Foot Center of New York Compliance Plan

Introduction

The Foot Cent of New York (FCNY) Corporate Compliance Plan (Plan) was initially established following the United States Department of Health and Human Services (DHHS), Office of Inspector General (OIG) draft compliance program guidance published in the Federal Register dated May 23, 2000. That plan reflected design elements, standards, policies, and procedures, under development at that time, by the DHHS, OIG.

In September 2000, the DHHS, OIG published the final version of the Compliance Program Guidance for group practices, clinics, and individual physicians (Federal Register, Volume 65, No.113 Pages 36818-36835). In November 2000, the FCNY adopted the final version of the OIG model compliance plan this included all changes, modifications, and clarifications and served to complete the compliance plan cycle, from the initial but preliminary draft, to the final published version and meets all federally established criteria.

In 2006, New York State passed new legislation, Chapter 442 of the Laws of 2006 which established the New York State Office of the Medicaid Inspector General (OMIG), in statue, and also created a new Social Services Law, Section 363-d that mandated and required Medicaid providers to develop and implement compliance programs aimed at detecting fraud, waste, and abuse in the Medicaid program. Providers affected include those subject to Article 28 and 36 of the Public Health Law as well as other providers where Medicaid constitutes a substantial portion of their business operations.

Since the New York State mandated compliance program closely followed federal compliance guidelines, it was not necessary to develop a separate and specific New York State Compliance Plan. However, to fully meet Social Services Law, Section 363-4 which requires a Medicaid compliance plan that meets State standards, and for ease of reference, this document was developed to combine federal and state compliance requirements into one consolidated program that meets both federal and state compliance criteria and guidelines.

The FCNY corporate compliance plan was initially established in November 2000, subsequently revised in October 2007 to include N.Y.S. compliance regulations, updated January, 2015, March 2019 and this edition, September, 2023.

In today's changing health care environment, Third Party payers are demanding proper billing, supported by adequate documentation of claims for services provided to insured beneficiaries. This is especially evident in relation of Federal/State health care programs, including Medicare and Medicaid.

Historically, The Foot Center of New York (FCNY) have been most sensitive to its responsibility to submit "clean claims." In this respect, our internal control system and overall culture require regular periodic reviews of claims. Indeed, we believe that our billing record reflects a pattern of not "up-coding", nor, billing for medically necessary services but rather a consistent record of "down-coding" even though the medical record supported a higher reimbursement rate.

Be that as it may, as an institution charged with public accountability, we do have a keen interest in reducing and eliminating the potential for fraud and abuse within our institution. In addition, we recognize the need to be aware and stay on top of expectations of Third Party payers. Thus, our goal is to help faculty, clinicians, staff, and students to understand Federal rules and regulations governing the Medicare and Medicaid programs.

Consequently, the Corporate Compliance Plan was designed as a general reference concerning our responsibility to protect the integrity of Federal programs by assuring that the claims we submit to Medicare and Medicaid are true and accurate.

Toward this end, we realized that our obligation is to devote a portion of our time to educating and training our staff to sharpen their awareness of the actual and potential guidance for complying with the rules related to Medicare and Federal programs.

The Corporate Compliance Plan represents the culmination of our internal deliberations and specific direction from the U.S. Department of Health & Human Services (DHHS) and the Office of Inspector General (OIG) on how, as a provider, we can most effectively improve our internal controls and establish and implement monitoring procedures to identify, correct and prevent fraudulent and wasteful activities. It contains enough flexibility to enable Medicare/Medicaid providers to tailor plans to fit their individual circumstances and oversight philosophies.

However, the very diversity, which distinguishes our plan, also makes it impossible to detail possible situations that may arise in the course of day to day administration. With this in mind, we have developed and are following the basic elements of the OIG guidance that enabled us to develop this comprehensive compliance plan tailored to our unique institution.

