EMSA Compliance Overview

Angela McLain, MA, RHIA

Chief Compliance Officer

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Health care fraud
is a serious problem

EMSA Compliance Committee

Meetings. The Committee shall meet as frequently as it determines to be appropriate, but not less than four (4) times per year. (EMSA Compliance Committee-Policy and Procedure #A15).

- October 16th, 2018
- July 16th, 2018
- April 24th, 2018
- February 26th, 2018

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Board Legal Committee/Board of Trustees-2018

The Compliance Officer will report regularly to the Legal Review Committee of the EMSA Board of Trustees, on the Committee's activities, findings and recommendations.

- Report to the Legal Committee/Board of Trustee's

  - November 14th, 2018-Compliance Update
  - August 22nd, 2018-Compliance Board Training/Update
  - July 25th, 2018-Compliance Update
  - April 25th, 2018-Compliance Update
  - February 28th, 2018-Compliance Update

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Compliance Training

EMSA employees are afforded regular training and educational programs about regulatory compliance issues. Employees will be trained on elements of the program, the importance of the program to the organization, the purpose and goals of the program, and what the program means to each individual. –Per EMSA Compliance Plan

- October 25th, 2018
  - Employee Conflicts of Interest

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Documentation Committee

- Non-Emergency Documentation

- Documentation Training to Contractor Staff by EMSA's Coding Manger.

- Updated Physician Certification Statement

- Facility Packet

- Updated Facility Contracts

- Dispatch to Purchase, Priority Dispatch Cards to help with non-emergencies.

- Updated Air Transport Form

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Tulsa
Phone: (918) 596-3010
Fax: (918) 595-3322

Oklahoma City
Phone: (405) 297-7010
Fax: (405) 319-7852

**Physician Certification Statement (PCS)
for Non-Emergent Ambulance Transport**

EMSA INCIDENT # _____

A PCS is required to establish medical necessity for all non-emergency ambulance transports

Transport Date:_____ Origin:_____ Destination: _____

Patient's Name (print):_____ Date of Birth: _____ Facility MRN:_____

Medical necessity is established when the patient's condition is such that the use of any other method of transportation would be contraindicated. In other words, no other transportation type could be used without endangering the patient's health. If the patient can be transported by any other means (e.g. wheelchair van, stretcher aid van, taxi, car, etc.) then medical necessity for an ambulance does not exist. It does not make a difference whether the other type of transportation is available in the locality at the time of service.

NON-EMERGENCY AMBULANCE SERVICE
STANDARD OPERATING GUIDE (SOG)
FOR HEALTHCARE FACILITIES
JUNE 1, 2018

Air Transport Information

EMSA INCIDENT #

This Information is Required Prior to Transport

Transport Date:_____ Time of Pick-Up:_____ Destination:_____

Patient's Name (print):_____ Date of Birth:_____

Reason for Transport:_____ Flight Crew Run #_____

Additional Information:_____

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Medicare Audit

Targeted Probe and Educate (TPE) Background
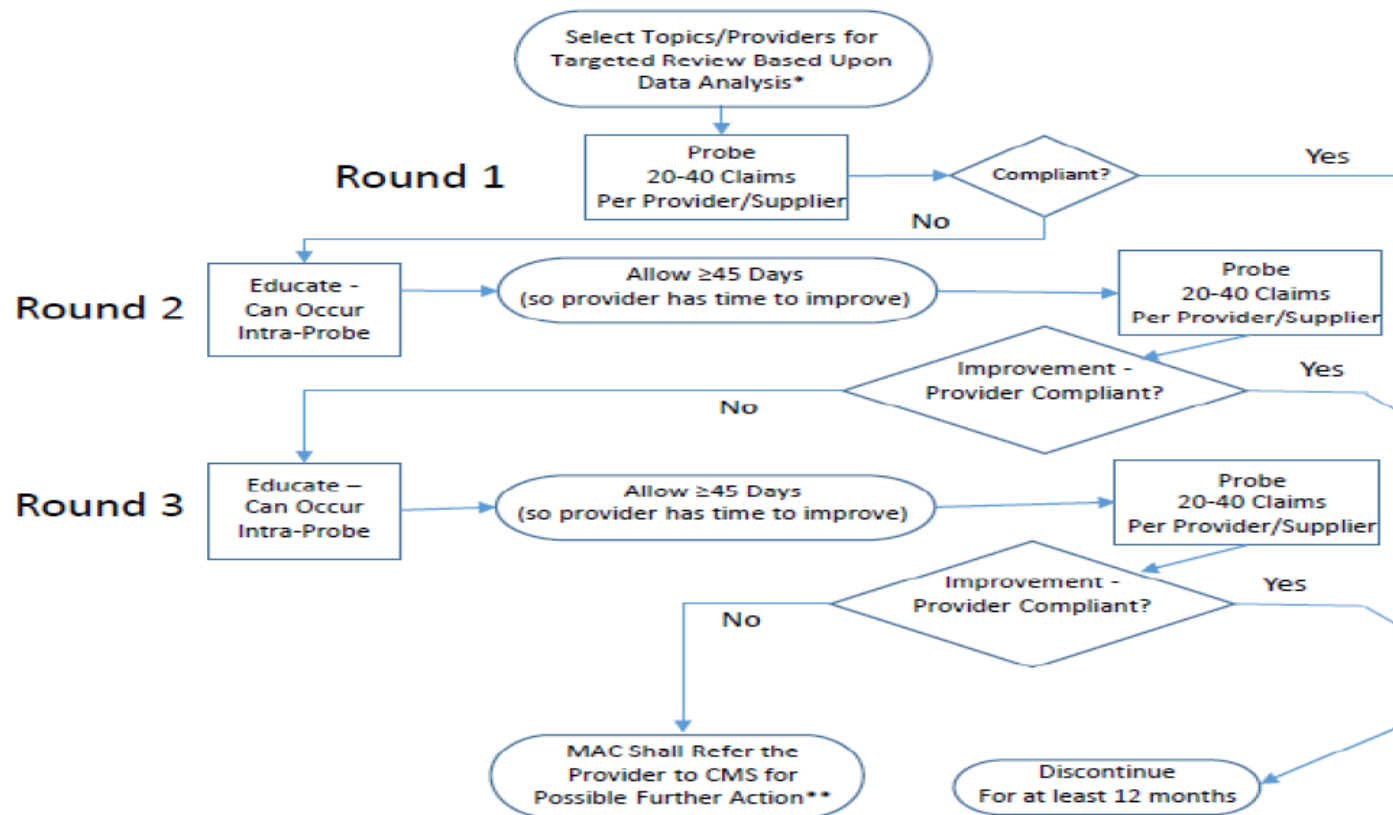
NOVITAS SOLUTIONS

