

Fraud & Abuse Manual

Compliance Policies

For SEMO Vision Care

Revised 6/25/2024

Introduction

The Patient Protection and Affordable Care Act of 2010 (PPACA) strongly recommended that all physicians who render services to Medicare or Medicaid patients establish a Fraud and Abuse Compliance Program. Due to increasing evidence that providers are performing significant amounts of care that does not meet medically necessary requirements as well as evidence that physician documentation of medical record is severely lacking, Federal and private payers are increasing audit activity. The recommendation and even requirement for formal programs is now increasing. In 2014, Congress declared that "despite doing more audits than ever before, Medicare just isn't getting the job done when it comes to decreasing the amount of improper payments" and has instructed CMS to develop better systems to decrease fraud and abuse.

By adopting the policies in this manual, SEMO Vision Care recognizes the need for accurate reporting of physician services and ethical conduct in the business of health care and is making every attempt to understand and remain in compliance with Federal and State fraud and abuse statutes.

In addition to a focus on healthcare reimbursement, regulations are now enforced related to patient discrimination, facility access rules, rules related to provision of durable medical equipment to Medicare and Medicaid patients and others. As this list expands, PCS refers to this area as General Compliance.

Policy 1: Fraud and Abuse Compliance

Policy 1A: Accurate Billing and Coding

Effective: 2024

The physicians at SEMO Vision Care recognize and understand the significant amount of trust payers place in our decisions regarding the services we provide for our patients as well as the vast powers the Government has to investigate suspicions regarding inappropriate billing practices. We understand payers can take fiscal and even criminal action against abusive and/or fraudulent providers. We understand that when we submit a claim for services rendered for Medicare or Medicaid patients, as well as other payers, our physician(s) is attesting to the payer that the services provided were medically necessary and, when necessary, provided personally by the physician. We agree to cooperate with all investigations that payers may feel necessary regarding our billing practices.

Common examples of improper claims that SEMO Vision Care will avoid include:

- Billing for services that were not medically necessary
- Billing for services that were not actually rendered
- Billing for services performed by any physician excluded from any Federal health care program
- Billing for services where the quality of outcome was so low that there were no benefits to the physician or the patient
- Billing for services conducted by an employee of the physician who was not properly trained or supervised
- Billing any service classified by CMS to be not medically necessary.

Physicians at SEMO Vision Care understand that fraud and abuse laws state that compliance is necessary if the physician knew or "should have known" the billing practice could have been fraudulent or abusive.

1. **Medical Records Documentation:** Physicians at SEMO Vision Care understand that all medical records should be accurate, complete and support the medical necessity of all services performed. Medical records documentation will be the sole justification in any attempt to support the medical necessity of services rendered.
2. **Prescription Authority:** Physicians at SEMO Vision Care recognize the essential nature of compliance with Federal and State programs that regulate the Controlled Substances Act. We will remain in compliance with all these programs and ensure that all prescriptions for medications are necessary and lawful.
3. **Assignment Issues in Medicare Reimbursement:** SEMO Vision Care physicians are participating providers in the Medicare system and agree to abide by the regulations associated with that designated level of participation.

Policy 1B: Physician Relationships With Fellow Providers

Effective: 2024

SEMO Vision Care physicians recognize that all decisions made related to a patient's care will not be influenced in any way by individuals, businesses or other health care providers that would result in some inappropriate personal gain to the attending physician. The physicians agree that any notifications or disclosures required by law regarding potential conflicts of interest or ownership in any referral facility will be appropriately communicated to applicable patient relationships.

Policy 1C: Physician Relationships With Vendors

Effective: 2024

Physicians at SEMO Vision Care agree to properly disclose any working relationships with vendors that in any way could influence patient treatment, referrals or care.

Policy 2: Compliance Program

Effective: 2024

SEMO Vision Care has reviewed our internal system and formulated a Compliance Program based on this individual assessment. In order to comply with all fraud and abuse standards established by the Government, we adopt the following policies and regulations.

Policy 2A: Compliance Officer

Effective: 2024

SEMO Vision Care adopts a hybrid system to help establish and maintain fraud and abuse compliance. We establish Augusta Stone as Compliance Officer. This Compliance Officer will remain in said capacity until no longer employed by SEMO Vision Care or SEMO Vision Care elects to replace the Compliance Officer position. The Compliance Officer will oversee our Compliance Program. In addition, we may contract for services with health care compliance companies on a full-time or an as needed basis. At this time, SEMO Vision Care utilizes the services of Practice Compliance Solutions as a compliance contact to assist in development and monitoring of the Compliance Program.

