COMPREHENSIVE COMPLIANCE TRAINING: GOALS

LAW OFFICE OF

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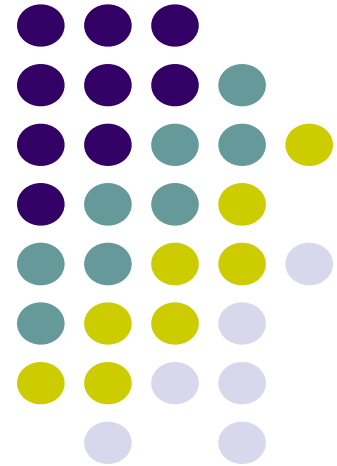

Four Compliance Targets in one "sitting"

- Sexual Harassment Refresher
- Identity Theft and "Red Flags"
- Privacy Compliance Training for Field Providers
  - Law Enforcement
- Fraud and Abuse Awareness and Prevention for Field Providers
  - Documentation
- Latter two may not be adequate for administrative and billing personnel

Sexual Harassment: Refresher

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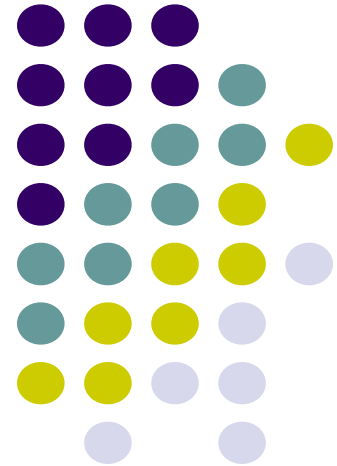


Sexual Harassment

- Policy Review
- Penalties/Consequences
- Understanding of “workplace” in EMS context
- Management intervention before violation occurs

Policy Review

- Review Policy
  - Where it can be found
  - Who to report
  - Retaliation
- Who is covered

Sexual Harassment

- Penalties and Consequences
  - All levels, including termination
  - Career damage
  - Interpersonal damage
  - Media attention

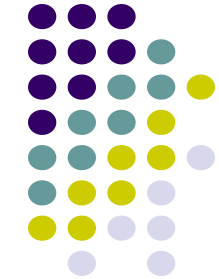
The EMS “workplace” challenge

- This is a “workplace”

Management Intervention Before Violation

- Obligation to prevent violations
- Violations are usually a consequence of patterns of conduct that have been allowed to occur
- Penalties for management inaction are great
- Penalties for management ignorance are great

Special Note on Electronic Communications



Identity Theft Awareness and Prevention: “Red Flags”

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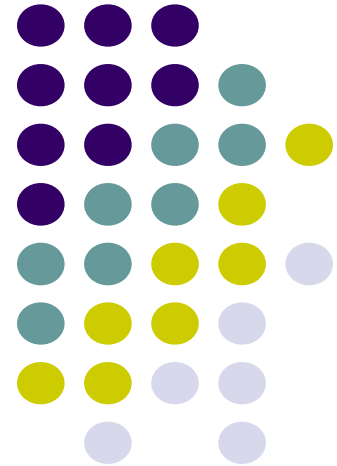
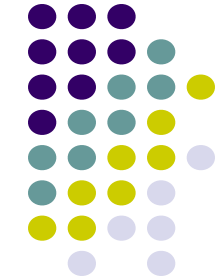
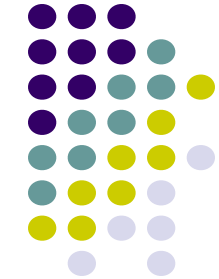


Identity Theft: Goals



- Prevent identity theft by outlining steps that staff can take to safeguard information that may be used for identity theft
- Identify areas within our operation where the risk of identity theft exists
- Identify steps that may be taken to identify identity theft
- Outline the response when staff believes that identity theft may have occurred
- Outline the process to be used to monitor and update the program

Identity Theft Prevention and HIPAA: Similar and Overlapping



- More than privacy
- Awareness of signs of identity theft
- Preventing Identify theft from PHI
  - Common sense steps for permissive exchanges of information to prevent the theft of personal information

Field Providers: Limited but Real Responsibilities

- The primary focus of field personnel should always be patient care, and concerns for the correct identify of *any* patient should never stand in the way of providing needed care. Further, field personnel responding to and handling emergency calls should not and are not required to inquire of patients, *demand* personal identification as a condition of transport, or otherwise interrogate or question persons in the event that a patient's identity is in question.