- [CR10249](CR10249)
  - Effective: October 1, 2017
  - Implementation: October 1, 2017
- Key Points:
  - CMS has authorized MACs to conduct the TPE review process and MACs will select the topics for review
  - MACs will focus on specific providers/suppliers:
    - ✓ That bill a particular item or service rather than all providers/suppliers billing a particular item or service
    - ✓ Who have the highest claim denial rates or who have billing practices that vary significantly from their peers:
      - ➤ Based on Data Analysis & CERT error rates
  - TPE review process includes three rounds (if warranted) of probe review with education:
    - ✓ Sample limited for each probe "round" to a minimum of twenty (20) and a maximum of forty (40) claims

INNOVATION IN ACTION

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Targeted Probe & Educate Flow Chart

NOVITAS SOLUTIONS

Select Topics/Providers for Targeted Review Based Upon Data Analysis*

Round 1

Probe 20-40 Claims Per Provider/Supplier → Compliant? → Yes

No

Round 2

Educate - Can Occur Intra-Probe → Allow ≥45 Days (so provider has time to improve) → Probe 20-40 Claims Per Provider/Supplier

Improvement - Provider Compliant? → Yes

No

Round 3

Educate – Can Occur Intra-Probe → Allow ≥45 Days (so provider has time to improve) → Probe 20-40 Claims Per Provider/Supplier

Improvement - Provider Compliant? → Yes

No

MAC Shall Refer the Provider to CMS for Possible Further Action**

Discontinue For at least 12 months

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EMSA and the Medicare Audit

1st Round: **52.5% error rate**

- 20 denied

- 17 for medical necessity

- 3 for the PCS incomplete or credentials missing

Ambulance Round One Results

NOVITAS SOLUTIONS

- Results:
  - 116 Total Reviews Selected for Round One:
    - ✓ 38 Total Reviews with Minor Classification
    - ✓ 38 Total Reviews with Moderate Classification
    - ✓ 33 Total Reviews with Major Classification
    - ✓ 7 Total Reviews with Insufficient Sample
  - Minor error classification will receive one-on-one educational call to discuss issues found during the probe
  - Moderate/Major error classification will receive a teleconference educational call to discuss issues found during the probe:
    - ✓ Contact person from provider should invite anyone they feel would benefit from education
  - Insufficient Sample:
    - ✓ Submitted medical documentation is inadequate to support payment for the services billed, or a specific documentation element that is required as a condition of payment is missing (for example: PCS)

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EMSA and the Medicare Audit

Auditors Words Regarding the Denied Claims

- Documentation not there to prove ambulance was needed.

- Specifically stated they need to make sure they are charting everything. Cannot just say the patient had a stroke -they need to paint a picture so Medicare knows why the patient needed an ambulance.