Furthermore, our commitment to a compliance culture is evident in a review of our "Resource Binder" which contains clear written policies and procedures that cover the following:

1. Principles of professional conduct
2. Employee hiring and retention policies
3. Medicare/Medicaid billing policies
4. Coding and billing competency and currency of clinic encounter forms
5. Medical necessity requirements and patient quality of care
6. Auditing and monitoring

MISSION STATEMENT

The Center's mission is to provide a quality, comprehensive medical program to patients seeking quality podiatric care. The clinic accomplishes the mission by striving to achieve the following goals:

1. To provide quality health and Podiatric and other medical care to patients;
2. To serve as a leading academic center for the teaching of clinical podiatric medicine and surgery;
3. To serve as a referral center for complex podiatric clinical cases;
4. To coordinate patient podiatric care with affiliated medical centers or other appropriate medical providers for the benefit of the patients;
5. To operate in accordance with the laws, rules and regulations promulgated by New York State, the standards established by appropriate accrediting bodies and other pertinent regulatory agencies;
6. To operate in accordance with the by-laws, rules and regulations promulgated by New York State, the standards established by appropriate accrediting bodies and other pertinent regulatory agencies;
7. To operate in accordance with all applicable Federal, State and local equal opportunity laws, rules and regulations;
8. To provide prevention, diagnosis, treatment and rehabilitation to our patient;
9. To make appropriate ethical referrals of our patients when in their best interest;
10. To teach podiatric medical students, residents in training, graduate podiatrist and other appropriate health professionals the state of the art Podiatric medical practice;
11. To refer any patient to appropriate health care professionals in cases that are outside the skills and specialties of our clinicians;
12. To operate so to protect the health and dignity of our patients, visitors, staff and students;
13. To provide a safe and healthy work environment for our staff, employees and students; and
14. To provide individualized, personalized patient care in a friendly, yet compassionate manner.

WRITTEN POLICIES AND PROCEDURES

The FCNY will develop and document written policies and procedures, regarding its operation of the clinic and this Plan, and its compliance with Federal and State health care program requirements.

1.1 Principles of Professional Conduct

As part of the development of written policies and procedures, the FCNY will publish, as part of the compliance plan, Principles of Professional Conduct, that cover all clinician and non-clinician personnel and covers the following:

A) Ethical high quality services that comply with federal and state law
B) Respect and fairness in the workplace
C) Understanding, avoiding and reporting conflicts of interest
D) Safeguarding the confidentiality of information
E) Observing safety and security rules

1.2 Written Policies and Procedures

Written policies and procedures should cover, at a minimum, the following *key* areas

A) Federal and State health care requirements (Medicare-Medicaid) regarding fully and legibly documents patient services that are reasonable and medically necessary.
B) Claims intake procedures, as well as coding and initial claims review processes prior to billing.

These written policies and procedures are to be reviewed periodically and revised, as necessary, to ensure currency. New standards should be developed as needed and recommendations made to the Board of Directors.

DESIGNATION OF A COMPLIANCE COMMITTEE

The FCNY utilizes the Administration of FCNY, including the Clinic Administrator, Medical Director, and Chief Operating Officer who are charged with the responsibility for the management, monitoring and oversight of the Compliance Program.

2.1 Duties of the Clinic Administrator of FCNY

The Clinic Administrator (or designee) is responsible for day to day compliance activities and serves as the focal point and liaison for the Board of Directors and top management of the clinic. The Clinic Administrator or designee ensures that:

A) Current and relevant policies and procedures are in effect.
B) Employee compliance training and education programs are developed.
C) Monitoring and internal auditing takes place, and
D) Investigations of alleged inappropriate activities are initiated, taking all steps to assure the continued viability of the compliance program.

2.2 Corporate Compliance Committee

The Clinic Administrator or designee will organize an ad hoc Corporate Compliance Committee, when needed, to assist in the ongoing development and implementation of Corporate Compliance program activities. Membership will be cross-functional, and include the Clinic Administrator, and other designated staff and will coordinate resources to discharge compliance related responsibilities.

2.3 Board of Directors

The Clinic Administrator, or Medical Director, or Chief Operating Officer will report to the Board of Directors on the status of the compliance program and report compliance related issues that may require disclosure to the government.

EDUCATION AND TRAINING PROGRAMS

The FCNY will develop and provide periodically scheduled compliance training and education programs to all employees and staff with particular emphasis on professional standards. Training is to be delivered in a manner that maximizes the likelihood that the target audience can fully understand its content, relevance, and importance and include the following educational focus elements:

3.1 Mission and Core Values

The FCNY has made a commitment that all staff will be given compliance education as part of its Mission and Core Values. This commitment is demonstrated by the adoption of the Corporate Compliance Program as well as the concurrent theme of quality and integrity.

