Are You Doing It Without Knowing It?

OPERATIONAL COMPLIANCE IMPLEMENTATION

By Holly Louie, CHBME

It is very common for billing company employees to say they have "never" received compliance training, or that they received only "initial" education. This employee conviction usually catches HBMA-member companies off guard, since we believe we have provided regular compliance education and training. Many of our members are wearing so many hats that they can't imagine making more time for compliance. The crux of the problem is that we, and our employees, consider many of our activities to be simply part of our operations—when they really are the operational implementation of our *compliance plan.*

So here are some easy tools and tips to help you prove that what you are already doing is operational compliance implementation.

START AT THE BEGINNING

Do you have job descriptions for every job and do they include compliance? For example, most job descriptions itemize the duties required. Do you include any prohibitions, such as data entry staff changing codes? Do you tell prospective employees about your compliance plan during the interview process? Do you explain, in realistic terms, what "compliance" means for your company? Do you explain why hiring is contingent on an exclusion check?

TOOL: Go to http://oig.hhs.gov on the Internet. Choose the Exclusions database on the home page. Choose the on-line searchable feature. Enter the name and print your response.

RESULT: Not only have you initiated compliance education, you have documentation of your exclusion check.

INITIAL EDUCATION AND TRAINING

How do you train new employees? Whether you have formal education or one employee trains another, is accuracy and following the rules part of that training? Do you have specific items you want to make sure new employees know? Do you have any documentation of knowledge and work accuracy? Do you explain why the job requirements are an integral part of your compliance processes?

TOOL: Create a simple compliance proficiency form, if you do not already have one, for each job. Determine what error rate is acceptable. Items to consider include: correctly identifying and entering provider numbers, procedures for entering and matching CPT and ICD-9 codes, accurately entering site of service, correctly appending modifiers, etc.

RESULT: You now have documentation of new employee job-specific education. You can also use the same audit tool for on-going auditing and monitoring of employee work. Stress that you are doing compliance monitoring. Now you also have documentation of one way you monitor compliance.

DAY-TO-DAY

How often do your employees ask questions? I think most of us would say, "Incessantly." Do you have any regular staff meetings? Do you have a community bulletin board or intranet? Think about your normal course of business processes.

TOOL: Document and stress that routine operational issues are also compliance issues. Make the link for your employees. For example, you require callers to provide specific information to confirm they are the patient. That's part of your HIPAA compliance. You promptly refund credit balances. That's part of your compliance plan. Keep an agenda or brief minutes of meetings and always have a section dedicated to compliance. Keep copies of handouts and memos.

RESULT: You now have documentation that includes ongoing education, identification of compliance issues, and actions specific to compliance.

MAKING TIME

One of the very best ideas came from an HBMA member company that uses federal holidays that employees don't take as education days. The banks are closed and the phones are dead.

TOOL: Pick any compliance topic and provide and document operational compliance education. You can also use free on-line resources to assist you. At www.cms.hhs.gov, choose "provider center"; choose "education resources Medlearn educational web"; choose "web-based training." There are approximately 14 web-based Medicare training modules, as well as HIPAA educational modules. Print the module and your employee's pre- and post-testing scores.

RESULT: You now have documentation of ongoing education. Keep your handouts or training materials.

CODING AUDIT TOOLS

Carriers use a standardized audit tool to validate E&M coding. Although there may be carrier-specific documentation requirements, most of the published audit tools are virtually identical.

Tool: Go to www.hgsa.com/professionals/scoresheets.shtml

RESULT: You now have some standard, reproducible audit tools to document internal coding compliance monitoring.

MAKE IT FUN

Compliance is good business. The more employees care about doing things right, the more they will care about your clients and take ownership in your success. The less onerous and boring you and your employees think compliance is, the more it will become your culture. Consider simple pop quizzes—with prizes. Have a lunchtime compliance competition with teams of employees and play compliance jeopardy. Publicly acknowledge employees who find compliance issues. Reward employee compliance initiative with incentives. Ideas that have worked

required...." Please keep in mind, these are recommendations and should be considered in relation to each business' core operations, patient demographics, and medical specialty. In relation to these recommendations, the PFB Initiative stresses that the key to "…success in PFB requires an approach that streamlines and simplifies, while still providing patient access to detailed information in those situations in which it is required."

Now that industry recommendations have been set forth, how does a medical billing company get started?

5 INITIAL STEPS

Getting started may seem oversimplified, but there really are only five simple steps from beginning through evaluation.

- Prioritize the recommendations that matter most to your organization, clients, and patients.
- In level of priority, tackle one recommendation or only a couple recommendations at a time, so as to not overwhelm your billing infrastructure or processes.
- For each recommendation, do as much as reasonably possible—each improvement makes a significant difference.
- Measure the success of each implementation at regularly scheduled intervals, outlined in the second recommendation.
- Based on evaluation feedback, continue improving and adding valuable innovations to each implemented recommendation.

Some of these changes may take considerable time, and some of them may be small tweaks that substantially improve revenue cycle and patient satisfaction. And as revenue and patient satisfaction improve, client relations, retention, and accretion should also improve.

PFB is still a young initiative but its effectiveness and results are starting to make an impact in the medical community. Patients on the recipient end of PFB have responded, and

responded well. For most organizations, PFB was the final leg of full-facility improvement initiatives and has become the "icing on the cake." Quoting one facility, "As we talked with patients, we found out that sorting out their bills from the hospital recast the experience as totally negative. The team took one of the facility's main themes and decided to 'humanize' the billing process.…It led to better care, better margins, and a better way of maximizing mission effectiveness."

THE FUTURE OF PFB

As already mentioned, PFB is a young initiative. Early success and momentum prove this to be a dynamic initiative that will be around for a long time. As an HFMA publication noted, "The Patient Friendly Billing Task Force will continue working to make billing more clear, concise, accurate, and patient-responsive. We will communicate with healthcare organizations, legislators, and the public about ways we can partner in the spirit of creating a better healthcare billing system. We have just begun to implement our action steps and reach out to the medical community. We have more to accomplish to heighten the public's trust and confidence in the healthcare billing system. We are committed to improving the billing experience for patients and their families."

For those unfamiliar with PFB, stay tuned, because its momentum is carrying the initiative deeper into the medical community. For those who are familiar with PFB and have made improvements, stay tuned, because the culture of medical billing is becoming more dynamic than ever before. One thing remains constant: change. In the world of revenue and patient satisfaction, each improvement makes a significant difference.   ▲

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for fellow HBMA members include extra casual days, theme days, pot lucks, etc.
TOOL: Document your efforts.
RESULT: You have more credible evidence of your ongoing efforts in compliance.

Now you and your employees know how much compliance education and training you are really doing. Look for more opportunities to make the link between your normal business operations and your compliance program effectiveness.   ▲

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Calendar of Events

SEPTEMBER 10-12, 2006

HBMA 2006 Fall Annual Conference

JW Marriott Las Vegas Resort & Spa Summerlin, NV

OCTOBER 26-28, 2006

HBMA Owner's & Manager's Conference

Chateau Sonesta, New Orleans, LA

Visit the Meeting Calendar at www.hbma.org for more information and to view additional educational programs as they are added.

SAVE THE DATE!
April 26-29, 2007

2007 COMPLIANCE CONFERENCE

"Effective Compliance Is Good Business"

Westin Casuarina Hotel, Casino & Spa
Las Vegas, Nevada