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FLORIDA EXPERT WITNESS TEN YEARS AGO AND NOW



Looking at projects and events from the past shows an amazing similarity to today. Ten years ago, Clay County, Florida, felt that its only hospital **Orange Park Medical Center** (an HCA hospital) was at total functional capacity. As a major healthcare provider in the region, **St. Vincent's Healthcare** (an Ascension hospital) decided they wanted to be the one to build a new hospital in Clay County. To assist with this, St Vincent's asked AMS to develop the staffing portion of their certificate of need (CON) application.

A lawsuit ensued between these and one other vying hospital. As part of the court proceedings AMS was required to turn over work papers during discovery and provide expert testimony during the deposition. The AMS expert witness asserted that the other two applications had underestimated staffing cost due to deficiencies in their staffing plans. The lawyers for the other hospitals were unsuccessful in poking holes in AMS' calculations due to AMS's flawless testimony and expert knowledge.

Stephen D. Coppolo, Esq. of **Murphy & Riley**, P.C. in Boston frequently defends hospitals and other health care providers in civil lawsuits. Attorney Coppolo weighed in on the benefit of expert witnesses. "When a hospital or other large provider's regulatory compliance is challenged administratively or in the courts, the result can be lengthy and highly technical proceedings with major implications for the provider's future. A litigant who is not prepared to offer expert testimony with current, industry-specific experience in the field in such circumstances does so at its peril."

Utilizing an industry consultant with ongoing experience in the field rather than a full-time expert witness can add additional credibility. Using consultants makes sense because they are normally paid for their time the same way they would be as an expert witness. This is not the first time that AMS has assisted in the planning process for new facilities or provided expert testimony on healthcare, labor-related, and operational issues. Two years ago AMS provided expertise to CharterCARE Health Partners in Providence RI for their CON applications on behalf of **Roger Williams Medical Center** and **Our Lady of Fatima Hospital**. For more information email Alan J. Goldberg, Principal and President agoldberg@aboutams.com.





REVENUE CYCLE



AMS understands that it takes a “village” of highly skilled, motivated staff to achieve and maintain an effective revenue cycle in the health care environment. The process begins upon initial patient contact (scheduling/registration), continues at each stop along the continuum (point of care, charging, medical documentation, coding) and ends when proper reimbursement (billing/reconciliation) is received for services rendered. *Even a process that seems to be working well should be audited and reviewed by an independent, objective party.*

Prior to submission, bills will most likely electronically flow through “scrubbing” software to quality assure that the claims data satisfy third party payer criteria. If reasons are identified that a claim will be denied for specific services, that claim is routed to a work list. Those claims with “potential” denials re-trigger the village effort. For example, insurance number errors or coverage issues will be returned to registration staff for resolution and documentation or medical necessity issues will be returned to the coders for adjudication with the medical staff. *If a large number of bills are rejected in this process, a small, targeted, focused audit and review by an independent, objective party may be needed.*

Health Care Entities manage this entire process in ways that best meet their needs. Hospitals have created Revenue Integrity Departments staffed with coding and billing staff to ensure correct bills submitted. Physician Offices, Outpatient Centers and smaller entities assign these tasks to experienced staff within their organizations. Regardless of how organized, it is a huge endeavor that is time sensitive, has constantly changing mandates and demands maximum oversight, education and experience.

AMS is staffed with a number of professionals to assist health care entities to create, achieve and maintain an effective revenue integrity program. Our professionals are experienced in every step of this process and have provided these services in hospitals, outpatient centers, clinics, physician offices and ancillary departments. For more information;

Jeanne Beando, Vice President, at jbeando@aboutams.com

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UPCOMING WEBINAR ON HIPAA SECURITY/BREACHES



- **Privacy & Security-What is Keeping You Up at Night? Wednesday May 2, 2018, 2:00 p.m.-2:30 p.m.** Jeanne Beando, Vice President and Lynn Mancini, General Counsel and Vice President, both JDs and RHIA, will be the presenters. This is a webinar sponsored by executive search firm ZurickDavis, Woburn MA and is a non-commercial presentation. The focus is on HIPAA security/breaches of interest to HIM, compliance and privacy professionals and all who are concerned with these subjects. To register just email info@aboutams.com ask to be registered for the Privacy and Security webinar.





AMS LEGAL TOPICS IN HEALTHCARE

Topic/Date	Date
Anti-Kickback Statute – Safe Harbors	1/30/2017
Physician Self-Referral Law (Stark Law)	5/2/2017
Anti-Kickback Statute (AKS) and Advisory Opinion	5/9/2017
Federal False Claims Act (FCA) - Civil Liability	5/16/2017
Criminal Health Care Fraud Statute	5/23/2017
Provider Based Billing	6/6/2017
Distinguishing between the Living Will and Healthcare Proxy	6/13/2017
Who/What is the Office of Inspector General (OIG)	6/20/2017
Health Care Fraud Prevention and Enforcement Action Team (HEAT)	6/27/2017
General Services Administration (GSA)	7/11/2017
appealing an adverse payment determination to a payer, and payer-specific rules	7/18/2017
Federal Government Contractors who support efforts to detect fraud, waste and abuse	7/25/2017
Inspector General (OIG) issues its Workplan	8/1/2017
OCR Quick Response Cyber Attack Checklist and Graphic	8/8/2017
Ohio Based Companies to Pay \$19.5 Million to Settle FCA Allegations	8/22/2017
Beneficiary Inducement Civil Monetary Penalties Provisions(CMP)	8/29/2017
Hurricane Harvey and HIPAA	9/5/2017
National Instant Criminal Background Check System (NICS) and the HIPAA Privacy Rule	9/12/2017
When undergoing a False Claims Act (FCA), HIPAA Investigation or the like, what is “Cooperation Credit”?	9/19/2017
Yates Memo	9/26/2017
Las Vegas Massacre	10/3/2017
Office of Civil Rights (OCR) HIPAA Privacy and Security Desk Audits	10/24/2017
More on the HIPAA front – Privacy and the Opioid Crisis	10/31/2017
Law Enforcement is here and demanding lab records-release?	12/5/2017
HIPAA versus Family Education Rights and Privacy Act (FERPA)	12/19/2017
Stored Communications Act (18 U.S.C. Chapter 121, Section 2701-2712)	1/16/2018
How does the Sarbanes-Oxley Act of 2002 (Public Law 107-204) impact Healthcare?	1/25/2018
Anti-Kickback Statute – Safe Harbors	1/30/2017
Will the Dodd-Frank Act impact Healthcare?	2/6/2018
Does the Federal Information Security Management Act of 2002 (FISMA) impact HIPAA?	2/14/2018
How does the Gramm Leach Bliley Act of 1999 (Pub. L 106-102, 113Stat.1338) impact healthcare?	2/21/2018
Does the Payment Card Industry Data Security Standard (PCI-DSS) impact Healthcare?	2/27/2018

For more information, please contact Linda (Lynn) Mancini, General Counsel and Vice President, at Lmancini@aboutams.com.

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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