3.2 Obligation to report – Non Retaliation Policy

As part of its continuing educational focus, the FCNY must ensure that all staff understands the obligation to promptly report any violation of the Principles of Professional Conduct, work rules, and other policies and procedures and any suspected illegal conduct with the full assurance that there will be no retaliation or retribution against any employee for doing so.

3.3 Executive Leadership Message

Communications materials will be developed that include a strong and unequivocal management message that includes full support for the Corporate Compliance Program and its commitment to its core values.

INTERNAL MONITORING AND REVIEWS

The FCNY will utilize reasonably designed monitoring and auditing techniques to detect fraudulent or criminal conduct by its employees or other business agents. Regular and periodic claims audit and internal monitoring on high risk and other selected billing and coding areas will be scheduled.

4.1 Auditing and Monitoring

Conduct compliance risk assessment of related FCNY business entities to evaluate potential vulnerability. Develop and implement regular periodic internal auditing and monitoring reviews to ensure that potential vulnerabilities identified through risk management assessment are corrected. Conduct regular but periodic pre-pay and/or post-pay claims audits to ensure compliance with Federal and State rules and regulations.

4.2 Regular review *of* Compliance Program

Regular and periodic reviews of the FCNY Corporate Compliance Program should take place to ensure that each basic element of the Plan is current and operating effectively.

DISCIPLINARY POLICIES – APPROPRIATE RESPONSES TO MISCONDUCT

The FCNY will develop policies and procedures directed at ensuring the organization's appropriate response to detected fraudulent or illegal activities, and, if necessary, will modify the Compliance of Program to prevent similar occurrences.

5.1 Prompt Response and Corrective Action

Identified issues are to promptly investigated, analyzed and corrected in co-ordination with legal counsel, as needed. Furthermore, executive management will be held accountable for the Development and Implementation of a Corrective Action Plan (CAP).

5.2 Internal Resources

Internal resource capability, such as, Internal Audit, Human Resources, etc. will be utilized to assist in compliance investigations as appropriate.

5.3 External Resources

As needed, outside legal counsel and/or compliance expertise will be retained to assist on a case to case basis.

5.5 Board involvement

Any compliance issue that requires disclosure to the government will be reported to the FCNY Board of Directors, prior to such disclosure, by the Administration.

OPEN LINES OF COMMUNICATION

The FCNY should develop, implement, and maintain an effective process which ensures open lines of communication between the Administration and all employees.

6.1 Open Door Policy

The FCNY should foster a policy of "openness" in the work place that renders a sense of stability and security. It should be made abundantly clear that where "complainants" desire to remain anonymous, their anonymity will be protected.

6.2 Availability of the Administration

The FCNY should foster an atmosphere of confidentiality and assurance to give employees the means with which to anonymously or confidentially report suspected violations of laws, regulations of clinic's work related rules and procedures.

6.3 Anonymous Reporting

The New York State Office of the Inspector General requires all employees to be able to report any fraud or abuse either anonymously or non-anonymously.

For non-anonymous reporting, please feel free to call/email

- Dr. Eunice Parker 212-410-8112 Eramsey-parker@nycpm.edu
- Mr. Joel Sturm 212-410-8047 Jsturm@nycpm.edu
- Dr. Michael Trepal 212-410-8067 MTrepal@nycpm.edu
- Dr. Victor Politi 516-493-1052 victor.politi@touro.edu

For anonymous reporting, you may do the following:

- Using an unidentifiable email address (non nycpm.edu email address), send your concerns to: FCNYQUESTIONS@NYCPM.EDU
- Using your cell phone or mobile device, dial *672124108112 and leave a message. By dialing *67, your caller ID will be blocked.

- Starting soon our website www.footcenterofnewyork.org under the tab "contact us", will have the ability for you to send an anonymous email from any email address.

Rev: Oct 2023

ENFORCEMENT OF DISCIPLINARY STANDARDS – NON RETRIBUTION

The FCNY will develop and publicize policies and procedures that enable it to apply and enforce its standards, work rules, and disciplinary mechanisms appropriately and consistently, when necessary. All forms of discipline will *be* case specific and proportionate to the offense, and fully documented.

7.1 Disciplinary System

Ensure that appropriate disciplinary measures are in place for violations and establish expectations that they will be consistently applied. Specific disciplinary measures will be proportionate to the severity of the offense and could range from written warnings to discharge.

7.2 Retribution

Ensure the establishment of a policy of non-retribution and retaliation against an employee for good faith reporting compliance violations.

