



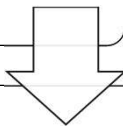
BEYOND THE BASICS: Chiropractic Office Management Laws Affecting Clinic and Billing Operations

Lisa Maciejewski-West, CMC CMOM CMIS CPCO
Owner/Founder, Gold Star Medical Business Services
www.goldstarmedical.net info@goldstarmedical.net 866-942-5655

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COLORING IN THE LINES

There are many laws that impact clinic and billing operations



This class will explore some of the more common laws that help providers and office staff stay "inside the legal lines"

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Laws Governing Office Operations



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HIPAA/HITECH

In 1996, Congress passed the Health Insurance Portability and Accountability Act. The intent of HIPAA was threefold:

Provide Insurance Portability for Patients	Promote Simplifications or Consistent Standards	Prevent Fraud and Abuse of the Healthcare System
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Overview

The original HIPAA Privacy Regulation was first published on December 28, 2000. The original Federal Register document is over 1,500 pages long, including the preamble and comments.

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Provisions of HITECH 2009

Changes to HIPAA statute and privacy security regulations "HIPAA 5010 Revisions under the ARRA" for information on the changes to enforcement deadlines.

Changes to HIPAA enforcement. "Secretary's Audit Authority" for updates on recently-enacted pilot program for privacy and security compliance audits.

Provisions to address health information held by entities not covered by HIPAA.

Miscellaneous: Administration, Studies, Reports, and Educational Initiatives.

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UVCA HIPAA SUPPORT

Dr Ty Talcott: Dr Ty, the Compliance Guy

Offers HIPAA Compliance HelpDesk Services

<https://drtythecomplianceguy.com/home-page>

The Office Of Civil Rights recommends Annual HIPAA training for all staff members. Guidance is 1 hr/year.

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OSHA

- + **OSHA's Mission**
- + With the Occupational Safety and Health Act of 1970, Congress created the Occupational Safety and Health Administration (OSHA) to ensure safe and healthful working conditions for workers by setting and enforcing standards and by providing training, outreach, education and assistance.

<https://www.osha.gov/aboutosha>

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WORKPLACE SAFETY CHECKLIST

Emergency/Evacuation Plan	Safety Training on Equipment: ie: Hi-Low Tables, Therapy Machines, Xray Units, etc	Clear/Standard Labeling of Hazardous Materials and Chemicals	Hazmat Disposal Protocols
Active Shooter Training	Workplace Violence Training	Fire Drills	Injury/Illness Protocols
Reporting Requirements			

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Laws Governing Billing, Documentation Compliance and Referrals



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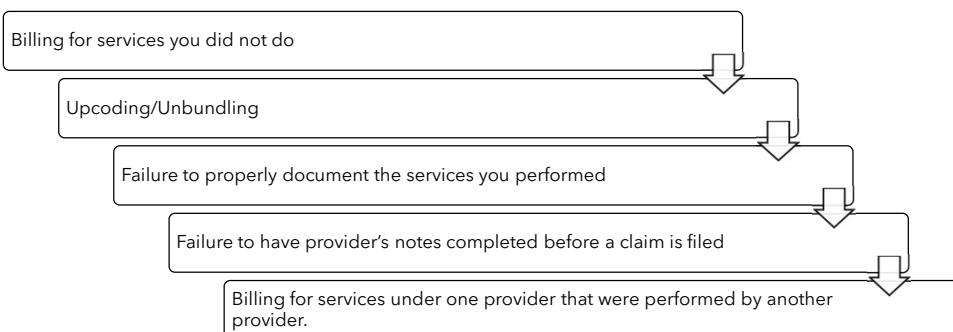
FALSE CLAIMS ACT, AKA THE LINCOLN LAW

- + The False Claims Act is an American federal law that imposes liability on persons and companies who defraud governmental programs. It is the federal government's primary litigation tool in combating fraud against the government.
- + **Originally published: 1863**

<https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws>

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How would we be in violation of the FCA?



<https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws>

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STARK LAW

- + The Physician Self-Referral Law, commonly referred to as the Stark law, prohibits physicians from referring patients to receive "designated health services" payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies.

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ANTI KICKBACK STATUTE (AKS)

- + The AKS is a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients).

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EXCLUSION STATUTE-EXCLUSION FROM PARTICIPATION IN FEDERAL PROGRAMS

- + The OIG is legally required to exclude from participation in all Federal health care programs individuals and entities convicted of the following types of criminal offenses: (1) Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare or Medicaid; (2) patient abuse or neglect; (3) felony convictions for other health-care-related fraud, theft, or other financial misconduct; and (4) felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances.
- + These are known as MANDATORY EXCLUSIONS

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EXCLUSION STATUTE-EXCLUSION FROM PARTICIPATION IN FEDERAL PROGRAMS

- + OIG has discretion to exclude individuals and entities on several other grounds, including misdemeanor convictions related to health care fraud other than Medicare or Medicaid fraud or misdemeanor convictions in connection with the unlawful manufacture, distribution, prescription, or dispensing of controlled substances; suspension, revocation, or surrender of a license to provide health care for reasons bearing on professional competence, professional performance, or financial integrity; provision of unnecessary or substandard services; submission of false or fraudulent claims to a Federal health care program; engaging in unlawful kickback arrangements; and defaulting on health education loan or scholarship obligations.
- + These are known as PERMISSIVE EXCLUSIONS

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WHAT AM I EXCLUDED FROM?

- + If you are excluded by OIG from participation in the Federal health care programs, then Medicare, Medicaid, and other Federal health care programs, such as TRICARE and the Veterans Health Administration, will not pay for items or services that you furnish, order, or prescribe. **Excluded physicians may not bill directly for treating Medicare and Medicaid patients, nor may their services be billed indirectly through an employer or a group practice.**

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HOW LONG CAN AN EXCLUSION BE?

Minimum 2 years, maximum PERMANENT

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Civil Monetary Penalties Law

- + OIG may seek civil monetary penalties and sometimes exclusion for a wide variety of conduct and is authorized to seek different amounts of penalties and assessments based on the type of violation at issue. Penalties range from \$10,000 to \$50,000 per violation.

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CMP VIOLATIONS

- Presenting a claim that the person knows or should know is for an item or service that was not provided as claimed or is false or fraudulent;
- Presenting a claim that the person knows or should know is for an item or service for which payment may not be made;
- Violating the AKS;
- Violating Medicare assignment provisions;
- Violating the Medicare physician agreement;
- Providing false or misleading information expected to influence a decision to discharge;
- Failing to provide an adequate medical screening examination for patients who present to a hospital emergency department with an emergency medical condition or in labor; and
- Faking false statements or misrepresentations on applications or contracts to participate in the Federal health care programs.

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HOW CAN I PROTECT THE PRACTICE FROM VIOLATIONS?



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COMPLIANCE PROGRAM ELEMENTS

1. Implementing written policies and procedures
2. Designating a compliance officer and compliance committee
3. Conducting effective training and education
4. Developing effective lines of communication
5. Conducting internal monitoring and auditing
6. Enforcing standards through well-publicized disciplinary guidelines
7. Responding promptly to detected problems and undertaking corrective action

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NEED COMPLIANCE TRAINING? NEED A COMPLIANCE MANUAL?

- + Call Lisa Maciejewski-West at Gold Star Medical Business Services for a **Complimentary Consultation**
- + Phone: Toll free 866-942-5655 OR 325-650-5067
- + Email: info@goldstarmedical.net
- + Visit website: www.goldstarmedical.net
- + Facebook: www.facebook.com/goldstarmedical