Draft Physician Compliance Program
Released by OIG
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On June 12, 2000, the Department of Health and Human Services Office of Inspector General (OIG) issued a draft guidance document -- Compliance Program Guidance for Individual and Small Group Physician Practices. The Compliance Program has a 45-day comment period. The OIG plans to publish the final version of the Compliance Program later this year.

The Compliance Program is not a one-size-fits-all approach. The Compliance Program is a set of guidelines, a blueprint for action, which physician practices should consider when developing and implementing a compliance plan. The OIG recognized that many small physician practices (the term "small" is not defined) may not have the resources to implement a full-blown compliance plan. However, the OIG noted that all physician practices, regardless of size, must have appropriate compliance policies in place and be sure their employees are aware of the policies and their respective responsibilities. The Compliance Program does not, unfortunately, delineate what framework the OIG considers to be adequate.

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In other respects, the Compliance Program is similar to other guidance documents already issued by the OIG for clinical laboratories, hospitals, home health agencies, third-party medical billing companies, durable medical equipment suppliers, hospices, Medicare+Choice plans and nursing facilities.

The Compliance Program is based upon the following seven elements:

- implementation of written policies and standards of conduct;
- designation of a compliance officer or contact;
- development of training and education programs;
- creation of accessible lines of communication to keep practice employees updated about compliance activities;
- performance of internal audits to monitor compliance;
- enforcement of standards through well-publicized disciplinary directives; and
- prompt corrective action to detected offenses.

The Compliance Program identifies specific risk areas for physicians, including coding and billing: the provision of reasonable and necessary services; timely, accurate and complete documentation; and improper inducements, kickbacks and self-referrals.

According to the OIG, the benefits of a well-structured compliance plan include:

- the development of effective internal procedures to ensure compliance with regulations, payment policies and coding rules;
- improved medical record documentation;
- improved education for practice employees;
- reduction in the denial of claims;
- more streamlined practice operations through better communication and more comprehensive policies;
- the avoidance of potential liability arising from noncompliance; and
- reduced exposure to penalties.

One of the major goals of instituting a compliance plan is to prevent a physician practice from violating the civil False Claims Act. The False Claims Act is directed at actions that are committed with actual knowledge of the falsity of the claim, reckless disregard, or deliberate ignorance of the falsity of the claim.

According to the OIG, the commitment to a Compliance Program goes beyond the mere existence of written policies and procedures. It is a philosophical approach and everyone in the practice -- physicians and support staff -- should understand the obligation to comply with the Compliance Program and make sure its goals are upheld.

Once a compliance plan is adopted by the practice, the practice's work is not done. In fact, it is really just the beginning. Everyone in the practice should receive initial and continued training regarding the compliance plan. This training has two goals: (1) all employees should receive training on how to perform their jobs in compliance with the standards of the practice; and (2) each employee should understand that compliance is a condition of continued employment. There need to be periodic billing audits to ensure accuracy.

Physicians must remember that they are responsible to the Medicare program for bills sent in the physician's name or containing the physician's signature, even if the physician had no actual knowledge of a billing impropriety.

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The attestation on the HCFA 1500 form, i.e., the physician's signature line, states that the physician's services were billed properly.

The OIG suggested that physician practices should view the implementation of an effective compliance plan as comparable to a form of preventive medicine to protect against fraudulent or erroneous conduct. While the development of a compliance plan may seem like a difficult or unnecessary pill to swallow for some physician practices, there are long and short term benefits because the OIG, understandably, believes that all health care providers have a duty to reasonably ensure that their claims submitted to Medicare and other Federal health care programs are true and accurate.

The development of an effective compliance plan tailored to each physician's practice resources will reduce the possibility of fraudulent activity through a coordinated effort and provide the physician's practice with a greater degree of accountability and ability to self-check their actions.

For more information or assistance, contact John Haney, Executive Director, Lehigh Valley Physician Business Services, at (484) 884-4441, or Bruce D. Armon, Esq., in the Health Law Department of Saul, Ewing, Remick & Saul, at (215) 972-7985.

News from Infection Control

Contact Isolation for Major Wounds

The hospital isolation precautions policy (Infection Control Policy #2300) requires patients with major wounds to be placed on Contact Isolation in a private room. A wound is considered "major" for isolation purposes when it is not covered by a dressing or the dressing does not contain drainage adequately. A written isolation order from the physician is necessary. DOCUMENTATION is critically important.