7.3 Accountability of Superiors

Management is responsible, not only for employee compliance training, but also for the misconduct of their subordinates. Management will be instructed that their responsibilities include taking reasonable steps to prevent and detect violations of professional conduct work, rules, and other policies and procedures, and that failure to do so may result in disciplinary action.

7.4 Self-Disclosure

FCNY employees will be encouraged to self-disclose misconduct or non-compliance with established work place rules. Self-reporting would be taken into account as a mitigating

factor when considering disciplinary action, each outcome would be decided on a case by case basis.

7.5 Human Resources Policies and Procedures

As necessary, amend existing policies and procedures to support the compliance program.

CORPORATE COMPLIANCE CONTACT

An integral part of our compliance plan is that we have designated individuals with appropriate authority and responsibility and direct access to the Administration (of NYCPM) and governing body of this institution. An ad hoc compliance committee has been created. The individuals for the FCNY and the management liaison with the New York College of Podiatric Medicine are:

Michael Trepal, DPM
Dean and Vice President for Academic Affairs
212-410-8067
Mtrepal@nycpm.edu

Joel A. Sturm
COO & Vice President for Administration
212-410-8047
jsturm@nycpm.edu

Eunice Ramsey-Parker, DPM, MPH
Clinic Administrator
212-410-8012
Eparker@nycpm.edu

Victor Politi, MD
Medical Director
Victor.politi@Touro.edu

Essentially, they provide oversight and monitoring of the compliance program and has the following duties:

1. Establishing methods such as periodic audits, to improve the clinic's efficiency and quality of services, and to reduce the facility's vulnerability to fraud and abuse.

2. Developing, coordinating, and participating in a training program that focuses on the elements of the compliance program, and seeks to assure that training is appropriate and available in proper quantity and location.
3. Assuring that the HHS/OIG list of Excluded Individuals and Entities and the General Services Administration's List of Parties Barred from Federal Programs have been checked with respect to all employees, medical staff and independent contractors.
4. Ensuring that employees and practitioners know, and comply with, pertinent Federal and State statues, regulations, and standards.

Role of Compliance Contacts

Essentially, the compliance contacts have the following duties:

- Providing oversight and monitoring implementation of the compliance program.
- Establishing methods, such as periodic audits, to improve the college and clinic's efficiency and quality of services, and to reduce the facility's vulnerability to fraud and abuse.
- Revising the compliance program periodically in light of changes in the needs of the facility or changes in the law and in the policies and procedures of Government and private payer health plans.
- Developing, coordinating, and participating in a training program that focuses on the elements of the compliance program, and seeks to assure that training materials are appropriate.
- Assuring that HHS/OIG List of Excluded Individuals and Entities and the General Services Administration's List of Parties Barred from Federal programs have been checked with respect to all employees, medical staff and independent contractors.
- Ensuring that employees and practitioners know, and comply with, pertinent Federal and State statutes, regulations and standards.
- Investigation allegations or reports concerning possible unethical or improper business practices, and monitoring subsequent corrective action and/or compliance.

POLICY ON ENFORCEMENT OF STANDARDS

We recognize that the success of our compliance plan depends upon having in place clear and enforceable procedures for enforcing and disciplining employees who violate the compliance standards that our institution has adopted. Surely, enforcement and disciplinary elements are essential in order to put teeth into our compliance plan. As part as our on-going corporate culture, we do take disciplinary action against employees who violated our ethical standards. With this in mind, we will surely let it be known through policies and procedures that violations of our facility compliance plan will also result in appropriate sanctions, including the possibility of termination, against the offending employee. At the same time, in order to be fair, we will adopt a flexible stance, adopting sanctions that take into account mitigating circumstances.

Nevertheless, our compliance program stipulates that individuals who fail to detect or report violations of our compliance plan may be subject to disciplinary action as follows: warnings (oral), reprimands (written), probation, demotion, temporary suspension, termination, restitution, and referral for criminal prosecution.

We will publicize this policy widely through in-house training and through our procedure manuals as well as posting to our Internal Electronic Media outlets. Furthermore, when there is non-compliant behavior, we will document the incident by including the date of incident, name of the reporting party, name of the person responsible for taking the action, and the follow-up action taken. Finally, as part of our monitoring practice, we will also conduct checks to make sure all current and potential employees are not listed on the OIG or GSA lists of individuals excluded from participation in Federal health care procurement.