Administrative Staff

- In the event that non-emergency transportation is being requested, especially when *several* transports may be provided, administrative personnel shall, as deemed necessary:
  - Require identifying information (e.g., full name, date of birth, address, government issued ID, insurance card, etc.)
  - Compare provided information with billing information, particularly insurance billing information for consistency.
  - When available, verify information with actual insurance company or hospital information.

Administrative Staff: Exchanging information with other organizations or persons

- Verbal requests for patient information from persons purporting to be the patient, patient's family, or other institutions (carriers, hospitals):
  - Request a signed, written request, (with valid authorization, if necessary) with verification of identity (full name, date of birth, address, government issued ID, insurance card, etc.) before giving out any personal information to any persons unknown to you, *even* if the disclosure would be permissible under HIPAA.
  - As an example, if staff frequently exchange information with other institutions such as carriers and the local hospital for billing purposes, it may not be necessary to require a written demand from staff that you are familiar with *and* have had previously verbal exchanges of information without incident.
  - Be suspicious of and verify the validity of requests for changes of billing address.
  - Verify that the fax number or address where the items requested are to be sent are that of the requesting person or organization.
  - Mail or fax the requested items only to addresses and fax numbers that are known to be that of the authorized requesting entity.
  - Do not comply with verbal requests that are purportedly made on behalf of an institution or particular authorized person (patient, guardian, etc.) but that are to requested to be mailed to another address or faxed to another number than that of such institution or person.
  - Report all suspicious activity to supervisory staff.

Privacy Compliance for the Field Provider

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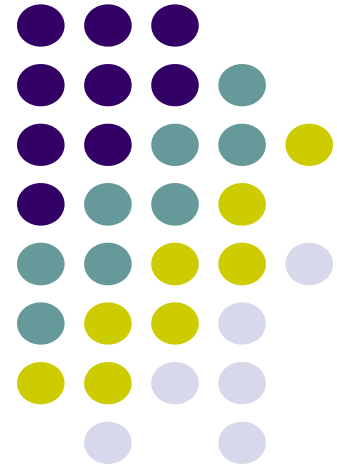
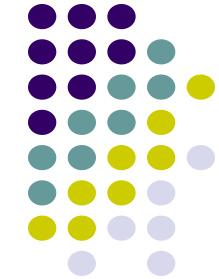
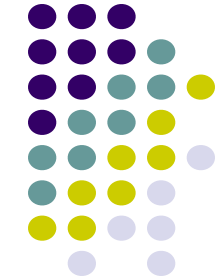


It wouldn’t be complete without a disclaimer…



- Laws and rules change frequently
- Video replay for new employeesSquad only, no dissemination to other agencies
- Does not cover all aspects of laws and rules, only main areas of concern for Squad field EMS providers

Privacy: Required Training for Field Providers



- Privacy: HIPAA
- Required training
- Easier for field providers
  - General Rule: nothing released except to hospital, other medical providers as necessary
  - Don’t release unless specific permissive (law enforcement)
  - Punt to supervisors if possible

Federal Involvement in Health Care

Why federal Involvement in Health Care?

"Health spending by the federal government is growing at unsustainable rates and is estimated to be about $676 billion in 2006, principally for Medicare and Medicaid expenditures. These two programs, alone, are estimated to spend 536 billion in 2006 or 22 percent of the federal budget-more than defense and about the same as Social Security. In future years, however, these programs are projected to rise at unsustainable rates".

