



Sunshine Act Monitoring Available to Physicians

This article is an update to the May 2013 story that we published regarding the Sunshine Act. Under the Sunshine Act, a program called Open Payments was created to increase transparency among the financial relationships of manufacturers, physicians, and teaching hospitals.

Open Payments requires that the following information be reported annually to the Centers for Medicare and Medicaid Services (CMS):

- Applicable manufacturers of covered drugs, devices, biologicals, and medical supplies to report to CMS payments or other transfers of value they make to physicians and teaching hospitals.
- Applicable manufacturers and applicable group purchasing organizations (GPOs) to report to CMS certain ownership or investment interests held by physicians or their immediate family members.
- Applicable GPOs to report to CMS payments or other transfers of value made to physician owners or investors if they held ownership or an investment interest at any point during the reporting year.

CMS will collect this data, aggregate it, and publish it online publicly. Physicians and teaching hospitals may voluntarily enroll in the Open Payments program in order to monitor their data as reported by industry. CMS has recently released two mobile applications to assist physicians and manufacturers with tracking and reviewing data for the Open Payments program. The apps help reporting entities and physicians track payment information more accurately by making tracking easier throughout the year. Use of the apps is optional and purely voluntary. Both are available for download now for iOS (Apple™) and Android™ mobile phones. For help with the apps you can contact the helpdesk at openpayments@cms.hhs.gov. For more information on functionality and usage of the apps, visit <http://www.cms.gov/regulations-and-guidance/legislation/national-physician-payment-transparency-program/downloads/mobile-app-public-faqs.pdf>.

Reporting of Clinical Trial Number on Claims Will Be Mandatory

Effective January 1, 2014, CMS will require inclusion of an 8-digit clinical trial number on claims associated with clinical trial participation. Clinical trial related claims submitted to Medicare for dates of services on or after that date will be returned to the provider if the 8-digit clinical trial number is not present.

The 8-digit clinical trial number, also called the National Clinical Trial (NCT) Number or Clinical Trials Identifier, can be found on the ClinicalTrials.gov website. The sponsor of the clinical trial, which can include the Principal Investigator, is responsible for registering the clinical trial with ClinicalTrials.gov within 21 days of enrollment of the first participant. The 8-digit clinical trial number is assigned and released 2-5 business days after the clinical trial information has been submitted. This 8-digit clinical trial number will be added to the list of other required data:

- Q0 & Q1 Modifiers as applicable
- ICD-9 Diagnosis Code V70.7 (Examination of a participant in a clinical trial)

For more information about this requirement, please refer to Med Learn Matters MM5790.

Twelve of the Largest Healthcare Settlements in 2012

1	Tenet Healthcare overbilled inpatient rehabilitation admissions	\$42.75M
2	HCA violations of the False Claims Act and Anti-Kickback Statute	\$16.5M
3	Morton Plant Mease Health overbilled Medicare	\$10M
4	Freeman Health violated Stark and False Claims Act	\$9.3M
5	Atlantic Health & Overlook Medical Center overbilled Medicare	\$9M
6	Westchester Medical Center submitted false claims to Medicare	\$7M
7	Universal Health Service provided sub-standard psychiatric services	\$6.85M
8	Christus Spohn Health submitted false claims to Medicare	\$5.1M
9	Maury Regional voluntarily reported violating the False Claims Act	\$3.6M
10	Excela Health improper stenting procedures	\$2M
11	Memorial Health violations of the False Claims Act	\$1.28M
12	Mayo Clinic billed urgent pathology services that were not performed	\$1.26M

IN THE NEWS

Stamford Ophthalmologist

A Stamford ophthalmologist was fined \$4,500 by the state Medical Examining Board for performing a laser treatment on the wrong eye of a glaucoma patient. Dr. Gregory Gallousis performed the procedure in 2012 on the right eye of a glaucoma patient instead of the left eye, state Department of Public Health records show. The patient was supposed to have surgery on both eyes, but not on the same day, Matthew Antonetti, a principal attorney for DPH, told the board. Gallousis agreed to the fine by signing a consent order with the state.

