CENTERS FOR MEDICARE & MEDICAID SERVICES CONTINUING EDUCATION (CMSCE)

ACA Provider Compliance Programs: Getting Started (Medicare Learning Network® (MLN) Webinar)
June 17, 2014 OR June 26, 2014

(The webinar is being offered on two different dates for participant convenience)

CE Activity Information & Instructions

Activity Information

Instructions for Continuing Education Credit

Activity Information

Activity Description:

The Medicare Learning Network® (MLN) will present a webinar to assist providers seeking to develop compliance programs as required under the Affordable Care Act (ACA). Subject matter experts will explain the policies and procedures, including internal auditing and enforcement stipulated in the ACA and a health care professional operating a successful program will offer information on best practices.

Target Audience:

This activity is designed for all Medicare providers and interested stakeholders.

Learning Objective:

After participating in this webinar, you should be able to:
- Identify the elements required for an effective compliance program;
- Recognize the benefits of a compliance program;
- Recognize the requirements for compliance program written policies and procedures, and for establishing an auditing and monitoring process;
- Identify roles and responsibilities of a Compliance Officer and committee;
- Recognize best practices for administering consistent disciplinary actions;
- Identify strategies and practices for open lines of communication in a compliance program; and
- Identify steps for putting corrective actions in place.

Participation:

Register and participate in a webinar using one of the two links below:
- June 17, 2014: https://engage.vevent.com/rt/mln~061714
- June 26, 2014: https://engage.vevent.com/rt/mln~062614

After the webinar, participants should access and complete the assessment and evaluation, per the *Instructions for Continuing Education Credit,* at the end of this document.

Speaker Bios & Disclosures:

All planners and developers of this activity have signed a disclosure statement indicating any relevant relationships and financial interests. This activity was developed without commercial support.

Julie Taitsman, MD, JD

Dr. Julie Taitsman is the Chief Medical Officer for the Office of Inspector General (OIG) under the U.S. Department of Health and Human Services. As Chief Medical Officer, Dr. Taitsman is OIG's primary resource on clinical and scientific issues and lends medical expertise to audits,

evaluations, inspections, and enforcement actions. Dr. Taitsman also leads OIG's physician education initiatives to prevent fraud, waste, and abuse.

Dr. Taitsman is a recognized expert in health care fraud and has conducted numerous training sessions to educate providers on compliance with laws and regulations to prevent fraud, waste, and abuse in the Medicare and Medicaid programs.

Dr. Taitsman earned a Doctor of Medicine degree from Brown University School of Medicine and a Juris Doctorate degree from Harvard Law School in 1998. She completed the Preliminary Medicine Residency Program at Carney Hospital in Boston in 1999 and clerked for Judge Constance Baker Motley in the U.S. District Court for the Southern District of New York from 1999 to 2000.

Dr. Taitsman has nothing to disclose.

Julie Dusold Culbertson, MPA
Julie Dusold Culbertson has served as a Program Analyst for the Department of Health and Human Services (HHS) Office of Inspector General (OIG) since July 2007.

Since joining OIG, Ms. Culbertson has contributed to evaluations in the areas of Medicare payment for home health services, chiropractic services, durable medical equipment, and antipsychotic drugs; and management oversight of HHS employee travel cards, NIH grants, Medicare provider enumeration and enrollment, and the Pre-existing Condition Insurance Program. She has been involved with cross-cutting OIG initiatives including the grant fraud workgroup and the award-winning "Take the Initiative" fraud prevention and compliance training program for health care providers.

Ms. Culbertson earned a Master of Public Administration degree from the University of Missouri.

Ms. Culbertson has disclosed that her spouse is an employee of Alliance Radiology Group.

Jacqueline Bloink, MBA
Jacqueline Bloink has been involved in health care management within the private sector since 1996. Ms. Bloink is certified in health care compliance (CHC). She is also a certified professional coder (CPC) and coder instructor (CPC-I.) Ms. Bloink enjoys writing and speaking professionally about the successes and struggles of health care compliance professionals.

Ms. Bloink has many published articles regarding health care compliance. She is also a frequent speaker for the Health Care Compliance Association. As a Director of Compliance for the largest provider group in Arizona, Ms. Bloink deals first hand with many compliance issues and is constantly designing educational programs for providers. Ms. Bloink is also a senior

consultant for private companies, where she offers expert advice to health care organizations that need assistance in the area of health care compliance.