- When she reviewed the charts she had the LCD in front of her – an example she gave was if the patient had altered mental status but documentation did not show what the LCD says for altered mental status she could not allow payment (like unsafe behavior). All the claims denied were due to the documentation not being there to prove that the patient could not go by other means

- She suggested dispatch may need to ask more questions of the hospital.
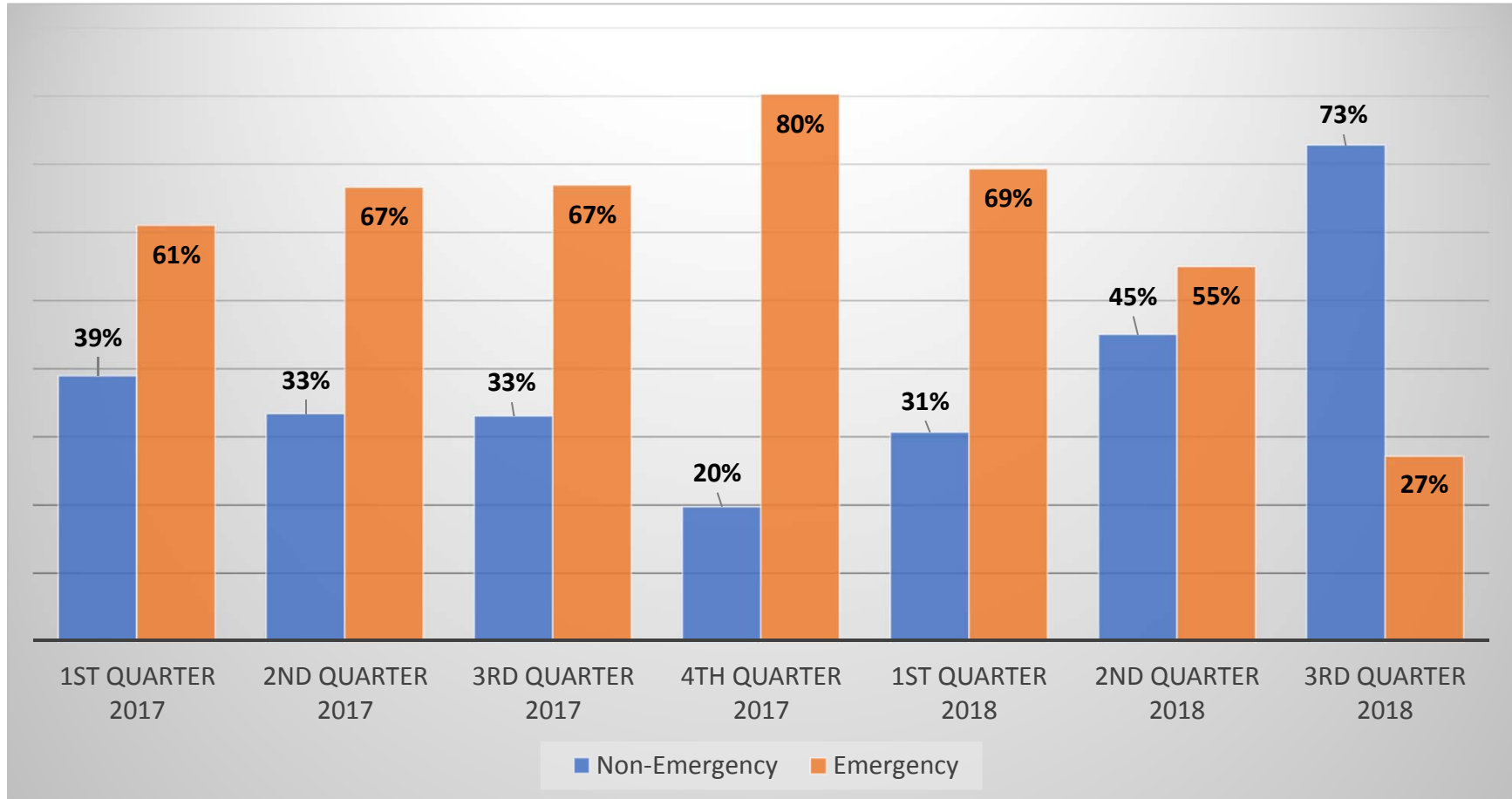
Outcome

- EMSA has appealed the denied claims.

- EMSA moves to the second round.