Source: Connecticut Health Investigative Team

3 Years for Brookfield Podiatrist

A Brookfield podiatrist has been sentenced to more than three years in prison for defrauding Medicare. The U.S. Attorney's office says 38-year-old Samir Zaky was sentenced to three years and five months Tuesday in Hartford and ordered to pay \$134,000 in restitution. A jury in June found him guilty of 14 counts of health care fraud and 14 counts of making false statements relating to health care matters.

Prosecutors say Zaky submitted numerous claims to the Medicare program stating that he had performed nail avulsions, a surgical procedure that requires use of an injectable anesthetic and removes the entire border of a patient's toenail. Authorities say Zaky had only clipped or trimmed the patient's toenails.

Source: WTNH News

Academic Medical Center Pays \$1.5 Million to Settle Allegations of Research Billing Misconduct

On August 28, 2013, the U.S. Attorney's Office announced that Emory University agreed to pay the United States and State of Georgia \$1.5 Million to resolve allegations of submitting false claims to Medicare and Medicaid from 2001 through 2010. According to the settlement agreement, Emory's Winship Cancer Institute was accused of violating the National Coverage Determination for Clinical Trials (NCD) through:

- Billing Medicare and Medicaid for clinical trial services that should have been billed to the clinical trial sponsors.
- Double-billing the same clinical trial services to the sponsor of clinical trial and Medicare and/or Medicaid.

Under this settlement, Emory agreed to identify unallowable costs previously submitted for payment to Medicare, TRICARE, and Medicaid within 90 days. The U.S. government is also entitled to recoup these overpayments, plus applicable interest and penalties.

Emory's settlement illustrates Yale's need to be pro-active in evaluating a research study's billing compliance. Since February 1, 2013, the OnCore-EPIC interface has been activated to assist investigators and departments with research billing compliance at Yale. Investigators starting a new clinical trial involving clinical services should be in contact with the OnCore team to assess the need to utilize the interface prior to the enrollment of their first subject. If it is determined that the study needs to utilize the system, subjects must be activated in OnCore-EPIC soon after signing consent.

EPIC Corner

Tip #1: Recent reviews have revealed that RNs are copying forward the physician's previous visit documentation including the exam and plan. Updates to the previous documentation may or may not be made. An external auditor is likely not to give credit for documentation brought over by an RN.

Tip #2: NEVER share your ID and password.

Tip #3: How to bill an inpatient charge:

1. Log in to your usual department and access the Patient List;
2. Open the patient chart and select the "CHARGES" activity tab;
3. Choose the category of service provided and then select the CPT code; and, then
4. A screen will pop up that allows you to select or add a diagnosis and a modifier.

Don't forget to add modifier GC if you are linking your note to a resident or fellow.

Training Alert!

All billing physicians and non-physician practitioners must complete their one hour of medical billing compliance training by December 31, 2013, or your **billing number will be suspended**. To check your training status, visit <http://yale.edu/training/>. Options for meeting this requirement are as follows:

The Online Quiz:

The Teaching Physician Tutorial and Quiz, the online training program, can be accessed at <http://learn.caim.yale.edu/cms/caslogin.asp>. A tutorial section allows you to spend as much time reviewing as you like. Select the most appropriate quiz closest to your specialty. You need to score 75% or higher to pass. You can retake the quiz up to three times on a single sign-in session.

Non-Physician Practitioners (NPPs) (APRN, CNS, PA, LCSW, Psychologists, CRNA, registered dietitian) are required to complete the medical billing compliance tutorial at <http://comply.yale.edu/medicalbilling/about/npp/index.aspx>. Select the most appropriate discipline, read and review the required material, complete and sign the attestation, and follow the instructions to email or fax the attestation to YMG Compliance.

In Person Training:

General Audience Seminars are scheduled for October 9 & 23, November 13 & 20, and December 4 & 18, 2013 at The Anlyan Center (TAC) Auditorium, Room N107, from 5P-6P. Only one session is required. Seminars can sometimes be canceled for low registration so you are encouraged to register in advance. This can be accomplished easily by contacting Deborah.Lyman@yale.edu or going online at <http://www.yale.edu/training/>. Select "Medical Billing Compliance" from the drop-down menu, which will take you to a page with a list of courses, and then select the link for the upcoming general seminar, which will take you to a page where there is a button to "register for this course".

Thanks in advance for your cooperation in becoming compliant before the year-end rush!



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for Healthcare Providers*

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