Ms. Bloink earned a Master of Business Administration degree in Health Care Administration and Public Affairs Management from Colorado Technical University.

Ms. Bloink has disclosed that she is a senior consultant for Coding Continuum, Inc. and a member of the Audio Educators, HCCA speaker's bureau.

Continuing Education Credits Available:

ACCME Designation Statement:

The Centers for Medicare & Medicaid Services designates this live activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credit for the June 17, 2014 webinar expires June 30, 2014.
Credit for the June 26, 2014 webinar expires July 11, 2014.

IACET Designation Statement:

The Centers for Medicare & Medicaid Services (CMS) is authorized by IACET to .1 CEU(s) for this program. CEU will be awarded to participants who meet all criteria for successful completion of this educational activity.

CEU credit for the June 17, 2014 webinar expires June 30, 2014.
CEU credit for the June 26, 2014 webinar expires July 11, 2014.

Accreditation Statements

Please click here for accreditation statements

Instructions for Continuing Education Credit

Learning Management System (LMS) Instructions

In order to receive continuing education credits for the Developing a Compliance Plan webinar, you must pass the session post-assessment and complete the evaluation. The "**ACA Provider Compliance Programs: Getting Started Webinar"** continuing education post-assessments and evaluations are being administered through the Medicare Learning Network®. **Each webinar that carries continuing education credits has its own post-assessment and evaluation.**

Registering To Take a Post-Assessment

If you have previously taken Medicare Learning Network® (MLN) web-based training courses, you may use the login ID and password you created for those courses. If you are a new user, you will need to register.

To register:

1. Go to http://go.cms.gov/MLNProducts on the CMS website.

2. Under "Related Links" click on "Web-Based Training (WBT) Courses".

3. Click on a course title (not the icon next to the title) to open a Course Description Window.

4. At the top of the Course Description Window, click "Register".

5. You will be redirected to a page that instructs you to enter an e-mail address and click "Submit."

6. The screen returned will read: No account was found matching your search criteria. Please click **here** to proceed with registration. Click the word "Here" to continue with registration. After completing this registration, you will be re-directed to your home page.

To login if you already have an account:

1. Go to http://go.cms.gov/MLNProducts on the CMS website.

2. Under "Related Links" click on "Web-Based Training (WBT) Courses."

3. Click on a course title (not the icon next to the title) to open a Course Description Window.

4. At the top of the Course Description Window, click "Login."

5. Enter your login ID and password. You will be re-directed to your home page.

Finding the Post-Assessment

Once you are logged into the LMS:

1. Click on the Web-Based Training Courses link.

2. At the top of the page on the right-hand side, you will see "**Provider Compliance Programs Topic**." Scroll through the topics and select **"ACA Provider Compliance Programs: Getting Started Webinar"** and click "Search."

3. Find the title of the session you attended and click on the title.

4. Scroll to the bottom of the page. Use the radio buttons to select Certification of Completion or Certificate of Continuing Education.

5. Click the "Take Course" button. The course will appear in a new pop-up window.

Viewing Your Transcript and Certificates

1. Go to http://go.cms.gov/MLNProducts on the CMS website.

2. Click on Web-Based Training Modules link at the bottom of the page.

3. Click on the title of a course and click on Login.

4. Log in using your CMS LMS credentials.

5. To access your certificate, click on "My Homepage" in the left hand menu.

6. Click on "Transcript/Certificate."

7. Click on the Certificate link next to the course title. The course evaluation will display. Once you complete the course evaluation, your certificate will display.

Hardware/Software Requirements

[Please click here for hardware and software requirements](#)

CMS Privacy Policy

[Please click here for CMS' Privacy Policy](#)

Help

For assistance with continuing education credits, contact the CMSCE at CMSCE@cms.hhs.gov via e-mail.

Learning Management System Support

The Medicare Learning Network® (MLN) will assist participants with any issues encountered while accessing the webinar post-assessment and/or completing the evaluation via e-mail at MLN@cms.hhs.gov

Registration Assistance

Participants experiencing technical issues during the registration process for these events may contact the technical team by selecting the "support" tab at the bottom of the web page and submitting a case. This will send an email directly to the technical support team.

