

Establishing a Compliance Plan for Ambulance Services

An increasing number of suppliers are talking about the development and implementation of a compliance plan. However, evidence suggests that many of these programs are in their infancy. Before the new year begins, this will be a great opportunity to establish, or make necessary updates to your established Compliance Plan. EMS|MC would like to provide a breakdown of the arduous process into practical steps to make your agency more compliant.

While there has been ongoing discussion of a required **Compliance Program**, the program remains voluntary at this time. **The purpose of a strong Compliance Program is to establish safeguards within your agency to prevent the submission of erroneous claims and guard your agency against fraudulent and abusive conduct.**

The Office of Inspector General (OIG) published program guidance to assist ambulance providers in developing their own strategies for complying with federal health care program requirements. The OIG has designated the following seven elements of an effective **Compliance Program**:

Elements of a Compliance Program

1. Development of Compliance Policies and Procedures

Written policies and procedures allow the agency to develop consistent business practices that are researched for compliance, reviewed and revised periodically and distributed to all employees. A written code of conduct should be provided to all employees on an annual basis that reflects the ambulance provider's commitment to compliance and addresses specific areas of potential risk. A best practice is to require all employees to sign to acknowledge receipt of the Code of Conduct.

Examples of Written Policies and Procedures:

- PCR Documentation Policy
- ALS Assessment Policy – written protocols for dispatch and treatment (i.e. EMD)
- Bad Debt Collection Procedures
- Contractual Arrangements with Facilities
- Financial Hardship Policies
- Beneficiary Signature Authorizations
- Physician Certification Statements
- Sanction Screening Policy

2. Designation of a Compliance Officer

The ambulance provider should designate a compliance officer charged with the responsibility for operating and monitoring the organization's compliance program. The compliance officer should be a high-level individual in the organization who reports directly to the organization's upper management. It is of the opinion of the Office of inspector general (OIG) and department

of justice (DOJ) to not include the compliance officer duty within or reporting to a legal representative or a legal department.

The responsibility of the Compliance Officer may include, but are not limited to:

- Establishing a Compliance Plan, including periodic reviews and revisions as regulations are updated
- Conducting Regularly Scheduled Compliance Training and Education
- Acting as Point of Contact for Compliance Related Complaints
- Providing Quality Assurance Reviews

3. Education and Training Programs

A key element of a compliance program should be regular training and education of employees and other appropriate individuals. Training content should be tailored appropriately and should be delivered in a way that will maximize the changes that the information will be understood by the target audience.

Training and education programs should be scheduled regularly with mandatory attendance by all employees. The training programs should be tailored to the individuals and their job responsibilities with cross training available as necessary. The Compliance Officer should track attendance and comprehension by retaining all training materials, sign-in sheets and testing results.

In addition to the Clinical Education and Training programs, EMS|MC suggests ongoing documentation and compliance education for all employees. The EMScholar program, EMS|MC's proprietary education portal, is designed to allow employees to complete this training online at their own pace, provides comprehension testing after each module and provides the Compliance Officer with reporting to ensure completion.

Examples of Training Programs by Job Responsibility:

- Field Personnel – Patient Care Report Documentation
- Supervisory Staff – Quality Assurance Process, Policies for Data Collection
- Management – Contracting and Business Arrangements
- Billing Staff – Proper Coding, Reimbursement, Payor Regulations, Bad Debt Collections, Financial Hardship Policies
- Facilities – SNF Consolidated Billing, Hospital PPS, HIPAA Exchange of Information

4. Internal Monitoring and Reviews

Appropriate monitoring methods are essential to detect and identify problems and to help reduce the future likelihood of problems.

Many ePCR programs offer a Quality Management tool or module to assist EMS Agencies in the quality assurance process. The Compliance Program should provide realistic goals to include the number of reports that will be reviewed. For example, a statement that 100% of all EPCRs will be reviewed for quality assurance may be an unrealistic goal when the staff is only able to successfully complete a much lower percentage.

The results of the quality assurance process should be utilized in identifying problem areas and developing training and education programs to provide specific training in those risk areas. An independent audit is often used as source to determine the effectiveness of your internal monitors and review and is repeatedly recommended by the OIG.

5. Responding Appropriately to Detected Misconduct

Ambulance providers should develop policies and procedures directed at ensuring that the organization responds appropriately to detected offenses, including the initiation of appropriate corrective action. An organization's response to detected misconduct will vary based on the facts and circumstances of the offense. However, the response should always be appropriate to resolve and correct the situation in a timely manner. The organization's compliance officer and legal counsel in some circumstances should be involved in situations when serious misconduct is identified.

The Compliance Officer should investigate any complaint to include a written documentation of the complaint, the result of any research, and the response to the individual complainant. A specific time frame for review and follow up should be established and shared with employees for training purposes. If a misconduct is identified, changes should be made to the policy and procedure, training and education should be provided to the employees and a specific follow up process to ensure future compliance.

To mitigate risk, it is recommended you prepare a risk assessment. Your priorities should be focus around the top compliance high-risk areas as cited by the DOJ and OIG. It is also important to survey your staff to determine areas of concern. The DOJ reported 93% of its civil fraud cases came from whistleblowers alleging violations.

6. Developing Open Lines of Communication

Ambulance providers should create and maintain a process for receiving and processing complaints and to ensure effective lines of communication between the compliance officer and all employees. Procedures should be adopted to protect the anonymity of complainants, where their desire is to remain anonymous, and to protect whistleblowers from retaliation.

Employees should be reminded of an open-door policy in which the employee feels comfortable reporting suspected behavior to their supervisor, any member of management and/or the

Compliance Officer. The employees should be encouraged to share their concerns without fear of retaliation. Generic email addresses (EMS|MC utilizes hipaacompliance@emsbilling.com), complaint boxes located in strategic locations, and anonymous hotlines provides multiple reporting methods.

7. Enforcing Disciplinary Standards

Ambulance providers should implement disciplinary standards and adhere to the written standards with no deviation as to how they are written. The standards are to be written clear and concise to not allow for interpretation. While other employees aren't privy to the disciplinary action, lapses and legal missteps will have a disastrous impact on the culture. The defined standards can protect its people and reputation with adherence. It is recommended that person who commit violations which are negligent or reckless in nature shall be subjected to more severe sanctions. All disciplinary actions, educational, verbal, written, suspended or terminated should be documented and signed by the employee and the department head and/or supervisor and a copy of the documentation placed in the employee file. You can choose to place educational and or verbal in your personal file. It is recommended written and above be placed with your human resources department.

EMS|MC ensures our employees understand the impact and are educated when it relates to the policy. When applying a disciplinary action, it should be applied according to the policy and should be applied based on the severity and circumstance of non-compliance. The employee should be told the next level of action if non-compliance continues to occur, as well as next level when in compliance and unwanted behavior discontinues.

To learn more about how to develop a Compliance Program for your agency, please contact Kim Stanley, Chief Compliance Officer, at Kim.Stanley@emsbilling.com