

## **I. PURPOSE**

The objective of the Compliance Program is to promote and ensure compliant conduct and correct business practices.

## **II. POLICY**

It is Armstrong's mission to act ethically, legally, and to document and bill for EMS services correctly and in accordance with all laws and regulations. Staff members are also expected to respect private and confidential information and to adhere to HIPAA regulations.

Patient Accounts Compliance Plan: The Compliance Plan was implemented in January 2009. The plan will be amended from time to time. The Patient Accounts Compliance Plan applies to:

- Billing, Collections, and HIPAA issues,
- All Patient Accounts Department staff members

This Compliance manual intended to reference the compliance principles and organization, to update, address and explain all requirements and processes at Patient Accounts Department.

For more information, compliance questions or problems, contact the Chief Executive Officer, Richard Raymond, 87 Mystic Street, Arlington, MA 02474.

## **III. SCOPE**

The Compliance Program is intended to apply to all medical coders, processors, collectors, administrative staff and any other person or persons involved in the ambulance billing for Armstrong.

In addition, the Patient Accounts Compliance Program and this manual covers polices on patient privacy and compliance, which apply to every employee of Armstrong.

## **IV. CODE OF CONDUCT**

The basic principles of the code of Conduct are:

1. Be honest and ethical.
2. Be efficient. EMS billing documentation should be accurate, complete and timely.
3. Honor confidences. Patients rightfully expect that their private medical information will be handled in an appropriate and discrete manner. Confidential information concerning Armstrong and its clients should also be protected.
4. Report conduct that concerns you. If you believe that an activity may be unethical or otherwise troubling, you should report it. You may report to your supervisor.

## **V. ENFORCEMENT**

Any individual's failure to comply with the code of conduct may result in disciplinary action, up to and including termination.

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### VI. FRAUD AND ABUSE

To assist employees of Armstrong in preventing the submission of false claims or engaging in unlawful conduct involving Federal and State health care programs.

Federal and state laws extensively regulate health care activities to prevent fraud and abuse. Fraud is defined as "obtaining or attempting to obtain payments by dishonest means with intent, knowledge and willingness." Abuse is defined as "medical or billing practices that are inconsistent with acceptable medical standards." Areas considered as potentially abusive include:

1. Incorrect billing to Medicare, Medicaid and commercial carriers.
2. Increasing charges to Medicare patients and not others
3. Submitting claims for non-medically necessary services.

The Office of the Inspector General ("OIG") of the U.S. Department of Health and Human Services is responsible for protecting the integrity of Federal health care programs, including Medicare and Medicaid. To help health care providers prevent erroneous claims for payment by these programs, the OIG has identified risk areas where providers may be vulnerable to fraud and abuse. The risk areas for Include:

1. Billing for services not rendered or not provided as claimed;
2. Billing for services not documented;
3. Billing for non-covered services as if covered;
4. Submitting claims for services that are not reasonable and necessary and;
5. Inadequate resolution of overpayments:

### VII. AUDIT PROCEDURE

Armstrong will conduct the following types of audits.

1. Billing Review Audits- Conducted by the Patient Accounts Manager as a matter of routine compliance activity. These reviews consist of a ten percent sample of all claims billed each month of the quarter.
2. HIPAA Compliance Audits- Conducted on an ongoing basis to assure compliance with the privacy rules and regulations.
3. Investigative Audits- Conducted when an issue is brought to the attention of the Chief Executive Officer or discovered during a routine Billing Review Audit. This can consist of a review of Trip sheets to ensure proper coding on claims, History of account to determine proper billing and timely filing, etc. Reports of outcomes are shared with all members of the Patient Accounts Department and the CEO.

### VIII. CORRECTIVE ACTION

At the discretion of the Chief Executive Officer, non-compliant practices discovered shall be addressed and corrected by the Performance Improvement Plan or discipline. The Performance Improvement Plan will be directed towards educating the person responsible for the non-compliant action. The Chief Executive Officer is responsible for the subsequent monitoring of the Plan and related activity.

**IX. EMPLOYMENT SCREENING**

Armstrong abides by federal requirements pertaining to the employment of persons who have been sanctioned by the United States Government or excluded from participation in federal programs.

Federal law prohibits certain individuals from participating in Federally-funded health care programs. Individuals can be excluded for conviction for program related fraud, licensing board actions and default on Health Education Assistance Loans. Under this law, the Office Inspector General of Department of Health and Human Services (the "OIG") has established a program to exclude individuals in violation of sections 1128 and 1156 of the Social Security Act and maintains a list of all currently excluded parties call the List of Excluded Individuals/Entities (LEIE). The list is available at:

<http://www.oig.hhs.gov/fraud/exclusions/listofexcluded.html>.

Armstrong will not employ those individuals who have been barred from participating in Federal health care programs. In addition, Armstrong will not continue to employ staff who appear subsequently on sanction lists after the commence employment and become barred from participating in Federal health care programs.

Procedure:

Upon notification of impending new hire (by email from hiring contact) the following steps must be followed:

1. Search the OIG- List of Excluded individuals/ Entities at the following web site:  
<http://www.exclusions.oig.hhs.gov/>
  - a) Up to five individuals can be searched at one time
  - b) If results are NEGATIVE: exit web site, notify hiring contact in email
  - c) If results are POSTIVE: the following actions must be completed
    - i) Call hiring contact and obtain the New Hire's social security number (SS#) and date of birth (DOB)
    - ii) Enter SS# and DOB, in List of Excluded Individuals/Entities.
    - iii) If results match, notify hiring contact that this individual may not be hired by Armstrong.

Once cleared for hire, new employees must attend a New Hire Compliance training session within the first thirty (30) days of employment.

Monthly Review

Armstrong will perform a monthly screening of lists maintained by the OIG to ensure that they are still eligible to bill the federal and state programs. Employees who have been barred will be terminated from employment.

**X. EDUCATION AND TRAINING**Training for New Hires

New hires who bill for EMS services are required to receive billing compliance training within the first 30 days of employment.

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### Ongoing Training for Billing Staff

Each employee is responsible to attend any meetings or training sessions related to changes to the compliance policy or any State or Federal laws.

## XI. DEPARTMENTAL COMPLIANCE RESPONSIBILITIES

The Patient Accounts Manager must review and prepare a plan to address compliance efforts or issues. Before becoming effective, such plans should be reviewed by the CEO to ensure consistency with overall policies. If there are concerns about the content of departmental plan, the CEO should consult with the management team to explore whether the plan can be modified through mutual agreement.

The departmental implementation plan should at a minimum include the following

1. Written policies and procedures for billing activities undertaken by department personnel;
2. Educational and training programs to address billing issues of particular importance to the department;
3. A system for ensuring, and documenting, that all new personnel, receive training with regard to proper billing;
4. An audit plan for departmental billing to review compliance, with results of such audits being reported to the CEO; and
5. An annual review of the existing compliance plan in order to identify the need for changes and to identify specific compliance objectives during the succeeding year.

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**CONTACT / DEPARTMENT:** Patient Accounts Director  
**REFERENCES:** Employee Corrective Action Report  
**REVISION LEVEL:** 03  
**REVISION DATE:** MARCH 26, 2015  
**REVIEW SCHEDULE** ANNUAL  
**APPROVED BY:**



Richard Raymond, CEO