Provider Compliance Program Resources

"Avoiding Medicare Fraud and Abuse: A Roadmap for Physicians Fact Sheet"

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Avoiding_Medicare_FandA_Physicians_FactSheet_905645.pdf
This fact sheet is designed to provide education for physicians on understanding how to comply with Federal laws that combat fraud and abuse and ensure appropriate quality medical care. It includes information on identifying "red flags" that could lead to potential liability in law enforcement and administrative actions.

"Basic Medicare Information for Providers and Suppliers Guide"

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Basic-Medicare-Information-for-Providers-and-Suppliers-Guide-ICN005933.pdf
This guide is designed to provide education on the Medicare Program. It includes the following information: an introduction to the Medicare Program, becoming a Medicare provider or supplier, Medicare reimbursement, Medicare services, protecting the Medicare Trust Fund, Medicare overpayments and Fee-For-Service appeals, and provider outreach and education.

Compliance Program Guidance for Individual and Small Group Physician Practices

http://oig.hhs.gov/authorities/docs/physician.pdf
This section of the Federal Register includes requirements for the compliance program for individual and small group physician practices.

"Medicare Claims Review Programs: MR, NCCI Edits, MUEs, CERT and Recovery Audit Program Booklet"

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MCRP_Booklet.pdf
This booklet is designed to provide education on the different CMS claim review programs and assist providers in reducing payment errors; in particular, coverage and coding errors. It includes frequently asked questions, resources, and an overview of the various programs, including Medical Review, Recovery Audit Program, and the Comprehensive Error Rate Testing Program.

"Medicare Fraud & Abuse: Prevention, Detection, and Reporting Fact Sheet"

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Fraud_and_Abuse.pdf
This fact sheet is designed to provide education on preventing, detecting and reporting Medicare fraud & abuse. It includes definitions, as well as, information on laws, partnerships with other organizations and resources for additional information.

Medicare Learning Network® (MLN) Products

http://go.cms.gov/MLNProducts
Find all of the products developed by the MLN from this web page. Many products are available in hard copy, downloadable, and EPUB® formats.

"Medicare Program Integrity: Safeguarding Your Medical Identity Using Continuing Medical Education (CME) Educational Tool"

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SafeMed-ID-Theft-EdTool-ICN908266.pdf
This educational tool is designed to provide education to help health care professionals protect their identity. It includes a list of websites and other resources related to Medicare and Medicaid medical identity theft.

MLN Connects™ National Provider Calls

http://www.cms.gov/Outreach-and-Education/Outreach/NPC/index.html
MLN Connects™ National Provider Calls (MLN Connects Calls) are educational conference calls conducted for the Medicare provider and supplier community that educate and inform participants about new policies and/or changes to the Medicare Program.

MLN Connects™ Provider Association Partnerships

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Partnership/index.html
The MLN Connects™ Provider Association Partnership is an opportunity for national health care provider associations, federations, organizations, and societies representing health care providers and support staff to keep their members informed of the latest CMS news, educational opportunities, and program/policy information.

MLN Connects™ Provider eNews

http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html
The MLN Connects™ Provider eNews is a weekly, electronic publication for health care providers featuring news and information such as CMS program and policy details, updates and announcements, and National Provider Call and other event reminders.

MLN Catalog

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf
The MLN Catalog is a free downloadable document that lists all MLN products. Products include web-based training courses, fact sheets, guides, and more.

MLN Matters® Articles

http://go.cms.gov/MLNMattersArticles
MLN Matters® articles are national articles helping providers understand new or changed Medicare policy. From this web page, providers can search through these articles by year.

MLN Provider Compliance

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html
This web page contains educational products that inform health care professionals on how to avoid common billing errors and other improper activities when dealing with various CMS programs.

Office of Inspector General (OIG) Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training

http://oig.hhs.gov/compliance/provider-compliance-training/index.asp
This web page features compliant training videos, audio podcasts, and presentation materials including Health Care Compliance Program Tips and Operating an Effective Compliance Program.

Provider Electronic Mailing Lists

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MailingLists_FactSheet.pdf
Visit the "Centers for Medicare & Medicaid Services (CMS) Electronic Mailing Lists: Keeping Health Care Professionals Informed" fact sheet to learn how to subscribe to electronic mailing lists.