Through this document, we have attempted to provide a foundation to the process necessary to develop an effective and cost efficient corporate/provider compliance program. As much as feasible, we have tried to integrate federal and state statutes, regulations and guidelines governing health insurance programs, into this composite compliance program. By implementing a strong voluntary compliance program, we can help prevent and/or reduce fraudulent and erroneous conduct, as well as ensuring our mission of providing high quality care to all our patients.

PRINCPLES OF PROFESSIONAL CONDUCT

GENERAL PRINCIPLES

1. The prime objective of the FCNY is to render competent and quality care to its patients, while the key objective of the NYCPM is to provide a quality education to its students. These principles of professional conduct shall apply to practitioners of podiatric medicine as individuals or members of the staff of the college or foot clinics, or by whatever name known.
2. The Podiatric profession has a vested interest in protecting private, and public health care financing health insurance programs by careful documenting and billing for services that are reasonable, and necessary for the diagnosis treatment and rehabilitation of our patients.
3. The New York College of Podiatric Medicine and The Foot Center of New York should safeguard the public and itself by exposing professional practitioners, staff, and faculty and students who are deficient in moral character or competence or who engage in illegal or unethical conduct that threatens Federal health care programs, including Medicare and Medicaid.
4. Any conduct that results in the provision of unnecessary services or over utilization of services is unethical.

SPECIFIC PRINCIPLES

Podiatric medicine aims to provide individualized, personalized patient care in a friendly yet compassionate environment and to operate faithfully under Article 141, Section 7001.1. of the New York State Consolidated Education Laws that limit the practice of podiatry to "…diagnosing, treating, operating, and prescribing for any disease, injury, deformity, or other condition of the foot, and may include performing physical evaluations in conjunction with the provision of Podiatric treatment." Podiatric medicine is expected to;

1. Operate in a manner that helps to reduce fraud and abuse in the Medicare and Medicaid programs.
2. Take internal measures to protect public and private health insurance programs that may be harmed by:

a) Incorrect reporting of diagnoses or procedures to maximize payment
b) Billing for services not furnished;
c) Billing that appears to be deliberate application for duplicate payments of services or supplies;
d) Misrepresentation of dates and descriptions of services furnished or the identity of the beneficiary or of the individual who furnished the services;
e) Billing non-covered or non-chargeable services as covered items;
f) Incorrectly apportioning cost on cost reports; Including costs on non-covered services supplies, or equipment in allowable costs;
g) Billing Medicare for costs not incurred or which were attributable to non-program activities, or other enterprises, or personal expenses; and
h) Repeatedly including unallowable cost items on our cost report except for the purpose of establishing a basis for appeal;

GENERAL POLICIES

The purpose of this section is to provide guidance for managers and supervisors in the following areas; employee supervision and orientation for new employees, workplace guidelines/business conduct, and institutional commitment to integrity.

EMPLOYEE SUPERVISION AND ORIENTATION OF NEW EMPLOYEES

1. Meeting with human Resources Department on general employee policies/benefits/salary, and specific employee training needs
2. Employee classification categorized, i.e. full-time, part time, regular/temporary, faculty, in addition to weekly work week and hours
3. Equal Employment Opportunity, Americans with Disabilities Act and the Family and Medical Leave Act of 1993 requirements reviewed
4. Staff processing, recruitment and qualifications for employment
5. Bereavement, vacation, sick and military leave and jury duty requirements as well as paid holiday and personal days policy disseminated.

WORKPLACE GUIDELINES BUSINESS CONDUCT

1. Proper employee attire reviewed (according to position of record)
2. Conflict of interest requirements and solicitation/fraternization standards reviewed
3. Sexual harassment, substance abuse, and employee discipline criteria reviewed
4. Continuing education and tuition reimbursement assistance policy as well as seminar attendance requirements.
5. E-mail policies.

INSTITIONAL COMMITMENT TO INTEGRITY

1. Review of Institution's commitment to the delivery of quality services- efficiently and correctly both from a medical as well as fiscal viewpoint.
2. Renewed emphasis on the billing only for covered Medicare/Medicaid services actually rendered, accurately coded and adequately documented to support the medical necessity of the services.
3. Ongoing vigilance through periodic internal reviews to assess full compliance with all applicable laws/regulations etc.