The duties of the Compliance Officer will be established as:

- Oversee the process of implementing the initial Compliance Program
- Continually evaluate and implement changes in the Compliance Program that would better position our practice to remain in full compliance with fraud and abuse regulations and policies
- Ensure that any provider at SEMO Vision Care is not on the DHHS OIG List of Excluded Individuals
- Investigate any allegations or issues from internal evaluation concerning possible fraud or abuse issues and take corrective action when appropriate

Unless the Compliance Officer is the owner, the Compliance Officer will report directly to the owner of the practice. In this case, the Compliance Officer will meet with the owner periodically as need but at least twice a year to discuss any necessary changes or actions needed to remain in compliance with applicable laws.

Policy 2B: Internal Monitoring and Auditing

Effective: 2024

SEMO Vision Care establishes a medical records auditing program to evaluate and monitor adherence to accepted coding, documentation and billing practices. We will conduct this audit internally.. An initial baseline audit was conducted on January 2025. Follow-up audits will be conducted annually or as needed based on recommendations of the Compliance Officer. Each audit will review ten (10) patient encounters for each physician.

Should problems be found during the initial or any subsequent audit process, the Compliance Officer will document the problems and take remedial steps at outlined in "Detecting Offenses and Taking Corrective Action".

Policy 2C: Compliance and Practice Standards

Effective: 2024

SEMO Vision Care adopts the following standard for patient care:

All patient care by the doctors or staff at SEMO Vision Care will be delivered according to the highest professional standards of care and in compliance with our professional practice act. Billing for services rendered will be made in strict compliance with coding ethics, what is medically necessary and following individual payer payment guidelines.

To assure achievement of this standard, we will focus on the following five quality measures.

1. Risk Assessment:
 - a. SEMO Vision Care has conducted an audit assessment of billing and documentation practices.
 - i. The following vulnerabilities were noted during the initial audit: Will update status after initial and any subsequent audits..
 - ii. These vulnerabilities will be addressed by: Should problems be found during the initial or any subsequent audit process, the Compliance Officer must evaluate the situation and take appropriate corrective action..
 - b. SEMO Vision Care has also conducted risk analysis for HIPAA privacy and security with the result and management plans contained in those compliance manuals.
2. Tenets of Coding: To ensure adherence to accepted billing and coding practices as well as medically necessary service is rendered, our physicians will ensure that all services rendered are necessary for the evaluation, treatment or monitoring of treatment based on the patient's diagnosis. Tenets of coding training are included as part of SEMO Vision Care's physician and staff training.
3. Avoidance of Improper Kickbacks and Other Inducements: SEMO Vision Care recognizes the need to eliminate any potential of kickbacks or any inducements related to care delivered or recommended to a patient. We will adhere to all policies contained within the fraud and abuse laws. Specifically, we will evaluate any policies and practices related to financial arrangements with other health care providers to whom our physician(s) may refer a patient; soliciting or accepting any gift of more than nominal value from any other physician related to referrals of patients; consulting or other financial participation in companies or groups related to the care of patients; and, physician participation by contract with vendors for speaker bureaus or directorships.
4. Tenets of Medical Records Documentation: Medical record documentation standards for SEMO Vision Care include:
 - a. assurance that medical records are readily accessible;
 - b. medical record documentation is logical and according to accepted standards of documentation (SOAP format);
 - c. billing and coding are according to accepted standards;
 - d. the attending physician is readily identifiable in all patient encounters; and,
 - e. quality of medical records documentation is monitored and assured through the auditing process described in Internal Monitoring and Auditing. Physician and staff training in medical record documentation are assured through the documentation training program.

5. **Medical Record Retention:** Medical records are created, retained, distributed and destroyed according to the policies established in SEMO Vision Care's HIPAA Compliance policies and Federal or State law. In general, medical records of patients are retained for a period of time not to exceed ten years from the last patient encounter per our HIPAA standards.

Policy 2D: Training and Education of Doctors and Staff

Effective: 2024

SEMO Vision Care conducts the following doctor and staff training programs on all initial employees with additional or repeat training programs as needed pending additional regulations or policy changes:

- HIPAA Compliance Training
- Hazard Compliance Training
- Fraud and Abuse Training
- Coding and Documentation Training
 - ICD / CPT
 - Documentation of services provided
 - Basic coding ethics / protocols

All programs are customized to the policies and procedures of SEMO Vision Care. Additionally, doctors and staff routinely attend continuing education programs, many of which are designed to increase knowledge of various compliance issues.

