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RHODE ISLAND ATTORNEY GENERAL DISCUSSES PREVENTING FALSE CLAIMS

Peter Neronha, Attorney General State of RI, and Genevieve Allaire Johnson, Special Assistant Attorney General, RI Attorney General's Office, were keynote speakers at the joint meeting of the American College of Healthcare Executives - Rhode Island and the Massachusetts/Rhode Island chapter of Medical Group Management Association on Friday, April 19. The focus was on ***Building an Effective Compliance Program to Prevent False Claims and Whistleblowers***.

AMS was a sponsor of this event and chose it for the release of its Top Ten "Hot Button" issues in Health Information Management and Compliance (HIMC). That list is an attachment to the Biweekly. We are pleased that AMS' top concerns were aligned with those of the speakers and panelists at the conference.

- ***Top issues on compliance and risk.*** According to panelist Will Moffat, Principal and EVP, Healthcare Compliance Network, high risk areas include: (1) patient protected health information and data (2) where the money is - billing and coding, and (3) integrity audits of programs and services.

- ***Designing an effective compliance program to prevent false claims and whistle blowers.*** The first three considerations in implementing and maintaining an effective program are: (1) stay up to date, (2) ongoing staff education. (3) communication about the program, expectations, and feedback to complainants according to Paul Adler, general counsel of Lifespan and panelist.

- ***Who are the whistleblowers?*** Former employees, disgruntled employees, and competitors are often the whistleblowers. Many of these people were fired before-hand. They could also be current and former employees who have raised issues, said something to a superior that was either ignored, or not responded to a timely manner. They are often highly educated. The motivation of many filing claims is they see "wrong and try to right it". Some are not looking for money if a claim is pursued. These cases take several years to resolve according to Bethany Wong, Assistant US Attorney and panelist.

- ***What does the government want to see when investigating compliance issue before them?*** Comply with the law, cooperate, be fair and kind, especially when terminating employees. For example, legitimate errors are made and people and an institution may not be trying to gain an illegal advantage, they just made a mistake. Contrasting this are organizational directives with an attempt to inappropriately maximize revenue, i.e. all questionable bills are coded at a higher level, or supplies are bought at a discount and charged to a payer at full price. This was according to Bethany Wong, Assistant US Attorney and panelist.

AMS Resources. Subscribe to our blog, *Legal Topics in Healthcare for the Non-Legal Professional*: **legaltopicsinhealthcare.com.**

For more information see the Health Information Management and Compliance information sheet attached to the Biweekly, and contact Lynn Mancini, vice president, HIMC lmancini@aboutams.com.

HEALTHCARE IN 2025 THE FUTURE IS NOW: ACHE MAY 17 HALF DAY CONFERENCE

Current healthcare cost growth is unsustainable while preventable errors, uneven access, waste, and inefficiency remains. Clearly we are reaching a tipping point. Major players from outside the industry have recognized this and are attempting to seize an opportunity in the market. Amazon, JPMorgan, Chase and Berkshire Hathaway made news in January 2019 when they announced plans to form a company that will deliver innovation and higher value healthcare to their employees. Other nontraditional healthcare players around the world, including Amazon, Alibaba, Tencent, Apple and Samsung, have already entered the industry, promising to change the game by leveraging artificial intelligence, big data, and other disruptive technologies. This conference will address:

- What are leading healthcare providers in this market doing to insure that their organizations will continue to flourish and address these challenges?
- How will care be delivered in the future?
- What must we do as an industry to improve health and create more value now

Keynote Speakers

Kevin Tabb, MD, President & CEO, Beth Israel Lahey Health

Kate Walsh, President & CEO, Boston Medical Center

Panel Discussion

- **Charles Boicey**, Co-Founder & Chief Innovation Officer, Clearsense
- **Nancy Michaels**, Patient Satisfaction Speaker
- **Joan Quinlan**, Vice President for Community Health, Massachusetts General Hospital, Founding Leader of the MGH Center for Community Health Improvement
- **Steven Strongwater, MD**, President & CEO, Atrius Health
- **Moderator: Alan Goldberg, FACHE**, Principal and President, Applied Management Systems

Conference Logistics

When: Friday May 17, 2019 7:00 AM – 11:45 AM
Where: DoubleTree by Hilton, 5400 Computer Drive, Westborough, MA

Over 200 people have already registered for this conference

$169 ACHE Members
$299 Non-members

For more information go to http://massache.org/events.asp or call 978-692-3548.

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Top 10 Hot Buttons

HIMC

The "fire alarm" has sounded — what's your first move?