FEDERAL / STATE BILLING AND OF QUALITY OF CARE

The primary object of this plan for the New York College of Podiatric Medicine and the Foot Center of New York is to assure that our Federal / State payments for services are made in accordance with the provisions of Title XVII and implementing regulations in 42 Code of Federal Regulations (CFR). Specifically we want to assure that our services are:

1. Delivered to eligible beneficiaries;
2. Medicare payments are in accordance with Medicare laws and regulations.
3. Medically necessary accurately coded and sufficiently documented in the beneficiaries.

Our secondary objective is to ensure that our employees are acutely aware of the definitions of fraud and use as explicated in Federal statutes and as defined by the Federal Department of Justice and Federal Office of Inspector General (OIG) of the U.S. Department of Health and Human Services. In this context, fraud is the "intentional deception or misrepresentation that an individual:

1. Knows to be false or does not believe to be true;
2. Makes knowing that deception could result in some unauthorized benefit to himself/herself or some other people

We fully recognize and want our employees to understand that the most frequent kind of fraud arises from a false statement or misrepresentation made, or caused to be made, that is material to entitlement or payment under the Medicare program. Unfortunately, the violator may be a provider, such as our organization, or a beneficiary, or some other business activity.

Finally, we want our employees to know that "abuse" is federally defined as "practices that are usually fraudulent but, in addition, are inconsistent with accepted sound medical, business or fiscal practices."

CORRECT CODING AND BILLING COMPETENCIES

Because the rules of the Medicare program are exceedingly complex, we are committed to training selected staff, especially those who play a role in the coding and billing processes.

Even so, our resources are extremely limits. Thus, our goal is to rely primarily on the on-going career training seminars sponsored by National Government Services, the agent for the Medicare program and our billing processor.

We will assure that our staff attends training on Medicare requirements related especially to coding and billing. Such training will include but not be limited to the following elements:

- Coding requirements;
- Claim development and submission processes;
- The ramifications of altering medical records;
- Proper documentation of services rendered;
- Proper billing standards and procedures and submission of accurate bills for services or items rendered to Medicare/Medicaid beneficiaries;
- The personal obligations of each involved in the billing process to ensure claims are properly and accurately submitted; and
- The legal sanctions for submitting deliberately false or reckless billings.

In addition to training in the coding and billing areas, our mission is also to afford our medical staff, podiatric medical students and residents in training, specific training in practice ethics, including but not limited to, their duty to make appropriate ethical referrals of their patients when in the best interest of the patient. Further, we will undertake compliance training to make certain

that the substance of our compliance plan is understood, the internal penalty for not complying and the various Federal penalties for violating Medicare laws and regulations.

CODING AND BILLING TRAINING

Coding and billing training and continuing periodic training updates for designated treating podiatrists, physicians, and other healthcare providers will be conducted on a regular basis to be determined by the Clinic Administrator and Medical Director. Individual staff directly involved with billing, coding or other aspects of the Medicare program will receive extensive education and training specific to that individual's assigned responsibilities.

Education and training in coding and billing will cover the following areas:

1. Coding requirements;
2. Claim development/submission procedures;
3. Marketing practices that reflect legal and program standards;
4. The ramifications of filing claims for physician services when rendered non-physicians;
5. Signing a form for a physician without a physician's authorization;
6. The ramifications of altering medical records;
7. Proper billing standards and procedures in the submission of accurate bills to the Medicare program;
8. How and to whom to report misconduct;
9. Proper billing standards and procedures in the submission of accurate bills to the Medicare program;
10. The personal obligation of staff to ensure that claims are accurately and properly submitted;
11. The legal consequences for deliberately submitting false or reckless claims;
12. Informing physicians that they cannot receive payment or incentives to induce referrals.

To further insure billing accuracy, with regard to Common Procedure Terminology (CPT) codes, descriptive modifiers, and International Classification of Diseases, Revision Clinical Modification (ICD-9-CM) diagnosis codes, claims will be reviewed by staff with technical

knowledge and expertise in the delivery of Medicare covered medical services and/or tests being performed.

Additionally, the reviews will be conducted so as to ensure that there is proper, complete, accurate and legible documentation of professional services to support ICD-9-CM diagnosis codes as well as payment for those services.

In order to meet the overall objective of the compliance plan, which is to assure that all payments received from the Medicare program are done so in accordance with all applicable provisions of

Title XVIII of the Social Security Act as well as implementing regulations cited in 42 Code of Federal Regulations (CFR), the development of effective internal procedure and ongoing training is an absolute requisite for fulfilling this institution's legal and moral responsibility to both the Medicare program and its beneficiaries (our patients).