-The Brookings Institute

United States Government Accountability Office

GAO

The Nation's Long-Term Fiscal Outlook

April 2007 Update

GAO's Long-Term Fiscal Simulations

Since 1992, GAO has published long-term fiscal simulations of what might happen to federal deficits and debt levels under varying policy assumptions. GAO developed its long-term model in response to a bipartisan request from Members of Congress who were concerned about the long-term effects of fiscal policy.

GAO's simulations were updated with new estimates for Social Security and Medicare spending. GAO also modified its alternative simulation so that Medicare spending follows a more realistic path and revenues return to historical levels.

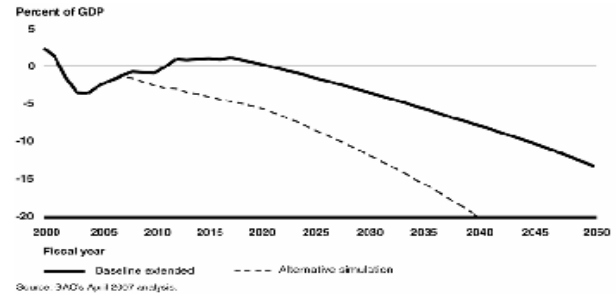
GAO updates its simulations three times a year as new estimates become available from:

- CBO's Budget and Economic Outlook (January),
- Social Security and Medicare Trustees Reports (spring), and
- CBO's Budget and Economic Outlook: An Update (late summer).

This product responds to congressional interest in receiving updated simulation results. Additional information about the GAO model, its assumptions, data, and charts can be found at http://www.gao.gov/special.pubs/longterm/. For more information, contact Susan J. Irving at (202) 512-9142 or irvings@gao.gov

The Bottom Line: Federal Fiscal Policy Remains Unsustainable

Figure 1: Unified Surpluses and Deficits as a Share of GDP under Alternative Fiscal Policy Simulations

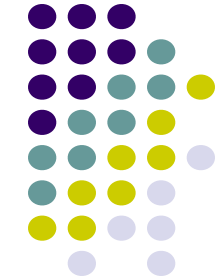


Source: GAO's April 2007 analysis.

As in previous updates , GAO's current long-term simulations show ever-larger deficits resulting in a federal debt burden that ultimately spirals out of control. Figure 1 shows two alternative fiscal paths. The first is "Baseline extended," which extends the Congressional Budget Office's baseline estimates beyond the 10-year projection period, and the second is an alternative based on recent trends and policy preferences. For this update we modified the alternative simulation to reflect a return to historical levels of revenue and a more realistic Medicare scenario for physician payments. Although the timing of deficits and the resulting debt build up varies depending on the assumptions used, both simulations show that we are on an unsustainable fiscal path.

By definition, what is unsustainable will not be sustained. The question is how and when our current imprudent and unsustainable path will end. At some point, action will be taken to change the Nation's fiscal course. The longer action to deal with the Nation's long-term fiscal outlook is delayed,

Why does this matter to you?

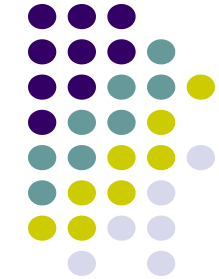


- What do these entities have in common?
  - Fletcher-Allen Health Care
  - Dartmouth Hitchcock Medical Center
  - Mayo Clinic
  - Jane Smith, Physical Therapy
  - Dr. James Jones, Primary Care Physician
  - Squad

Why does this matter to you?

- What are the similarities between these people:
  - _____, EMT-I
  - Dr. James Smith, FACP
  - Susan Reid, BSN
  - Etc.