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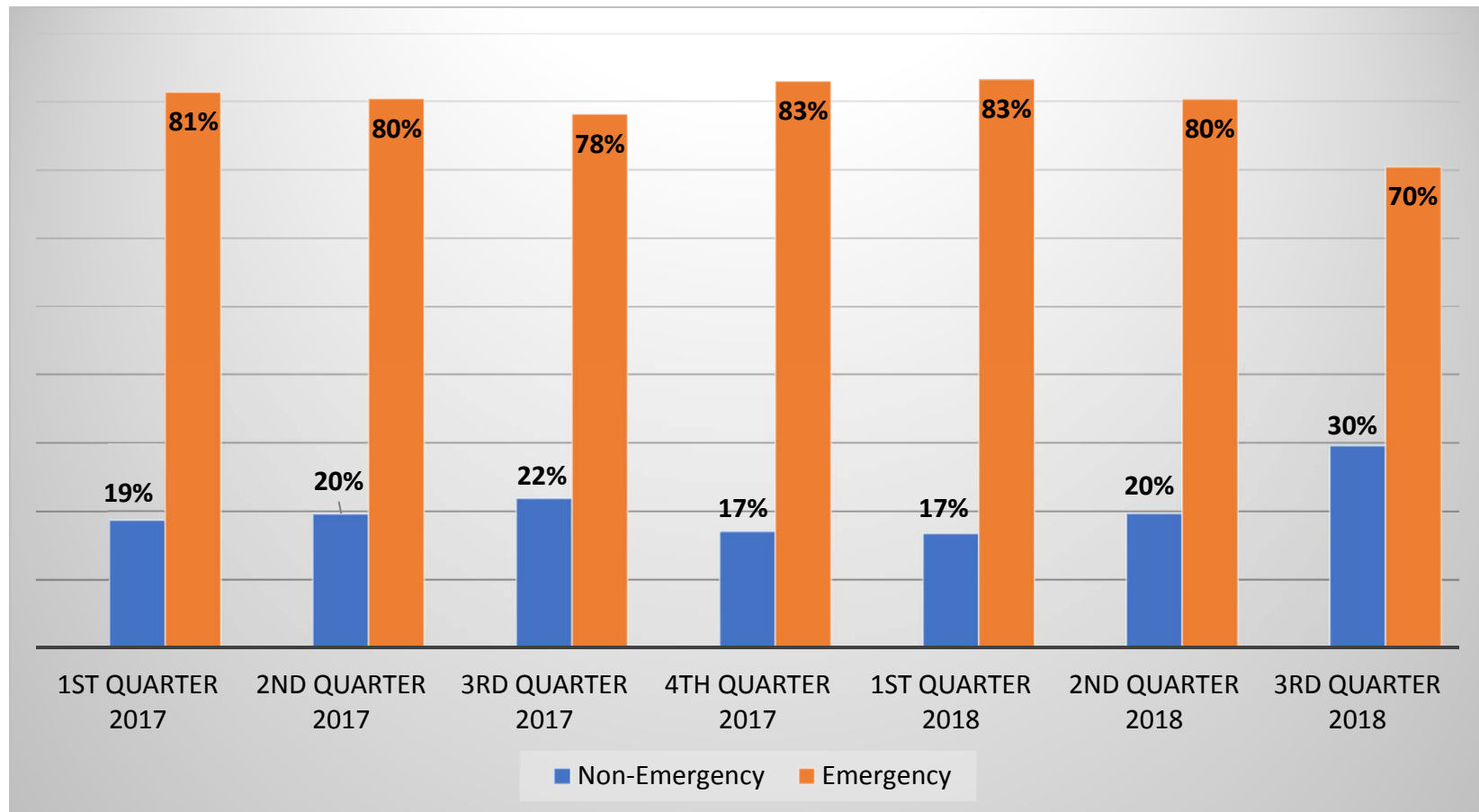
Eastern Division
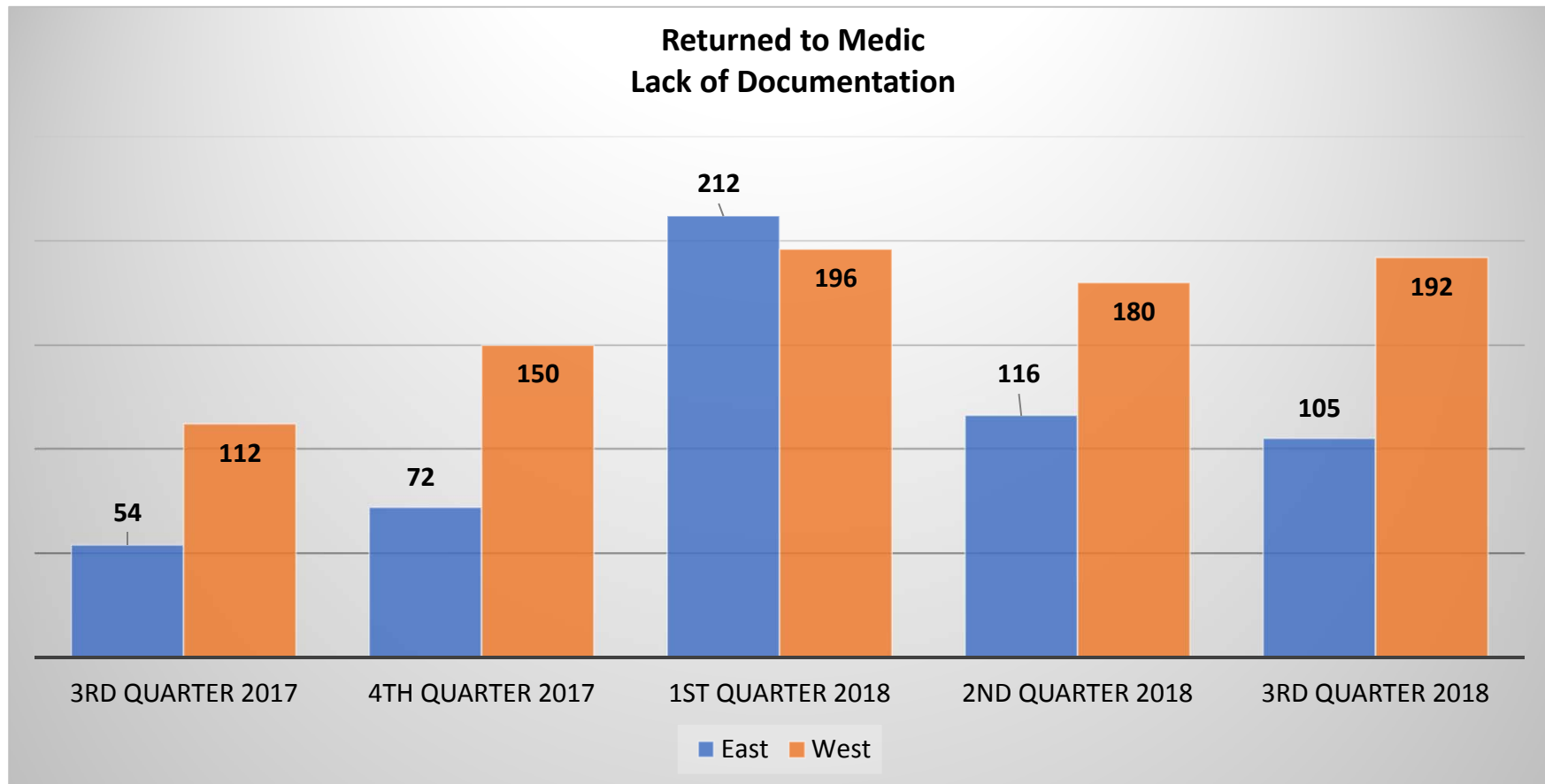# Denials due to Lack of Medical Necessity