Review Contractor Directory - Interactive Map

http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map
This interactive map includes contact information for the Medicare Administrative Contractor (MAC) in each state.

Web-Based Training (WBT) Courses

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining.html
The MLN WBT courses provide information on a broad range of CMS topics for health care professionals and their staff. Many of these courses offer continuing education credits.

Provider Compliance Program Core Elements Checklist

1. Written Policies, Procedures and Standards of Conduct

- ☐ Clearly written and describe expectations in detail
- ☐ Include detailed "code of conduct" and reporting mechanisms
- ☐ Policies include compliance staff roles and responsibilities
- ☐ Procedures show training plans and operational details of the program, including interactions with other departments
- ☐ Readily available to all employees
- ☐ Reviewed by employees within 90 days of hire and annually
- ☐ Regularly reviewed and updated

2. Compliance Program Oversight

Compliance Officer/Committee Duties:
- ☐ Develop and/or review policies and procedures that implement the compliance program
- ☐ Attend operations staff meetings
- ☐ Monitor compliance performance by operational areas
- ☐ Enforce disciplinary standards, ensuring consistency
- ☐ Implement system for assessment of risk
- ☐ Develop auditing work plan
- ☐ Review auditing and monitoring reports
- ☐ Coordinate with Human Resources
- ☐ Monitor effectiveness of corrective actions

Compliance Officers/Committee Authority:
- ☐ Interview employees
- ☐ Review collected data
- ☐ Seek advice from legal counsel
- ☐ Report potential fraud, waste, and abuse within the organization

3. Training and Education

- ☐ Conduct general compliance training to all employees, managers and supervisors that effectively communicates compliance program requirements, including the company's code of conduct
- ☐ Conduct initial training for new employees at or near the date of hire
- ☐ Conduct annual refresher compliance training that re-emphasizes the code of conduct and highlights compliance program changes
- ☐ Include compliance scenarios and/or investigations of non-compliance
- ☐ Communicate compliance messages using training methods such as posters, newsletters, and Intranet communications

4. Opening the Lines of Communication

- ☐ Establish an "Open Door" policy established with compliance officer/committee
- ☐ Compliance staff answers routine questions regarding compliance or ethics issues
- ☐ Make several methods available for employees to report compliance issue (for example, in person, electronically, or by anonymous drop box or toll-free hotline)

5. Auditing & Monitoring

Auditing & Monitoring System:
- ☐ Include internal monitoring and audits and external audits, as appropriate
- ☐ Monitoring occurs on a regular basis during normal operations and is performed by staff
- ☐ Auditing is performed at least annually, or more frequently, as appropriate
- ☐ Auditing includes written reports containing findings, recommendations, and proposed corrective actions
- ☐ High-risk areas are audited regularly

Risk Assessment:
- ☐ Includes areas of concern
- ☐ Identifies risk levels (for example, high, medium, or low)
- ☐ Results are included in monitoring and auditing work plans

Monitoring and Auditing Work Plans:
- ☐ Outline monitoring/auditing specifics
- ☐ Based on results of risk assessment
- ☐ Include a process for responding to results
- ☐ Include corrective actions (for example, repayment of overpayments or disciplinary action against responsible employees)

Written Policies and Procedures Regarding Response to Detected Offenses:
- ☐ Outline a plan of how internal investigations should be conducted
- ☐ Identify a time limit for closing an investigation
- ☐ Include options for corrective action
- ☐ Include when to have an investigation performed by an outside, independent contractor
- ☐ State how and when to refer an act of non-compliance to CMS or law enforcement authorities

6. Consistent Discipline

- ☐ Clearly written
- ☐ Describe expectations as well as consequences for noncompliant, unethical, and illegal behaviors
- ☐ Include sanctions for non-compliance, failure to detect non-compliance when routine observation should have provided adequate clues, and failure to report actual or suspected non-compliance
- ☐ Reviewed with staff regularly (at least yearly)
- ☐ Dealt with timely and enforced consistently

7. Corrective Actions

- ☐ Conducted in response to potential violations (for example, repayment of overpayments or disciplinary action against responsible employees)