1 **HIPAA Breach/Liability**
Patients and visitors are posting to Facebook? Patient kiosks are not timing out? Texts are being sent to and from unencrypted devices? You need a HIPAA risk management plan.

2 **Denials Management**
Where's the money? On average hospitals lose 3% of revenue due to denials annually. 90% of denials are avoidable. 66% of denials are recoverable. Proper assessment of your current financial, technical, operational state is key in your root cause analysis.

3 **Personal Health Info and Technology**
How can you protect PHI in an exploding data sharing environment? Applications (apps) for receiving, posting and sharing data are growing exponentially. New technology constantly creates new challenges you need to anticipate.

4 **Outpatient Clinical Documentation**
As outpatient health care services continue to grow, proper documentation and coding leads to accurate reimbursement. Emergency department, ambulatory clinics, and observation services can benefit the most.

5 **OIG Work Plan Changes**
There are over 300 audits in progress listed on the OIG website. A thorough compliance program requires continuous monitoring of regulatory requirements with careful oversight of billing practices. Don't get caught falling behind.

6 **Inpatient Clinical Documentation**
A strong CDI program is critical to the integrity of your documentation and the quality of services your organization provides. CDI programs enhance the ability to capture accurate data, leading to better outcomes and accurate reimbursement.

7 **Risk Management**
Risk Management responsibilities are growing at a rapid pace, both medically and financially. Assess, develop, implement and monitor risk management plans that minimize exposure to the patient and organization.

8 **Cybersecurity Risks**
You've been hacked! Over 3.6 billion breaches occurred in healthcare between 2005 and 2018 due to phishing, network intrusion, inadvertent disclosure, and stolen/lost devices.

9 **Computer Assisted Coding: Pros and Cons of AI**
Who knew coding was trend setting? Artificial Intelligence is used in Computer Assisted Coder applications through software that searches for documentation in the EHR to identify new codes.

10 **Joint Commission Accreditation**
New changes to The Joint Commission (TJC) standards. The Elements of Performance standards align more closely with language in Medicare Conditions of Participation. TJC compliance now requires consistent focus 24/7/365 incorporated into every job function.

The HIMC group is an AMS team of Health Information Management and Compliance professionals.
To learn more please contact: **info@aboutams.com**
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Improve your bottom line with health information management

No other area in healthcare has undergone more change than **Health Information Management and Compliance**. To place in a historical context, AMS had electronic medical records arrival as number two on our "Top Ten Trends for 2010." In 2016, AMS predicted that by 2020, smart phones and tablets would be the "key" for health information and may become the only communication device needed.

> *The medical record is a unique asset of the organization.*

Even though medical records have evolved to digitized health information, and medical record coding has become computer assisted and semi-automated, the input to patient information remains critical. "Garbage in, garbage out" still applies. Couple that with myriad regulatory, privacy, security and other concerns and the protection of health information is critical. It is a unique asset of the organization, for only in the State of New Hampshire does the patient own his/her medical record.

AMS history and experience with HIMC

AMS expanded its reach in HIMC in response to the 1996 implementation of HIPAA (Health Information Portability and Accountability Act). In the past ten years, we have helped 200 clients.

AMS has a solid performance record providing clients with the tools needed to manage their departments more efficiently, based on detailed analyses and data. AMS' HIMC division is comprised of credentialed professionals with varied experiences including:
- former directors of HIM departments
- coding specialists
- ICD and CPT instructors
- licensed attorneys with compliance operational backgrounds.

HIMC Services

AMS can improve your hospital's bottom line by providing the following health information management services:

- Benchmarking and Productivity Analysis
- Best Practices
- Case Mix and Documentation Reviews
- Coding and Audit Services
- Compliance Assessment
- Clinical Documentation Improvement
- Data Quality Review
- EHR Assessment and Implementation
- HIPAA Privacy Investigations and Audits
- Interim Management
- Joint Commission and CMS Survey Preparedness
- Management Support
- Operational Assessment
- Policy and Procedure Review
- Project Management
- Third Party Payer Audit and Appeal
- Revenue Cycle/Unbilled Mgmt./Denials Mgmt.
- Security Risk Assessments
- Training and Education
- Transcription Assessments/Strategy
- Tumor Registry

Our HIMC staff have worked with health information, medical record, coding, and case management departments operating under different models, customizing each analysis based on that department's specific characteristics and needs.

AMS has the staff, knowledge and expertise available to provide support to and assist with current issues with HIMC departments.

To learn more, please contact:

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