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Western Division
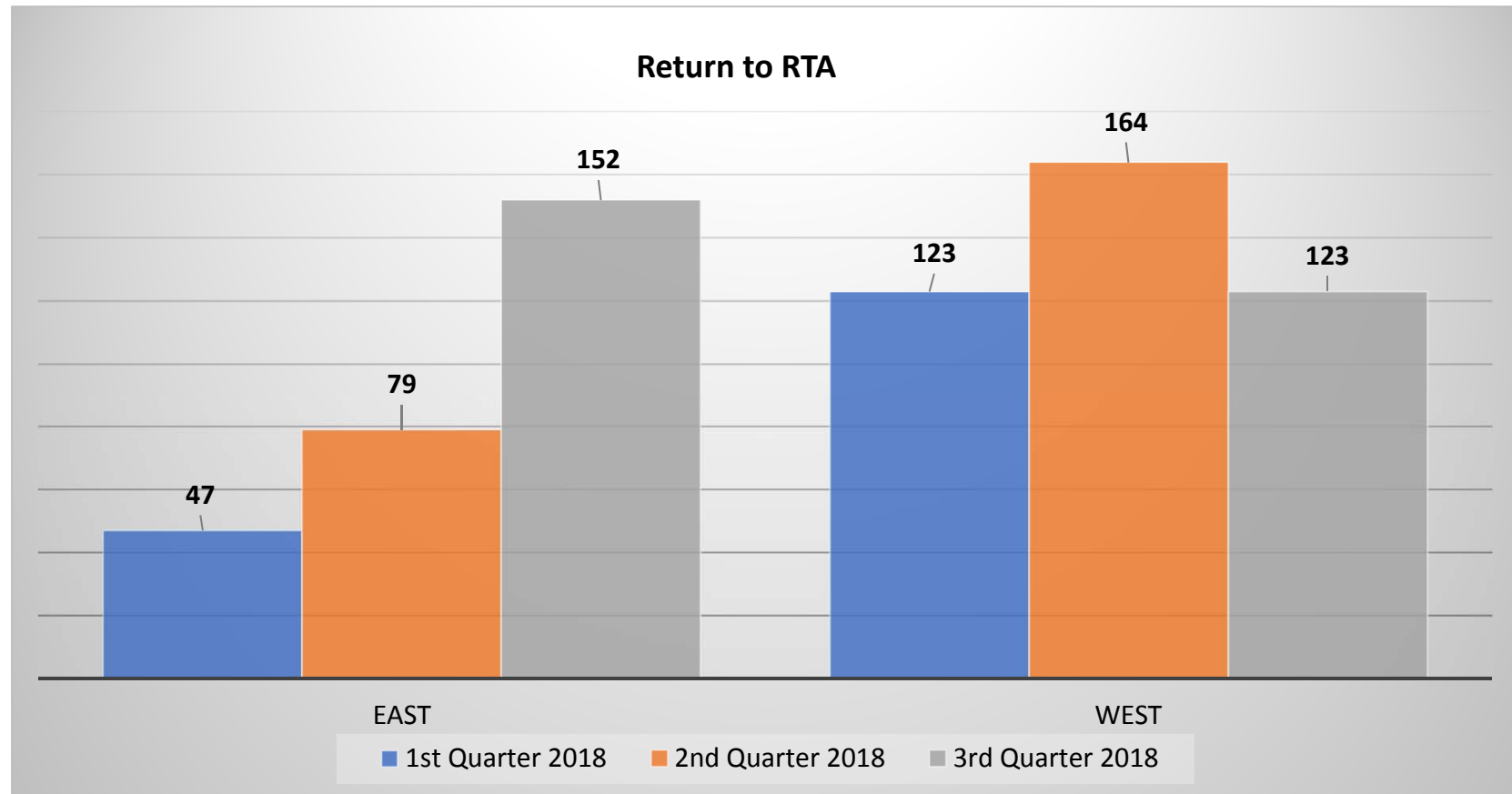# Denials due to Lack of Medical Necessity