We are a Participating Provider, you are a provider subject to Exclusion



- The Federal Government can exclude you from participation in any Federal health care reimbursement program
- You are not employable by any participating provider
- Participating providers are “urged” to check the OIG list of Excluded Individuals/Entities

HHS Office of Inspector General

List by Exclusion Type

TYPE	DESCRIPTION		
SECTION 1128(a)(1)	Program-related conviction	9664	
SECTION 1128(a)(2)	Patient abuse/neglect conviction	4292	
SECTION 1128(a)(3)	Felony health care fraud conviction	1126	
SECTION 1128(a)(4)	Felony controlled substance conviction	1186	
SECTION 1128(b)(1)	Conviction relating to program or health care fraud	549	
SECTION 1128(b)(11)	Failure to provide payment information	11	
SECTION 1128(b)(12)	Failure to grant immediate access	1	
SECTION 1128(b)(14)	Default on health education loan or scholarship obligation	2342	
SECTION 1128(b)(15)	Individual controlling excluded/convicted entity	19	
SECTION 1128(b)(2)	Obstruction of an investigation conviction	30	
SECTION 1128(b)(3)	Misdemeanor controlled substance conviction	293	
SECTION 1128(b)(4)	License revocation/suspension/surrender	17734	
SECTION 1128(b)(5)	Federal/state health care program exclusion/suspension	450	
SECTION 1128(b)(6)	Quality of care violation	72	
SECTION 1128(b)(7)	Fraud/kickbacks	374	
SECTION 1128(b)(8)	Entity owned/controlled by excluded/convicted individual	1256	
SECTION 1128Aa	Imposition of a civil money penalty or assessment	157	

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HHS Office of Inspector General

List by State

STATE NAME	
Alabama	857
Alaska	66
Arizona	1337
Arkansas	604
California	5120
Colorado	950
Connecticut	488
Delaware	84
District of Columbia	70
Florida	3766
Georgia	716
Hawaii	107
Idaho	177
Illinois	1292
Indiana	472
Iowa	491
Kansas	257
Kentucky	726
Louisiana	838
Maine	292
Maryland	532
Massachusetts	934
Michigan	943
Minnesota	621
Mississippi	963
Missouri	455
Montana	106
Nebraska	122
Nevada	301
New Hampshire	250
New Jersey	909
New Mexico	153
New York	2710
North Carolina	607
North Dakota	68
Ohio	1335
Oklahoma	772
Oregon	279
Pennsylvania	1649
Puerto Rico	98
Rhode Island	354
South Carolina	371
South Dakota	96
Tennessee	798
Texas	2506
Utah	389
Vermont	329
Virgin Islands	3
Virginia	957
Washington	664
West Virginia	181
Wisconsin	374
Wyoming	41

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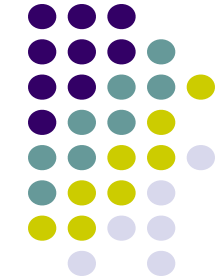
Sanctions

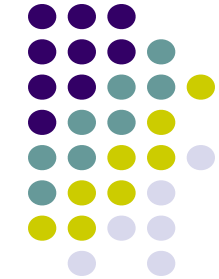
- Subject to
  - Complaint
  - Audit
  - Investigation
  - Potential fine
  - Exclusion
  - Loss of certification
  - Loss of other professional licenses
  - Removal from organization

Privacy—Why HIPAA?



- Cost savings
- “Administrative Simplification” through use of electronic data interchange in health care
- Fearing abuse, Congress, among other items, required provisions for privacy

What is HIPAA?

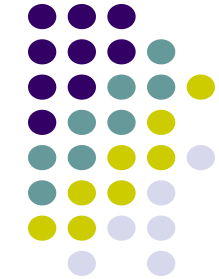


- Fearing abuse, a complicated system of processes that protect medical information and to allow patients to control its use
- Fearing abuse, very specific exceptions that allow use and dissemination of medical information
- Fearing abuse, definitions detailed and absolute
- Does allow for OIG recognition of good faith

What must the organization do?

- Covered entities *must* develop and implement written privacy policies and procedures.
- Covered entities *must* designate a privacy officer responsible for developing and implementing its privacy policies and procedures.
- Covered entities *must* train all workforce members on its privacy policies and procedures as necessary and appropriate for their position.
- Covered entities *must* have and apply appropriate sanctions against workforce members who violate privacy policies and procedures or the federal privacy rules.

Does it cover everything that you witness?

