Compliance Corner

As part of our desire to keep both clients and readers up to date, the Communiqué has been printing compliance information since its inception. In the Compliance Corner, we will now formally keep you abreast of the various compliance issues and/or pick out a topic that would be of interest to most of our readers.

3 Cost-Effective Compliance Tips to Jump Start Your Compliance Efforts

By Abby Pendleton
Wachler & Associates, P.C.

As most physician practices are aware, compliance is a necessary part of running a practice in today's environment. Physicians are well advised to budget compliance costs into their annual budgets for activities such as conducting annual compliance audits and annual education. However, many compliance efforts can be accomplished with little or no expense on the part of the anesthesia or pain practice. The following compliance tips are offered to assist physicians in implementing certain cost-effective compliance measures.

TIP 1 OBTAIN BILLING AND DOCUMENTATION POLICIES:

A vital component of any effective compliance program for an anesthesia or pain practice is to ensure that the practice is apprised of all major third party payor billing, coding and documentation policies and guidelines applicable to the services provided by the practice (i.e., anesthesia and pain services). The practice should be mindful that different payors often have different policies and thus compliance with one payor's policy

does not necessarily equate to compliance with another's policy. In addition to being aware of all applicable policies, the practice must also understand these policies.

In order to make sure the practice is obtaining necessary billing and documentation rules and guidelines, the practice should designate an individual who is responsible for (1) determining which third party payors have published policies and guidelines (this can be accomplished by making telephone calls and researching websites); (2) creating a list of the payors (with applicable websites) that have policies and guidelines and keeping the list updated; and (3) obtaining the available information. The Medicare Carriers all have websites and many have email services that are easy to register with.

TIP 2 CREATE A DISTRIBUTION SYSTEM:

Once the practice is obtaining necessary billing and documentation information, the information must be appropriately disseminated to physicians. As the policies may contain requirements regarding documentation and frequency limitations in addition to coding issues, the physicians and providers in the practice should be included in the distribution. Many physicians believe that they do not need to review the materials as long as their billing company/administrative staff is aware of the policies. Physicians must

understand that they are personally responsible for services billed under their numbers. Moreover, that the payor policies often contain information necessary for the physician such as specific documentation elements that must be contained in the record to support billing of a service. In addition to the potential audit and overpayment exposure that exists for failing to comply with payor policies and guidelines, physicians should be aware that certain patterns can lead to the physician being de-participated from a payor program.

In order to make sure that the practice has an effective distribution process in place, the practice should designate an individual responsible for (1) creating a distribution process and (2) ensuring that the process is carried out. The distribution process can be handled in a number of ways including having a person responsible for initially reviewing all materials and copying or highlighting pertinent portions to be distributed via email, mailboxes or in another manner. The person responsible may also consider creating a distribution spreadsheet that is marked off when materials are distributed. This will serve as a double-check to ensure that all individuals who need the information were provided the information.

TIP 3 INCLUDE EDUCATION IN REGULARLY SCHEDULED MEETINGS:

As a compliment to TIPS 1 and 2, the practice should make compliance education a component in regularly scheduled Board or other corporate meetings. For example, when a new policy is published by Medicare that impacts the practice (e.g., a policy on anesthesia for endoscopy cases, etc.) , the policy should be discussed at the meeting to ensure that everyone has received the information and understands the information. If there are no new policies to discuss, the allotted time for education can be used to provide refresher education on other issues. For example, the definition of anesthesia time could be discussed to ensure everyone is tracking and documenting time appropriately.

The practice should also document these educational efforts. This can be accomplished by drafting simple meeting minutes that reflect that compliance education on a particular topic took place. It is important to document that the education occurred. The documentation does not have to include all of the substance of the discussions.

WHO IS REALLY MANAGING YOUR PRACTICE?

Continued from page 9

ities. The OR charge nurse should maintain this practice regardless of anesthesiology delivery model. Together, the charge anesthesiologist and charge nurse maintain responsibility for expediting the day's activities through their familiarity with each room's status and determining when to call following patients to holding or OR. The burden of rounding in the OR and maintaining effective communication with the charge anesthesiologist is more greatly assumed by OR charge nurses in practices using the physician direct care model. The function of being knowledgeable of each case and room status and maintaining communication between nursing and anesthesiology remains the same regardless of anesthesiology model and in the MD-direct model the need to proactively plan the schedule in advance is even more paramount in order to minimize anesthesiologists' distraction from direct patient care on any given day. Zone phones provide a reliable means of communicating with a charge anesthesiologist when that individual must leave the OR proper to attend to responsibilities in peripheral sites.

Case assignments for following day's cases are typically made by the charge anesthesiologist enabling anesthesiologists and CRNAs to familiarize themselves with the following day's schedule; patients' conditions and case requirements; facilitate general planning of following day's activities. Specific protocols regarding how assignments are to be made and the time they will be made should be established and followed by all charge anesthesiologists.

Indeed, some may correctly contest that being too specific in delineating expectations will also lead to unfilled expectations and dispute. OR management, administration, surgeons and anesthesiology must come to reasonable compromise as to definition, direction, expectations, and responsibilities. *Ignoring or evading the need for expectations development and anesthesiology's participation in schedule planning and administration only "Puts Someone Else in Control of Your Anesthesiology Practice".*