Contractor Compliance

Return to RTA

EAST
- 47 — 1st Quarter 2018
- 79 — 2nd Quarter 2018
- 152 — 3rd Quarter 2018

WEST
- 123 — 1st Quarter 2018
- 164 — 2nd Quarter 2018
- 123 — 3rd Quarter 2018

Legend: ■ 1st Quarter 2018 ■ 2nd Quarter 2018 ■ 3rd Quarter 2018

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Contractor Compliance

H.4.   **Records**

- The minimum information required on a patient care form in order for it to be accepted by EMSA includes either
  (1) a correct name or

  (2) a correct social security number with a correct date of birth.

- Every ePCR must have a correct patient address or a correct patient telephone number; and, the signature of the patient or responsible party or a clearly stated reason why the patient is unable to sign.

- *EMSA* will deduct from the contractor's payment $350.00 for every ePCR that is not accurately completed (as described above)

- ePCR electronically submitted to EMSA within five (5) days of the date of service.

- If *EMSA* should have to return an ePCR to the contractor because the information provided is insufficient for billing, the contractor will have three (3) business days to return the ticket to *EMSA* or five (5) days after the date of service, whichever is later.

Fines (October 2017-September 2018):
Eastern Division: $24,500.00
Western Division: $143,850.00

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Coding and Billing Audits

As part of regular compliance monitoring, data is collected each quarter per the Coding Compliance Plan. The internal audit reviews modifiers, billing levels, and diagnosis coding.

Modifier Accuracy	Billing Level	Diagnosis Coding
• Coder 1: 100%	• Coder 1: 100%	• Coder 1: 95%
• Coder 2: 100%	• Coder 2: 100%	• Coder 2: 100%
• Coder 3: 98%	• Coder 3: 100%	• Coder 3: 96%
• Coder 4: 98%	• Coder 4: 98%	• Coder 4: 98%
• Coder 5: 98%	• Coder 5: 100%	• Coder 5: 100%
• Coder 6: 100%	• Coder 6: 96%	• Coder 6: 100%

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Facility Contracts

Facility/Provider Contracts For Transport		
	Sent	Executed
HOSPITALS	45	14 (Additional 6 Under Review)
LTC/SNF	51	10
HOSPICE	44	9

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Contracts

Service Agreements
- Verkada: Web enabled Security cameras
- G & G Lawn and Landscape: Eastern Division lawn and landscape maintenance (replacement)
- D & S Paving: Eastern Division paving repair
- Thyssen Krupp: Eastern Division elevator inspection and maintenance
- Republic Service: Western Division Waste Management (renewal)
- Taylor Commercial Cleaning: Eastern Division cleaning services (replacement)

Professional Service Agreement
- K. Torrence
- Saxum: Crisis Communication

Lease Agreements
- JLB Properties – Edmond Hub
- Vacate Bixby Hub: Eastern Division