Medicare regulations are based on the record of reasonable and necessary and necessary service. Services that do not meet this dual are excluded (not covered) under both Part A and Part B [Social Security Act, Section 1862 (a) (1) (A)]

When submitting claims to the Medicare part B Carrier, it is of the utmost importance to comprehend, fully, the significance of providing ICD-9-CM diagnostic codes that document the medical necessity of the services and procedures performed. Having current medical policy and maintaining current an updated diagnosis codes manuals is essential to correct and proper claim submissions. Medicare policy requires the use of diagnosis codes that yield the greatest degree of specificity possible. It must be stated, clearly that Medicare program generally does not cover routine foot care. The following services are considered to be components of routine foot care:

1. Cutting or removal of corns and calluses;
2. Clipping or trimming of normal or mycotic nails;
3. Shaving, paring, cutting or removal of keratoma, tyloma, and heloma;
4. Non-definitive simple, palliative treatments like shaving or paring of plantar warts which do not require thermal or chemical cautery and curettage;
5. Other hygienic and preventative maintenance care in the realm of self-care;
6. Any services performed in the absence of localized illness, injury or symptoms involving the foot.

MEDICAL NECESSITY AND SPECIFIC HIGH RISK AREA

MEDICARE NATIONAL POLICY – MEDICAL NECESSITY

Title XVII of the Social Security Act, section 1862 (a) (1) (A). This section states that no Medicare payment shall be made for items or services, which are not reasonable and necessary for the diagnosis and treatment of the illness or injury.

PROVIDER RESPONSIBILITY

- In view of the aforementioned national policy of the Health Care Financing Administration (HCFA), the agenda responsible for Medicare policy, and our institution will continue our practice of only submitting claims that are reasonable and necessary for the diagnosis and treatment of patients.

- We recognize, however, that it is the professional duty of each podiatrist and healthcare provider to order any tests, including screening test, he/she believes are appropriate for the treatment of the patient.

- Even so, we must be aware that Medicare will only reimburse us for services that meet the Medicare definition of reasonable and necessary

- It is our duty also to assure adequate documentation in the patient's medical record so that upon request by Medicare to support the appropriateness of a service we can do so and expect a positive outcome.

- We consider timely, accurate and complete documentation of Medicare/Medicaid claims critical to our compliance plan and our daily practice of Podiatric Medicine.

- Thus, appropriate documentation of diagnosis and treatment is a necessity. Clearly, medical documentation is an essential element in determining the

appropriate medical treatment for the patient and is the basis for our coding and billing processes.

- Significantly, our failure to document claims properly has the potential to compromise quality patient care and jeopardize our ability to receive proper reimbursement.

SPECIFIC RISK AREAS

GENERAL COMMENT

Although we believe that we have maintained vigilance in our billing practices to assure that we only submit "clean claims" to Medicare/Medicaid, we are not persuaded that we have in place iron clad policies and procedures to prevent fraudulent and abusive practices.

POTENTIALLY RISKY AND VULNERABLE AREAS

1. Coding and billing
2. Reasonable and necessary services
3. Documentation (medical records documentation- HCFA 1500 form)
4. Kickbacks, inducements and self-referral
5. Retention of records

CODING AND BILLING

- Billing for items or services not rendered or not provided as claimed;
- Submitting claims for equipment, medical supplies and services that are not reasonable and necessary.
- Double billing;
- Billing for unbundled services;
- Failure to properly use coding modifiers;
- Up-coding the level of service provided;

With respect to billing, our policies and procedures, which are already in place, protect the integrity of the Medicare program. Specifically, our procedure is as follows:

1) Medical records and completed, signed encounter forms for visits by Medicare patients will be collected at the concluding of the business daily and set aside for internal review.

2) An individual knowledge in Podiatric medical terminology, procedure, ICD-9 and CPT coding and Medicare program billing guidelines designated by clinic administration will review patient visit documentation in conjunction with the coding and billing information for the same patient encounter. The following areas are to be evaluated:

    - Completion of record documentation
    - Documentation and medical necessity
    - Selection of appropriate and accurate coding. (References used in the determination of appropriateness include Empire Medicare Services New York Region Podiatry Reference Guide. St. Anthony's Reimbursement Guide for Podiatry services and the APMA Podiatric Physician's Guide to the Correct Coding Initiative).