Multiple Antibiotic Resistant Organisms

There have been a recent number of cases of multiple antibiotic resistant E. coli and P. aeruginosa isolates in both inpatient and outpatient cultures. Patients with multi-resistant organisms are to be placed on Contact Isolation in a private room. Please remind your physicians to be alert for these and other organisms demonstrating unusual resistance patterns and to initiate contact precautions. The entire medical team should be informed of the presence of these organisms and strict contact isolation precautions followed to help reduce the nosocomial spread of multiple antibiotic resistant organisms.

For more information, please feel free to contact the Infection Control Department at 610-402-0680.

LVH Medical Staff Listing Available via Internet

A listing of members of the LVH Medical Staff is now available via the internet at the following website: http://www.lvh.com. At the top of the home page, click on "lvhn.org," then, click on "Physicians Directory." You may then select a physician by last name or by specialty. This information is updated on a monthly basis.
News from the HIM Department

Health Information Management
Department Access

Due to the success of document imaging, elimination of the need for the paper historical medical record and lack of activity in the HIM Department at the Cedar Crest & I-78 and 17th & Chew sites, office hours/staffing is being altered as noted below. The HIM Department at 2024 Lehigh Street will continue to be available 24 hours a day, seven days a week at (610) 402-8445.

17th & Chew - The HIM office will no longer be staffed. Physicians who need access to the department to utilize the PCs may use their ID badge for access. For assistance, a telephone is located at the entrance to the department for direct access to HIM staff or physicians may dial Ext. 8445.

Cedar Crest & I-78 - For security purposes, the Cedar Crest & I-78 HIM Department will be automatically locked from 6 p.m. each day until 7 a.m. the following morning. Physicians may use their ID badge to access the department to utilize the PCs. For staff assistance, physicians should dial Ext. 8445.

Lehigh Valley Hospital-Muhlenberg

Multidisciplinary Progress Record - Effective with September 1 admissions, multidisciplinary progress note charting will be implemented at LVH-Muhlenberg to assist clinicians in documenting in the medical record for continuity of care. All disciplines will document on the white Progress Record (form # NSG-03). Chart tabs for miscellaneous departmental documentation of progress notes will be removed and the only remaining one will be Progress Record.

Forms Consolidation/Chart Order/Chart Binders - Several months ago, "walleroos" (chart binder holders outside the patient rooms) were installed. Effective with the September 1 admissions, LVH-Muhlenberg will convert to side hole binders and the binders will be stored outside the patient's room.

JCAHO Update

Briefly, JCAHO provides guidelines for hospitals on which surveys are based. If HCFA (Health Care Financing Administration) or State (Department of Health) guidelines are more stringent than JCAHO, the organization is reviewed based on the more stringent guidelines.

Signature Stamps - According to HCFA and the State (Department of Health), the use of signature stamps is an unacceptable form of physician authentication because use by only the physician cannot be verified. An exemption may be granted by HCFA for physicians who find handwriting a hardship due to legitimate disability. To obtain exemption, physicians should submit a letter to HCFA stating the nature of the disability to support the request. The Department of Health does not provide an avenue for requesting an exemption.

Medical record studies indicate that signature stamps are infrequently used while patients are in the hospital. However, it has been identified that many pre-admission documents (HP, orders, etc.) and discharge summaries from physician offices contain a rubber stamped signature. Cooperation is requested in affixing an official signature to these chart documents.

Effective September 1, histories and physicals, consultations, and operative reports that are identified with a rubber stamp signature will be made a deficiency and returned to the physician for an electronic signature. Electronic signature is an approved mode of signature.

If you have any questions regarding the above issues, please contact Zelda Greene, Director, HIM Department, at (610) 402-8330.
For Your Physician's Calendar

- A meeting of the General Medical Staff will be held on Monday, September 11, beginning at 6 p.m., in the Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78. All members of the Medical Staff are encouraged to attend.

- The quarterly General Membership Meeting of the Greater Lehigh Valley Independent Practice Association will be held on Tuesday, September 26, at 6 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. To receive credit for attendance toward the Incentive Plan, please remind your physician(s) to sign in.

- The next Physician Recognition Dinner will be held on Saturday, March 31, 2001, at the Holiday Inn Conference Center in Fogelsville. Please mark your calendar! More information will follow as the date gets closer.

Who's New

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Physician Order Entry Is Coming . . .

Demo's with Hands-On Sessions will be available for members of the Medical Staff on Monday, September 11, from 7 a.m. to 9 p.m., in the Presidents' Room at Lehigh Valley Hospital, Cedar Crest & I-78.
FOCUS

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FOCUS is published quarterly for the office staffs of physicians on the Medical Staff of Lehigh Valley Hospital. Articles for the next issue should be submitted by November 15, 2000, to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556.

For more information, please call Janet at (610) 402-8590.