Policy 2E: Detecting Offenses and Taking Corrective Action

Effective: 2024

Suspicion of a compliance violation may come from any member of the staff of SEMO Vision Care, from a patient of SEMO Vision Care or from an outside source. The Compliance Officer may also feel a potential violation has or is occurring based on monitoring claims rejection rates, unusual or changes in billing practices or an increase in audit activity. If the Compliance Officer or any other doctor or staff member feels there may be a violation of our Compliance Program, the following action will be taken:

- Compliance Officer will conduct a thorough investigation of the alleged problem(s) to determine if a violation has occurred. That investigation may include discussions with any doctor or staff member and those individuals must cooperate with all inquiries by the Compliance Officer.
- If a violation has occurred, the following steps will be taken:
 - If the violation could be considered billing fraud or criminal in nature, the Compliance Officer will obtain legal counsel and likely contact the appropriate government or law enforcement agency. If the Compliance Officer is unsure if a problem exists, the Compliance Officer may utilize the OIG Self Reporting Tool found at <http://oig.hhs.gov/fraud/selfdisclosure.asp>
 - If the violation is simply abuse in nature, the Compliance Officer will create and implement a plan to educate the doctors and staff at SEMO Vision Care of the issue(s) and reinforce essential compliance through additional or repeat training.
 - If required by State law, the Compliance Officer will make a report regarding any significant compliance issues to the designated State agency.
 - If the issue involves over-payment to SEMO Vision Care, the Compliance Officer will immediately refund the overpayment amount to the appropriate payer.
 - If any employee feels a situation of fraud exists at SEMO Vision Care or any other health care entity, they are encouraged to report their concerns. Concerns may be reported anonymously at 1-800-447-8477 or <http://oig.hhs.gov/fraud/hotline>. SEMO Vision Care will take no action against any employee for making such report, even if the suspicion of wrongdoing is not proven.

Policy 2F: Internal Disciplinary Guidelines

Effective: 2024

SEMO Vision Care adopts a "no tolerance" policy as it relates to compliance with fraud and abuse laws. Depending on the severity of the violation, the Compliance Officer may take any of the following actions:

- If a doctor or employee knowingly commits a fraudulent act under this Compliance Program as determined by the Compliance Officer, the employee will be immediately terminated with no accumulated benefits.
- If a doctor or employee commits an abusive act under this Compliance Program as determined by the Compliance Officer, the Compliance Officer will determine the steps to be taken based on the severity of the violation. Action taken may include additional training requirements or even immediate termination.

Policy 2G: Patient Discrimination

Effective 2024

SEMO Vision Care adopts all compliance policies related to avoiding patient discrimination. Regarding any aspect of services or products offered to patients, we will not discriminate against any patient for any reason but specifically not related to race, color, national origin, sex, age, or disability. Disabilities include any physical or mental impairment that substantially limits a patient in one or more life activities.

SEMO Vision Care will take the following measures in evaluating our obligation to make accommodations for patients with disabilities.

- Make reasonable changes to policies, procedures, or practices where necessary to provide equal access for individuals with a disability. Examples cited include allowing a service animal in the office, providing a patient with an anxiety disorder a private place to wait for their appointment, or providing large print versions of office forms and educational material.
- Provide adequate access to the office, online ordering, online appointment scheduling, online completion of questionnaires, or online education. If possible, our procedures may be modified so that the person with a disability, typically visual, can still access those services or, at a minimum, is provided clear direction on how these services can be accommodated for them.
- Ensure new construction and altered facilities meet all disability and OSHA regulations.
- Make reasonable attempts to provide effective means of communication to patients with language limitations including the provision of translation services based on individual patient desire and need.
- Make reasonable attempts to provide effective means of communication with patients with special and sensory impairment (deaf, hard of hearing, visually impaired)

In making such accommodations, we will make every reasonable attempt to accommodate individual patient needs as long as it does not impose an undue operational or financial hardship on the practice. The Compliance Officer will make all decisions related to accommodation.

Policy 2H: Durable Medical Equipment

Effective 2024

SEMO Vision Care will abide by the policies related to the provision of durable medical equipment (eyeglasses and ocular materials) as outlined in DMEPOS Section 424.57. This will include the following:

- The practice is accessible and staffed during posted hours of operation.
- The practice maintains a permanent visible sign in plain view and posts hours of operation.
- The practice maintains a location for storing business records (including the supplier's delivery, maintenance, and patient/client communication records).
- The practice maintains a location that contains space for retaining required ordering and referring documentation.
- The practice maintains a telephone service during all hours of operation that is not exclusively forwarded to an answering service, answering machine or cellular phone
- The practice is open to the public a minimum of 30 hours per week
- The practice maintains a liability insurance in the amount of at least \$300,000 that covers both the place of business and all customers and employees
- The practice displays a copy of the provider's State professional license.
- The practice maintains proof of delivery of products including written instructions on use of the product.
- The practice provides a warranty for goods sold as specified under State law. If requested by client, a copy of warranty terms must be provided. Provider may not charge the client for repair or replacement of goods purchased that are covered by the provisions of the stated warranty.
- The practice maintains and can provide upon request a complaint resolution protocol related to complaints from clients supplied goods under the DMEPOS provision.