3) Records and/or encounter forms that require clarification are not processed until reviewed with the treating clinician and a final documentation or coding determination is made.

4) Completed medical records and encounter forms are than submitted for processing by Medical Records staff and clerical billing staff respectively.

5) Selection of codes by practitioners that appear inappropriate and/or do not comply with State and Federal guidelines will be monitored for trends. Identified trends will lead to actions ranging from additional clinician education to disciplinary action.

6) There is ongoing clinician and staff education regarding coding and billing policies inclusive but not limited to attendance of seminars, e-mail communications, dissemination of information through chairpersons meetings, and staff meeting, and individual counseling and orientation.

AUDITING AND MONITORING

As one measure to assess the efficacy of this institution's Compliance Program, an ongoing review process will be in place, to evaluate the effectiveness of standards and procedures developed to insure that billings remain correct and accurate. This review process will serve as an integral and ongoing tool to be utilized by the Compliance Contact.

A. Policies and procedures

It shall be the responsibility of the Administration to, periodically but regularly, review policies, procedures, and standards to determine if they are current and complete. Furthermore, our Compliance Contact will check to see that all reference materials, e.g. ICD-9-CM, CPT, HCPCS manuals, and Government regulatory changes are up to date and reflect current Medicare program rules affecting covered services and reimbursement.

In the course of this review, if any policies, procedures and program manuals and instructions are found to be outdated or no longer effective, they will be replaced, updated, or corrected.

All reviews conducted will be documents as to date of review, findings and corrective action taken, if warranted.

B. Periodic Claims Submission Audit and Internal Monitoring on High Risk Billing and Coding Issues

In order to ensure that quality and integrity of Medicare claim submissions and to be especially vigilant with regard to high-risk billing and coding issues, internal claims and coding audits will be conducted. These reviews will, also, gauge adherence to Medicare program rules, regulations, billing/coding and documentation requirements as well as carrier instructions so as to eliminate the possibility of fraud and/or abuse.

Staff involved in these audits will include billing/coding personnel, as well as an individual knowledgeable in podiatric medical terminology, procedure, ICD-9 and CPT coding and the Medicare program billing guidelines designated by clinic administration.

All audits will be fully documented as to dates of review, results and corrective action recommended. If necessary, claims can be reviewed prospectively, before submission, or on a post payment basis.

The purpose of these audits will be to determine the following:

1. Are the claims accurately and properly coded to reflect actual services rendered?
2. Were the services rendered reasonable and medically necessary?
3. Do the medical records contain adequate documentation to support the services?
4. Were there any incentive to induce unnecessary services?

All audits will examine the claims development process starting with the patient information and intake interview and continue through the claims submission process. Particular and intake interview and continue through the claims submission process. The methodology for claims selection will be a random sample.

A randomly selected number of medical records will also be reviewed to ensure that coding was performed accurately. If problems were identified corrective action shall be initiated and reviews will be scheduled more frequently.

Where claims or coding audit results reveal areas needing additional information or education of employees and physicians, these areas will be incorporated into the training and education protocol.

In the event that internal audit results identify a problem, corrective action will be taken as soon as possible.

In the event that a violation of law has taken place, contact will be made with the Officer of inspector General through our legal counsel within 30 days of the date of the audit report in order to comply with the Federal False Claim statuses.

FOOT CLINICS of NEW YORK

CORPORATE COMPLIANCE PROGRAM NOTICE

The New York State Office of the Inspector General requires all employees to be able to report any fraud or abuse either anonymously or non-anonymously.

For non-anonymous reporting, please feel free to call/email

- Dr. Eunice Parker 212-410-8112 Eramsey-parker@nycpm.edu
- Mr. Joel Sturm 212-410-8047 Jsturm@nycpm.edu
- Dr. Michael Trepal 212-410-8067 MTrepal@nycpm.edu
- Dr. Victor Politi 516-493-1052 victor.politi@touro.edu

For anonymous reporting, you may do the following:

- Using an unidentifiable email address (non nycpm.edu email address), send your concerns to: FCNYQUESTIONS@NYCPM.EDU
- Using your cell phone or mobile device, dial *672124108112 and leave a message. By dialing *67, your caller ID will be blocked.
- On our FCNY website www.footcenterofnewyork.org under the tab "contact us", will have the ability for you to send an anonymous email from any email address.

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