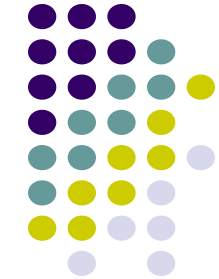


- Covers “protected health information (PHI), which is all information related to
  - Individual’s past, present, or future physical or mental health or condition,
  - The provision of health care to the individual, or
  - The past, present or future payment for the provision of health care…

KISS: It's not your property.

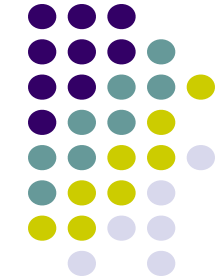
- Jeff's rule: You may own the paper, you may own the computer. You do not own the information, it is not yours. It belongs to the patient, period. You may hold it and use it, but only for very specific purposes.
  - Ongoing health care and treatment, duh.
  - Billing and collections, duh.
  - Quality Improvement. Not duh, but still acceptable if done carefully and only as necessary.

Field Personnel: a little less complicated.



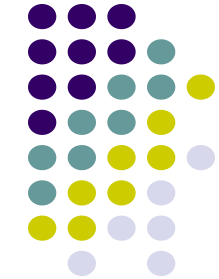
- Much of HIPAA's complexity relates to procedures and rules that apply after the call, among administrators.
- If it is possible, you must defer all requests for PHI to them.
- There are only a few exceptions that allow disclosure of PHI by field personnel, and they are outlined in the policy.

Allowable disclosures.



- Abuse and neglect.
- “Alerting” law enforcement to the commission of a crime.
  - The commission and nature of the crime,
  - The identify, description, and location of the perpetrator,
  - The location of the crime.

Allowable disclosures.

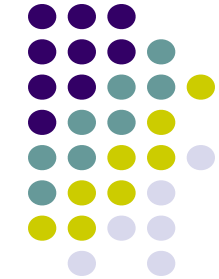


- Identification of suspects, fugitives, material witnesses, or missing persons.
  - Name and address
  - Date and POB
  - SSN
  - Blood type
  - Type of Injury
  - Date and time of treatment
  - Date and time of death
  - Description of physical characteristics

Allowable disclosures.

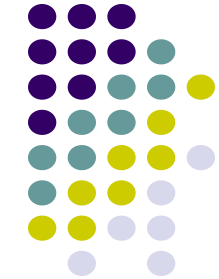
- Patient is victim of crime.
  - May only disclose if patient unable to consent
  - May only disclose if law enforcement represents to you that
    - Information is not to be used against the patient AND
    - Information is needed to determine whether a violation of the law occurred by a person other than the patient AND
    - Waiting for patient consent will “seriously” and “adversely” impact the investigation.
  - May only disclose if YOU believe that disclosure is in the best interest of the patient

Special Note: Quality Assurance and Subpoenas



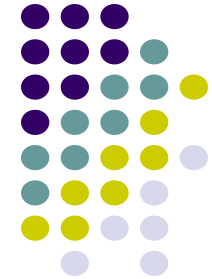
- Most Vermont subpoenas DO NOT fulfill HIPAA requirements.
- You still must comply with presence requirement.
- May not disclose PHI unless HIPAA procedures are followed by requesting individual.
- You must report receipt of subpoena to administration.

Privacy: Unplugged



- Its not your information
- It is highly confidential and protected by strict laws
- “tie goes to the patient”
- Only what is necessary
- Document, Document, Document
  - Purpose, information disclosed, to whom disclosed
- Report all disclosures to administration
- Punt

Even if not PHI, it probably should be confidential!



- Moral obligation
- Trust
- Media attention
- Squad policy
- Punt!

