basic Tips to Remember Before You Post to Social Media

- Do not post **ANY** patient information that could allow an individual to be identified, even in a private social media group or on Snapchat. All it takes is one screenshot to make it permanent and public. An employee at another institution was recently fired and jailed for 30 days for sharing an inappropriate picture of a patient on Snapchat.
- Social media can be a useful educational platform for delivering messages about the mission of the University, its services, and achievements. It is imperative that any shared content be de-identified or appropriately reviewed and approved by SLU staff with authority to approve and release information on behalf of the University.
- You must use caution when photographing inside a healthcare facility to make sure no patient images or PHI are inappropriately used. All photos and content should be appropriately reviewed before posting to social media. Please contact the Privacy Officer or Compliance Office when there is any doubt or question of appropriateness for inclusion.
- Avoid posting gossip about patients. VIP patients and current newsworthy individuals can be accidentally identified by talking about an incident on social media.
- Take steps to ensure that personal and corporate accounts are totally separated. You must make sure there is no confusion as to whether you're speaking for yourself or giving the appearance (even unintentionally) that you're speaking on behalf of the University
- Finally, even if you didn't post PHI, do not enter into social media discussions with anyone else who has disclosed PHI. Remember to report all suspected privacy violations to the Privacy Officer.

*Any SLU employee who commits a HIPAA violation on social media may be subject to sanctions, including potential termination. Please contact the SLU Privacy Department at HIPAA@health.slu.edu if you have any questions or doubts **BEFORE** posting to social media.*

New Developments in Teaching Physician Documentation Rules

In an attempt to reduce documentation confusion, SLUCare has implemented two significant changes to our Teaching Physician Documentation Rules:

1) Teaching Physician can now VERIFY their **Medical Student's** notes

A few months ago, CMS revised the Medicare Claims Processing Manual (Chapter 12, Section 100.1.1, B. E/M Documentation Provided by Students) allowing the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work.

The following language will be programmed into Epic Smart Text Linking Statements to improve consistency and efficiency in their use:

I) Verification Statement to be used when the Teaching Physician is linking to a **Medical Student's Note**:

"I have verified the documentation of the medical student including all history, exam, and medical decision-making details. I have personally performed a physical exam and have personally reviewed the data to support my medical decision-making as outlined in the medical student's note, and I arrive independently at the same conclusion.

Date of Service: ***

[automated insertion of Teaching Physician's name here]."

II) Linking Statement to be used when the Teaching Physician is linking to a **Resident's Note**:

"I have seen and examined the patient with the resident and I agree with the findings and plan of care as documented by the resident.

Date of Service: ***

[automated insertion of Teaching Physician's name here]."

III) Statement to be used when the Teaching Physician is writing an independent note but referencing both a **Medical Student's** and a **Resident's Notes**:

"I saw and examined the patient with the medical student and the resident. I have verified all details of the medical student's note and agree with the resident's documentation.

Date of Service: ***

[automated insertion of Teaching Physician's name here]."

2) No More SLUCare Added Standards

We have received permission from the Legal and Compliance Committee to discontinue the SLUCare requirement for additional documentation by the SLUCare teaching physician when linking to a resident's note. This "Added Standards Guidance" intended to protect both the University and the physician by going above and beyond CMS (Center of Medicare Services) requirements when linking to a resident's note.

The Added Standards Guidance was as follows: When a teaching physician attests to a resident's note for a New Patient, they must comment on 3 out of 3 key components (history, exam, medical decision making). When linking to a resident's note for an Established Patient, they must comment on 2 out of 3 key components.

The Added Standards will no longer be required to bill E/M services. We found that this expectation caused confusion with billers, coders, and providers, especially those accustomed to billing services at other teaching institutions.

We welcome your questions about the two significant documentation changes, and encourage you to read the 12-page CMS Guidelines for Teaching Physicians, Interns and Residents can be found through this link:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

Did you Know?

You can easily and **confidentially** report a known or suspected violation of Federal or State regulations, or Saint Louis University policies by:

- Calling the Compliance hotline at 877-525-KNOW
- Sending an email to slucompliance@health.slu.edu
- Calling the Interim Director of Compliance, Kerry Borawski, at 314-977-7720, or
- Calling the Saint Louis University Privacy Officer, Ron Rawson, at 314-977-5884

Saint Louis University enforces a **strict** policy of non-retaliation:

- Retaliation against anyone who reports a compliance issue in good faith is **strictly prohibited**, including reports made by contracted vendors (first tier, downstream, and related entities).
- If you see retaliation or believe that retaliation has occurred, you **must** report it.

