COMPLIANCE

Five Essentials Items for Documentation

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Most Compliance plans start here..

5 Things to Consider When Setting up your Plan:

- Who is Your Audience?
- What is the Best Format to Relay Findings?
- Where will you Get Your Information?
- How will you Utilize Your Audit Results?
- Why are you Doing This?

5 Steps to Getting Started:

1. Establish Goals of the program and Develop the Plan.
2. Monitor your Billing Compliance.
3. Explore your Policies.
4. Review your Procedures.
5. Document and Discuss your Findings.

5 Key Components of Your Audit Reports:

- **Accuracy:** Does it match how things are actually done?
- **Accessibility:** Can you quickly access supporting documents and locate information needed?
- **Comprehensiveness:** The devil is in the details. Have you segregated the "nice to know" from the "need to know" information?
- **Clear and user-focused:** Is it easy to read & identify key points?
- **Adaptable:** Does it meet the needs of your audience?

5 Essentials Items for Documentation

1. Training logs - to support educational efforts of your organization in topics like:
   - *Documentation*
   - *Privacy rules*
   - *Best practices*
   - *Industry related changes*
   - *Clinical practices*
   - *Policy guidance*
   - *Procedures*

   This ensures all staff members are aware of, and should be compliant, with the company's expectations.

2. Background checks and screenings of the OIG Exclusion Database -

- Not only at the time of hire, but performed & documented regularly.
- Someone who has been excluded, *should not* be involved with your agency.
- If you discover a current employee or vendor is excluded, immediately remove them from any activities associated with federal health care programs and contact your legal counsel.
  - If you have a field provider who is excluded, every transport paid by a Federal program such as Medicare, Medicaid or Tricare that crew member participated in is not reimbursable; *and is an overpayment that must be refunded.*

3. Claims reviews –

- Should occur regularly and look at all aspects of documentation from Dispatch to Payment / Denial.
- Maintain supporting documentation for any overpayments identified and your repayment of those within 60 days to avoid violations of the False Claims Act.
- Your organization is still liable for any inappropriate billing practices, even if you contract it out.

4. Policies and Procedures analysis –

- Should be performed at least annually
- Identify items that are in need of addition, revision, or deletion based on your current practices

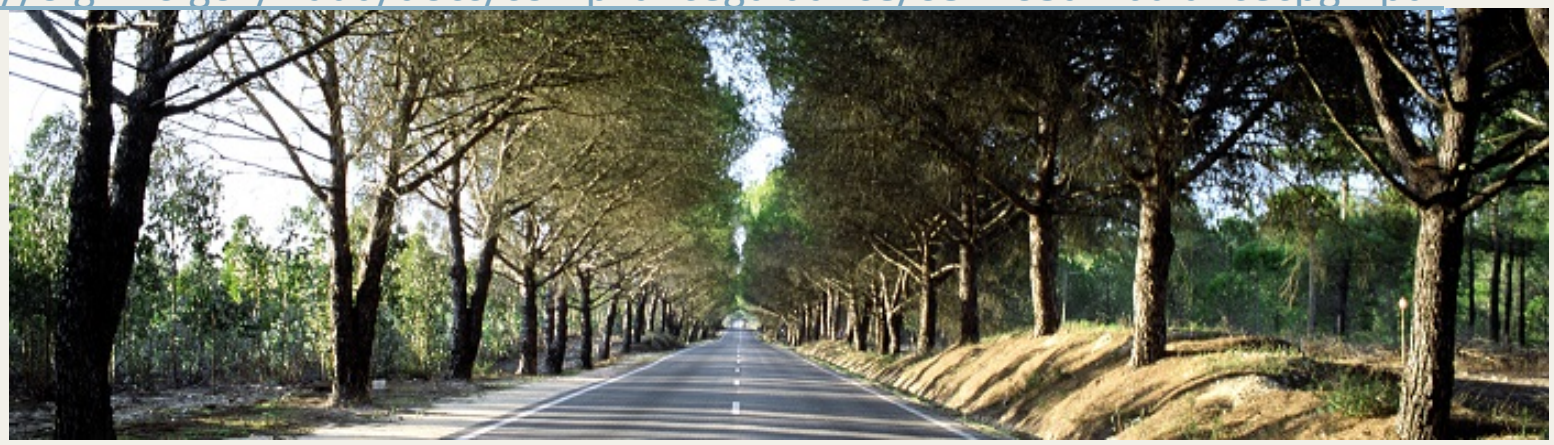
5. Create work papers -

- Support your findings with information gathered in your audits.
- Re-audit areas of deficiency after improvements or changes have been implemented.
- Perform root cause analysis or impact assessments
  - These assist in identifying areas of potential risk or weaknesses in your organization that should be addressed.

COMPLIANCE SHOULD BE A PRIORITY TO AVOID COSTLY MISTAKES.

For additional guidance, refer to:

Office of Inspector General - OIG Compliance Program Guidance for Ambulance Suppliers
https://oig.hhs.gov/fraud/docs/complianceguidance/032403ambulancecpgfr.pdf



This is what you want to see!

THANK YOU!

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