Fraud and Abuse Compliance for the Field Provider

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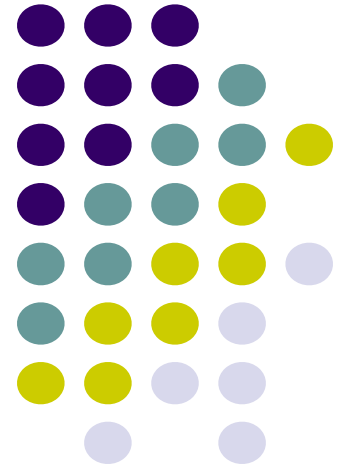
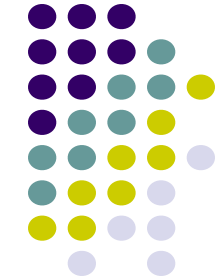
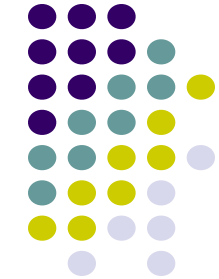


Billing Compliance—what does this have to do with us?



- Money, “Fraud and Abuse”.
- Ethics.
- Billing personnel aren’t in the field: only you and your pen are.
- Failure to bill accurately and only for covered services can result in serious criminal or civil penalties, including fines, exclusion, and, in serious situations, federal criminal prosecution.
- Sanctions apply to federal programs as well as other in other payer situations.

Fraud and Abuse Compliance: Billing for Field Providers



- Simpler for field providers, more complex for administrative and billing staff

Target: preventing Fraud and Abuse

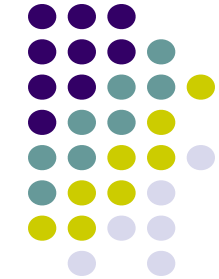
- Fraud: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.

- Abuse: Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement of services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the federal or state reimbursement programs.

Back to Basics.

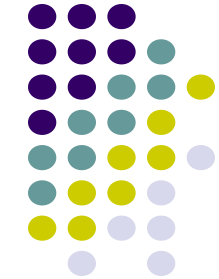
- You and your pen are in the field, the billing staff isn't.
- You and your pen are in the field, the U.S. Attorney isn't.
- You and your pen are in the field, the Center for Medicare and Medicaid Services or OIG investigator isn't.

Back to Basics.



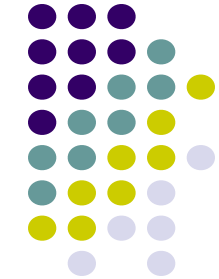
- Must document ethically, accurately, and completely in all cases.
- If changes are necessary, see above.
- You aren’t stuck with the PCR sheet alone.
- In many cases the PCR isn’t enough to do the job.

Documentation rules.



- Just because the doctors do it…You got to be able to read it!.
- Tell a story, and tell it in chronological order.
- Use quotes appropriately.
- Don’t try to be hip.
- Record everything, including the good and the bad.
- Be objective, forget editorializing.
- The person who wrote it should sign it. (NB: training)

Documentation Rules.



- Don’t change another person’s report. Do a supplemental and sign it yourself.
- Don’t use the PCR and other medical records that you are creating for other purposes.
- Use only the abbreviations and guides on the form.
- Remember who will be reading it and when.

So, besides following the rules, what information should be included?

- All PCR blanks.
- Sufficient information for other medical providers to treat the patient appropriately.
- Information that will ensure that only proper runs are billed for and that they are paid according to governmental (Medicare/Medicaid) or other payer rules.

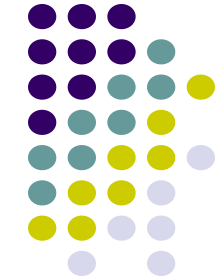
If I don’t, so what?

- Fraud and Abuse.
- Bills will be delayed or not paid.

What does Medicare pay for?

- TRANSPORT.
  - ONLY when medically necessary.
  - ONLY to the closest appropriate facility.
- CARE.
  - ONLY the level of care called for, as based upon the information at dispatch.
  - ONLY the level of care that is provided (Fraud??)
  - ONLY level of care medically necessary based upon the patient's condition.

What does Medicare pay for?



- Only transports where hospital hasn't been paid already through "bundled" payments.
  - Complex rules, but does make accurate times important to avoid potential denials under this rule, especially around midnight.