Protecting Economic Interests

Often viewed as protective guidance for national security, federal export control regulations have an overlooked additional purpose of protecting the economic interests of the United States. As a research institution, Saint Louis University creates and maintains proprietary information which may be restricted from widespread dissemination through export control regulations. The export control restrictions not only limit distribution of this information outside of the United States, but restrict sharing information to foreign nationals within the borders of the United States (commonly referred to as a “deemed export”).

The risk of non-compliance with export control regulations could be severe monetary and/or criminal penalties against the University and individual, as well as a loss of federal research funding. To mitigate these risks, Saint Louis University takes steps to ensure compliance with the federal regulations:

- Research proposals and Clinical Trials are reviewed by the University Export Control Officer to determine if the project will need a Technology Control Plan to control access to information.
- All international travel is reviewed by the Export Control Officer to verify that the location of travel, items taken, and meetings with individuals/companies adhere to federal regulations.
- Foreign visitors and entities conducting business with SLU are screened to verify SLU is complying with all governmental sanctions.

If you have any questions, comments, or concerns please contact the Export Control Officer Michael Reeves @ Michael.reeves@health.slu.edu or 314-977-5880.

When to Call the Office of General Counsel:

- For an adverse incident with significant harm, a significant unexplained complication, an unanticipated or unexplained death, or a retained object (call 977-8778);
- If an attorney calls (call 977-5767);
- Before accepting a request to serve as a medical expert witness (call 977-5767);
- If you receive a complaint from the Missouri Board of Healing Arts or the Attorney General (call 977-5767);
- If a process server attempts to serve papers (e.g., subpoena or summons) on you (call 977-5767);
- If you are asked to provide a deposition (call 977-5767);
- For assistance handling a difficult patient/family (call 977-5767).



Health Quest and Putnam Hospital Center to Pay \$14.7 Million to Resolve False Claims Act Allegations

Health Quest Systems, Inc. and Putnam Health Center (PHC) have agreed to pay \$14.7 million to resolve allegations of violations of the False Claims Act by submitting inflated and otherwise ineligible claims for payment. New-York based Health Quest is a family of integrated hospitals and healthcare providers that deliver surgical, medical and home health care services. PHC is a Health Quest subsidiary hospital based in Carmel Hamlet, New York.

In the settlement, Health Quest and PHC admitted submitting improper claims for various health-related services, including the following:

- Claims for evaluation and management services that were not sufficiently documented to support the level of service billed. As a result, the services were billed two levels higher than supported by the medical record.
- Claims for home health services that lacked sufficient medical records, including documentation of a face-to-face encounter with a physician.
- PHC submitted false claims for inpatient and outpatient services referred to PHC by two orthopedic physicians, in violation of the Physician Self-Referral Law. The two physicians had a direct financial relationship with PHC for providing administrative services and received compensation from PHC. The United States alleged their compensation exceeded the fair market value for the services, and thereby violated the Physician Self-Referral Law, which prohibits a hospital from billing Medicare for certain services referred by physicians with whom the hospital has an improper compensation arrangement. The United States further alleged that one purpose of the excessive compensation was to induce the above referrals to PHC, in violation of the Anti-Kickback Statute.

“Hospitals and providers must be vigilant to make sure that claims accurately reflect medical services provided and are supported by sufficient documentation. We will continue to investigate whistleblower complaints vigorously to protect public funds,” said United States Attorney Grant C. Jaquith for the Northern District of New York. The settlement resolves three lawsuits brought by former employees of Health Quest under the qui tam, or whistleblower, provisions of the False Claims Act, which permit private citizens to bring lawsuits on behalf of the United States and obtain a portion of the government’s recovery. As part of this settlement, four individuals will collectively receive \$2,824,904.

Largest Healthcare Fraud in American History Charges brought against 601 Defendants, including 76 physicians

A July 2018 article in RAC Monitor reports that the Department of Justice recently brought charges against 601 defendants for their alleged participation in schemes to fraudulently bill for medications and treatments that were unnecessary and/or never provided. The DOJ estimated over \$2 billion in false billings arising from more than 13 million illegal dosages of opioids. The DOJ response also resulted in 2,700 people being excluded from participation in Medicare, Medicaid, and all other federal health insurance programs.