MOU
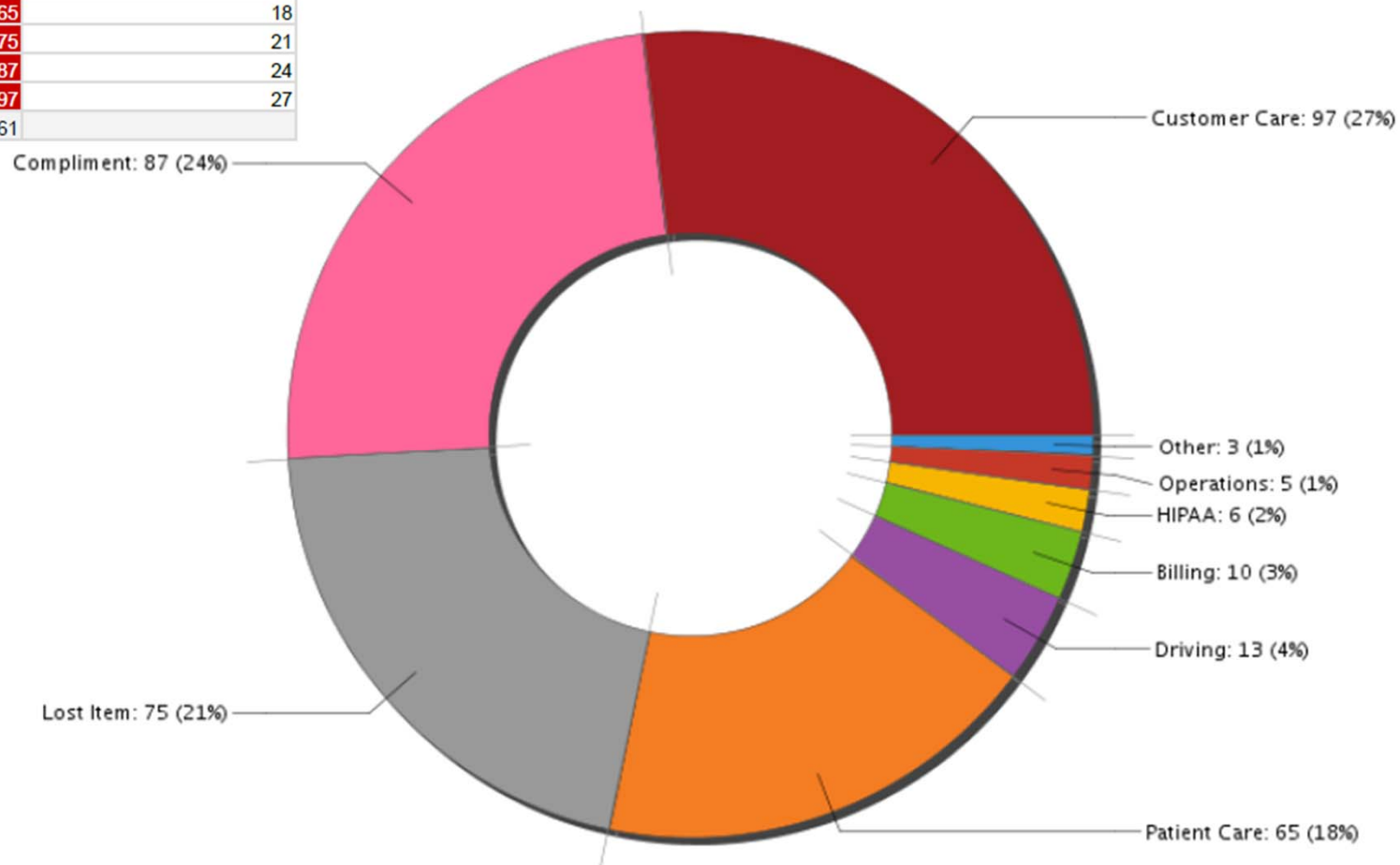- Oklahoma Office of Homeland Security

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Case Type Year to Date Report

Breakdown of Report Type Calendar Year to Date

Case Type	Count Case Number	% of Total of Case Number
Other	3	1
Operations	5	1
HIPAA	6	2
Billing	10	3
Driving	13	4
Patient Care	65	18
Lost Item	75	21
Compliment	87	24
Customer Care	97	27
	361	

Complaints

Customer Care: 97 (27%)
Other: 3 (1%)
Operations: 5 (1%)
HIPAA: 6 (2%)
Billing: 10 (3%)
Driving: 13 (4%)
Patient Care: 65 (18%)
Lost Item: 75 (21%)
Compliment: 87 (24%)

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Grants

- Trauma transfer and Referral Center (TReC)
  - Sub-Awardee contract with the Oklahoma State Department of Health
  - $356,700.00 (07/01/2018 – 06/30/2019)
    - Salary and Fringe of TReC employees responsible for the facilitation or transport/transfer of trauma and emergency patients per O.S. 63-1-2530.8
  - 14 Month Limited Scope Audit completed 10/2018

- Regional Medical Response System (RMRS)
  - Sub-Awardee contract with the Oklahoma State Department of Health
  - $826,402.00 (07/01/2018 – 06/30/2019)
    - Activities associated with strengthening and enhancing the capabilities of the public health and medical system's ability to respond to evolving threats and public health emergencies.

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HIPAA

- Worked with OMD to create a policy guided for them.

- Medic taking home a tablet.

- Increased Crime Coverage.
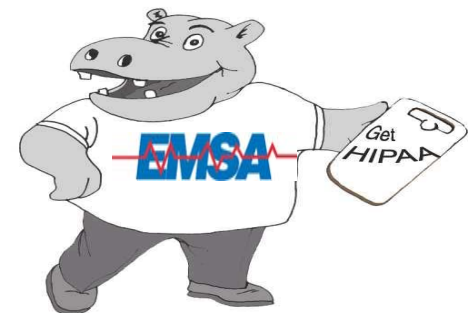
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Release of Information Request

Eastern and Western Division

(October 1st, 2017 to September 30th, 2018)

3,440 Releases

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HIPAA Security

- Sent out emails reminding team members how to sent PHI Confidential.