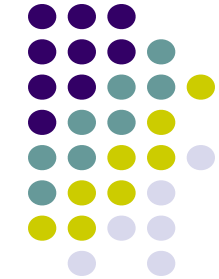
Medically Necessary.

- Calls receive from 911 dispatch systems are presumed to be medically necessary.
- Non-emergency runs (transfers) should be supported by CMS, properly filled out and executed.
- Facts may indicate that transport is not medically necessary: are they bedridden? How are they transferred to the stretcher? How was the patient found?

Closest appropriate facility.

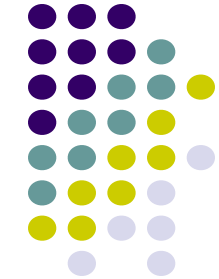
- Mileage is important.
- If diverted, complete documentation.
  - Who diverted
  - Why diverted
- Rarely an issue for Chittenden County 911.

What are the levels of care?



- BLS
  - Emergency.
  - Non-Emergency.
- ALS
  - ALS I.
  - ALS II.
  - ALS Non-Emergency.
- SCT, FW, RW

What are the levels of care?



- BLS. Self explanatory, but must include an EMT-B. Separates us from wheelchair or “ambulette” transportation.

What are the levels of care?

- ALS.
  - ALS I: requires either ALS assessment or performance of at least one ALS intervention.
  - ALS II: requires
  - administration of at least three medications via IV infusion, push or continuous. Medication does not include infusion solutions (RL, NS, Dextrose, etc.) OR
  - At least one ALS procedure, in to include manual defibrillation, endotracheal intubation, cardiac pacing, Chest decompression, surgical airway, intraosseous line.

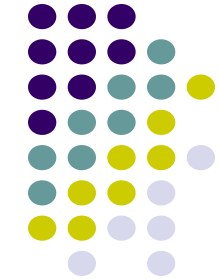
You don’t need to know the definitions, but you and your pen…

- What was the information received from dispatch?
- What information did you receive enroute?
- From who?
- What did you find when you arrived?
- What information did you receive from others on the scene?
- What was your assessment?
- Was your assessment “ALS”?

You and your pen…

- Why was your assessment ALS (why, if not obvious)?
- What specific care did you provide?
- Why (if not obvious)?
- Who performed the care?
- What level of certification does he or she possess?

Obvious to whom?



- Medicaid, Medicare, Insurance claims personnel.
- High volume
- Not in Vermont
- Not medically trained
- May or may not be positively motivated
- MAKE IT OBVIOUS TO ANYONE

Discipline and Complaints

- Any person may make a complaint about privacy or billing violations without fear of retaliation.
- May be made internally or to oversight agency.
- Organization will not and can not tolerate unethical conduct or any improper or inaccurate documentation

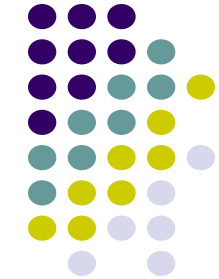
Changes.

- The goal is to accurately document events. Sometimes that may require changes or additions.
  - Must document
  - When change or addition made
  - By whom
  - What was changed—i.e.: do not obliterate
  - What the new information is
  - reason for change
  - Don’t forget supplemental forms

Other “stuff” necessary for proper billing and collections.

- Correctly spelled name
- Address
- Phone number
- DOB, SSN
- Medicare or Insurance ID’s
- Assignment of benefits form, with signature of available
- Proper location addresses, including zip code

“stuff happens” and I don’t get some of the details, now what?



- Document why!
- Signature unavailable, patient unconscious
- Signature unavailable, patient refused to sign
- Patient information unavailable for _____ reason
- Information will need to be found or bill won’t be paid. (Remember who is paying)
- Provide billing staff as many clues as possible

Security, no less critical.

- Organization must create security policies and procedures relating to PHI
- All members shall comply
  - Run sheets, other documents kept secure at hospital, upon return
  - Protected against viewing by 3d parties
  - Electronic security required
- Failure to maintain security no less dangerous that unauthorized release

Privacy & Billing Compliance for the Field Provider

LAW OFFICE OF

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