



Teaching Physician Compliance

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ALERT

Medical billing compliance hotline number changing

The Yale Medical Group (YMG) implemented a confidential hotline in October 1998 as part of its commitment to medical billing compliance. The hotline will continue to be operational but as of July 1, 2009 the telephone number is changing to 1-877-360-YALE which is the Yale University Hotline. The Yale University Hotline which can be utilized to report suspected violations of the Standards of Business Conduct will now include potential medical billing compliance issues.

The same services will continue to be provided including:

- The Hotline is toll-free.
- The Hotline is available to University employees 24 hours a day, seven days a week, every day of the year.
- Calls to the Hotline are answered by a third-party vendor, not by a University employee.
- The employee may provide his or her name and contact information, or may choose to remain anonymous.
- To ensure confidentiality, calls to the Hotline are not recorded or traced.

The hotline is a simple way for employees to anonymously report concerns that may involve potential violations of medical billing regulations. All employees, both faculty and staff, may use the hotline. This includes all employees in the Clinical Departments, Patient Financial Services and offsite practice locations.

The hotline is an avenue of reporting available to all employees in the event that the employee:

- does not feel comfortable bringing their concerns to their supervisor, or
- has brought their concerns to his or her supervisor and the employee was not satisfied with the action or lack of action taken.

Examples of medical billing compliance issues may include recurring or intentional situations involving:



- Billing patients for amounts that they are not responsible for
- Identifying a system problem which may result in incorrect bills
- Improper allocation of credit balances
- Billing for services under the wrong patient's account
- Billing for a service that is not documented
- Up-coding or billing for a procedure using an incorrect procedure or diagnosis code
- Services intentionally billed under the wrong physician

Any employee who brings an issue to the University's attention through the Hotline or otherwise should be aware that University policy prohibits retaliation against employees who in good faith report possible compliance issues. To learn more about the Yale University hotline, please go to <http://www.yale.edu/resources/faq.html>.

Don't become a target of the Department of Public Health

In May, the Hartford County Medical Association sponsored the program "How to stay out of the crosshairs of the Department of Public Health" (DPH). Some of the areas that are typically the focus of DPH cases are listed below and are examples of grounds for disciplinary action under the Consumer Protection Statute.

- Disciplinary action may be taken if a practitioner fails to keep records of medical evaluations of patients and all controlled substances dispensed, administered or prescribed to patients by the practitioner



- There must be a bonafide practitioner-patient relationship. Prescribing for patients, friends, relatives, associates and/or employees wherein a practitioner has not evaluated the need for controlled substances does not constitute a valid practitioner-patient relationship
- Physicians generally should not treat themselves or immediate family members. Objectivity may be compromised and personal feelings may unduly influence decision-making.

Medical Billing Compliance Medical Director announced



Joshua Copel, M.D. Professor of OB-Gyn and Pediatrics has been appointed to the position of Medical Director for Medical Billing Compliance at the Yale Medical Group (YMG). Dr Copel will be working in concert with Ronald Vender, M.D., Chief Medical Officer and Judy Harris, Director of Medical Billing Compliance. In his new, expanded role Dr. Copel will provide advice, support and innovative ideas as we strive to continually improve and enhance our medical billing Compliance Program. Dr. Copel will also serve on the two committees which were implemented with our Compliance Program which was established in 1998.

In the News

Kaiser fined \$250,000 for Octomom HIPAA Violation

Kaiser Permanente Hospital in Bellflower, California has been fined \$250,000 for unauthorized employee access to the medical records of Nadya Suleman, the woman who gave birth to octuplets in January this year. Twenty five employees were identified as having inappropriately accessing Suleman's medical records. Of those, fifteen employees were either terminated or resigned under pressure and eight, including doctors, faced other disciplinary actions.

The Kaiser fine is the first and largest allowable monetary penalty imposed for such violations under a new law enacted last year. The new law was enacted after privacy violations occurred at UCLA involving celebrities such as Farrah Fawcett, Britney Spears, and Maria Shriver. Kaiser has 10 days to decide whether to appeal the fine.

Source: Los Angeles Times.

New Haven Counselor sentenced

Stephen Knezak, a professional counselor, who had a psychotherapy practice on Whitney Avenue in New Haven, has been sentenced to 12 months in a halfway house for submitting fraudulent claims. Knezak admitted that for six years he submitted fraudulent claims, including making up psychiatric problems for children he never treated. Knezak originally faced a maximum prison term of 10 years and a fine of up to \$250,000

but avoided prison time because the judge was persuaded that he could do more good for the community and more readily pay restitution if he were not imprisoned.

Knezek also received three years of probation, the first year of which will be served in a Hartford halfway house.

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After Knezek leaves there, he must perform three hours of community service per week for a year. Knezek also vowed to pay the specified restitution, which federal prosecutors said was about \$228,386.

Court documents say that from October 2001 to September 2007, Knezek submitted fraudulent claims to Anthem Blue Cross/Blue Shield, Medicaid and other health insurance programs for psychological counseling sessions he never conducted, as well as submitting claims for individual sessions that were actually group therapy sessions, in order to make more money.

Source: New Haven Register

Want to change Medicare coverage?

Physicians have the opportunity to influence what services Medicare covers by diagnosis code through the Local Coverage Decision (LCD) process. The LCD Reconsideration Process is a mechanism by which interested parties can request a revision to a final LCD. The request must be submitted in writing and must identify the language that the requestor wants added to or deleted from the LCD. Requests need to include justification for the change which is supported by new evidence,

which may materially affect the LCD's content or basis. When articles or textbooks are cited, copies of the published documents must be included.

The level of evidence required for LCD reconsideration is the same as that required for new/revised LCD development. Medicare must base LCDs on the strongest evidence available and, in order of preference, LCDs are based on the following:

Published authoritative evidence derived from definitive randomized clinical trials or other definitive studies or general acceptance by the medical community (standard of practice), as supported by sound medical evidence based on:

- Scientific data or research studies published in peer-reviewed medical journals; [or]
- Consensus of expert medical opinion (i.e., recognized authorities in the field); or
- Medical opinion derived from consultations with medical associations or other healthcare experts.

Acceptance by individual healthcare providers, or even a limited group of healthcare providers, normally does not indicate general acceptance by the medical community. Testimonials indicating such limited acceptance, and limited case studies distributed by sponsors with financial interest in the outcome, are not sufficient evidence of general acceptance by the medical community. The broad range of available evidence will be considered and its quality shall be evaluated before a conclusion is reached.

Requests are best submitted electronically via e-mail to: NGS.lcd.reconsideration@anthem.com or Fax: (414) 459 - 2850

Please contact the Compliance Office at 785-3868 for questions or assistance with the LCD reconsideration process.



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Medicine for Healthcare Providers*

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