- Phishing incident with executive email.
  - Implemented upgraded email security the Office 365
  - Implemented new monitoring tools
  - Implemented geographic login blocking
  - Implemented know bad IP address blocking

- Security Audit – TrueDigital Security
  - External perimeter is secure and hardened
  - Internal findings indicate some hardening needed in Active Directory and password strength

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HIPAA Security

- Implemented new Next Generation Firewall/Security Appliance
  - Better control of data flow outside of the organization.
  - Geographic blocking of data both incoming and outgoing.

- Implemented Single Sign On for Network and Office 365
  - This allows improved password strength and password changing requirements.

- Sent out four Cybersecurity awareness emails to team members.
  - Covered Phishing and general cybersecurity topics.

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Human Resources

- Review Job Description and Suggested Interview Questions for an IT Professional.

- Numerous and Continued FMLA Guidance.
  - Review Medical Certification from Healthcare Provider.
  - Evaluate Potential ADA Reasonable Accommodation Request
  - Draft Correspondence Regarding Potential Accommodation

- Review Job Description for Potential FLSA Exemption for Accounting Position.

- Review and Provide Guidance on an Employee's Disciplinary Personnel Record Who Transitioned from AMR to EMSA.

- Provided Guidance Regarding the Need to Screen Board Members for OIG Exclusion.

Human Resources

- Guidance on Specific Team Member Termination.

- EMSA Employment Application Review for Compliance with all Federal and State laws.

- Reviewed the Inclement Weather Policy.

- Reviewed the Dress Code Policy.

- Employee Longevity Award Plan Legal Policy. OSHA 300A Log Posting Requirements.

- Contract Union Grievance for Change in Working Conditions.

- Gender Neutral Bathrooms.

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Human Resources

Team Members
- New Hires: 10
- Terminations: 15

Policy and Procedures

- Administrative Leave

- Military Leave

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Patient Financial Services

- Completed RFP for Collection Agency.

- New Collection Agencies in Place April 2018.

- Implemented Billing Pro on the front end for pre-verifying.

- Worked with Solutions Group in scrubbing self-pays to find additional insurance prior to sending first statement.

- Sent files to Werfel and Werfel for outside billing review.

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Other Compliance Items

- Completed Medicaid Recertification.

- Completed Yearly Compliance with the Deficit Reduction Act of 2005 for Medicaid.

- Completed Update to 855 Medicare Certification with updated positions and new ambulances.

- 3% Increase for Medicaid.

- CPE Passed by the Oklahoma Legislatures.
  - A statutorily recognized Medicaid financing approach by which a governmental entity, including a governmental provider (e.g., county hospital, local education agency), incurs an expenditure eligible for FFP under the state's approved Medicaid state plan

- Medicare Extenders extended for 5 Years.

- Medicare Cost Reporting begins 2020-2024.

- Healthchoice to Increase their allowable for 2019.

- International Academies of Emergency Dispatch Re-Accreditation.

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EMSA Compliance 2019

- **Development of a Compliance Workplan**
  - Objective 1: Manage a compliance program that reflects the Mission, Vision and Values of the organization.
  - Objective 2: Efficiently direct compliance efforts in a way that reduces agency risk and vulnerability; and improves overall compliance program effectiveness.

- **Workplan Components**
  - Conduct an annual program analysis
  - Conduct an organizational Risk Assessment
  - Develop and deploy a strategy to measure program effectiveness and monitor outcomes.

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EMSA Compliance 2019

- Prepare and Complete CAAS Accreditation.
- Continue Development of the Policies and Procedure Process.
- Continue work on making the purchasing process electronic and efficient.
- Continue to focus on EMSA's Contracting process.
- Securing insurance for fraud and abuse.

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Compliance Hotline
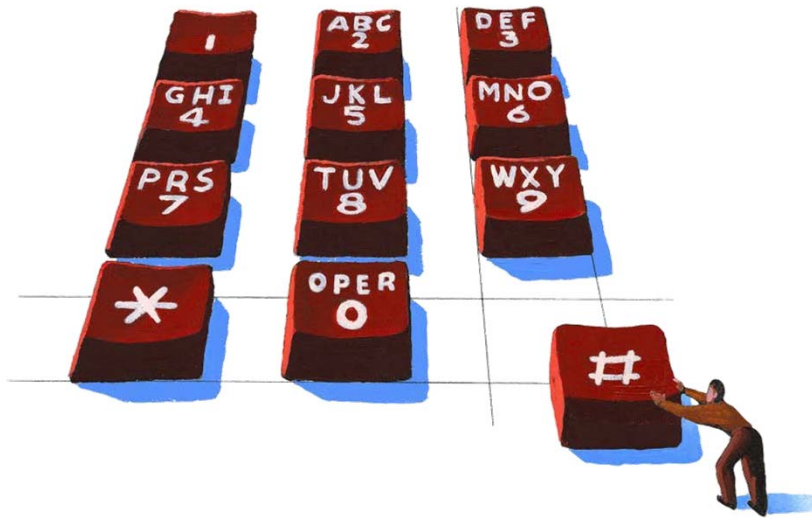
(877) 874-8416

- *It's toll free*

- *Available 24/7*

- *Anonymous*

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Compliance programs keep you on track