You can reach the full article in here: https://www.racmonitor.com/hundreds-of-medical-professionals-charged-in-largest-healthcare-fraud-takedown-in-american-history?utm_campaign=ERENEWS071918

Identify Patient Visits for Clinical Trials

- (1) Ask every patient if they are participating in a research study, and
- (2) *For SLU Ambulatory Research:* Confirm that the study's unique case number is attached to the IDX/GE Centricity patient account.
- (3) *For SLU-Hospital Research:* Confirm that the study's IRB number, Study Title, Coordinator Name and Contact Information are included in the Epic schedule's Appointment Notes.

These internal controls are essential to identify patients as research subjects within their clinical documentation as well as within the department's accounting records. The recent migration to a single instance of Epic with SSMHealth has complicated this reporting process since we lost the functionality for an automated flag to the patient's medical record. Now more than ever, it is necessary that the study team ensure that the study's case number (IRB protocol number) is recorded on the patient's account within IDX/GE Centricity. Once a patient's account reflects their role in research, all of their encounters are reviewed by the Practice Management Operation's (PMO) physician billing staff and the Clinical Trials Office (CTO) research billing staff for appropriate billing.

Research visits occurring in St. Louis University Hospital currently have a bonus step which provides additional scrutiny on the patient's research encounter. SLU Hospital research teams are asked to email the SSMHealth-SLUH generated encounter form to Chris Crawford at SLUH-Research@ssmhealth.com (with a carbon copy to Clinical-Trials-Office@health.slu.edu) for a verification that the facility and professional fees are appropriately captured.

CMS dictates certain requirements for coding claims that are conducted under a qualifying clinical trial:

- An ICD-10 code of Z00.6 (Examination of participant in clinical trial) must be added as a secondary diagnosis on all insurance claims. This is a flag indicating that the service is occurring as part of a clinical trial.
- The 8-digit National Clinical Trials Number (NCT) identifier must be included
- A Modifier will be used to differentiate between Routine and Investigational Clinical Services:
 - Q0 = Investigational Clinical Service
 - Q1 = Routine Clinical Service provided in an approved clinical research study
- A Condition Code of 30 must be added for all Inpatient Claims

The sponsor may also specify certain expectations in the executed contract. The CTO staff maintains a detailed record of contractual requirements and other study information on a Coverage Analysis as well as in a Clinical Trial Management System (CTMS) and will review every research subjects' encounters against the Coverage Analysis and CTMS documentation. If the patient was seen for a purpose other than research, the claims will be sent to the necessary insurance payers. If the encounter is related to research, the CTO will confirm the accuracy of the encounter and route to the study account. A monthly research invoice will be sent to the CTO to review. CTO will then forward the approved invoice to the study team to process for payment.

The University's internal control review system is an elaborate coordination between the billing staff of the PMO, the research staff of the CTO, and the research compliance staff from SSMHealth. The system begins within the clinics with your careful attention to recording the necessary details in the Schedule and Patient Account. Questions about recording the research case number in the ambulatory setting should be sent to the CTO (Clinical-Trials-Office@health.slu.edu) and questions about recording the study details in the hospital setting should be sent to SSMHealth (SLUH-Research@ssmhealth.com).

SLUCare Contracting Basics

Any contracting related to SLUCare must go through the legal review process. If a contract is related to a New Business Initiative, it must go through the Business Practice Change Review Process. Please contact SLUCare's Contracts Manager, **Susan Caldwell**, at **314-977-6890** as early in the conceptualization process as possible.

Annual Compliance Update 2018 launched on August 1, 2018 with a deadline of August 31, 2018. To date we have reached 89% completion. Thank you to everyone who completed their training before the deadline. The Clinical Trials office was the first department to have all employees complete the training. Congratulations and Thank You!

Please note, the Office of University Compliance does not perform background checks on students. These requests need to go through the office of Clinical Education Compliance @ 977-6636.

Do you have a Coding Question?

SLUCare has a new coding help line! Call or email the coding specialists at 314-977-6323 or email medicalcoding@health.slu.edu

