Slide 1

Financial Interest Disclosure

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Slide 2

ADMINISTRATIVE POTPOURRI
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Slide 3

Administrative Landmines

HIRING:
- What to ask during pre-employment interview
- What not to ask during pre-employment interview
- Should you keep unsolicited resumes?
- Reference checks, drug screens, background checks, etc.
Slid e 4

Pre-Employment Questions

LEGAL QUESTIONS
- How much do you know about our practice?
- What are the main reasons you are interested in this position?
- What did you like best about prior jobs?
- Which of your prior jobs was your favorite and why?

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- What things would you prefer to avoid in your next job?
- What co-worker characteristics do you find most difficult?
- What am I likely to discover about you six months from now that won’t be obvious from our interview?

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- What do you consider to be your greatest personal workplace disappointment and why?
- What do you consider to be your greatest personal workplace success and why?
- What are your references likely to tell me about your strengths and weaknesses?
- What are your long term career goals? How does this position fit into those goals?
Slide 7

- What was the worst interpersonal conflict you had with a previous co-worker or supervisor? How were matters resolved?
- What workplace aspects make you feel most stressed?
- Some people need constant change while others prefer the status quo. How would you describe your feelings about this?

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- What previous co-worker influenced you the most and why?
- How would you rate your intelligence level compared to your previous supervisors?
- What do you see as the key principles in motivating improved performance? (supervisory employees)

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- How would you describe the work-place needs of an average employee? As a supervisor, how would you address those needs?
- What do you see as the primary hindrance to fully achieving your professional goals?
- How important to you are friendships among co-workers?

Adapted from Allergan Access
ILLEGAL QUESTIONS?
- Asking questions about an applicant’s military record or type of discharge
- Asking questions about past arrests (day care OK to ask)
- EEOC* says OK to ask conviction record questions, subject to state law: How long ago did conviction occur?; Was the offense minor or serious?
- Can do background checks, but can’t cherry-pick

*Equal Employment Opportunity Commission

Was it the first offense? How long has the applicant been employed since the last conviction?; Does the applicant’s history have a direct impact upon a particular job?
- Do not ask for a valid driver’s license on employment application (offer job then state that employment is subject to valid driver’s license – If applicant can’t produce, rescind job offer). Many use driver’s license for I-9* purposes.

*Employment eligibility verification – legally eligible to work in USA.

Kentucky has no laws protecting applicants with criminal records.

Ohio law allows employers to ask only about conviction records that have not been sealed and bail forfeitures that have neither been sealed nor expunged, unless the question bears a direct and substantial relationship to the job. If an applicant is questioned about a record that was sealed after a “not guilty” finding or after charges were dismissed, the applicant is entitled to answer as if the arrest and all of the ensuing legal procedures had never occurred.

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*ADA* 
- Any hiring interview questions that probe an applicant’s medical history are probably illegal – Can no longer ask, "Do you have any impairments that would interfere with your ability to work in this job?" May ask – "Can you work overtime? Are there any problems meeting the job’s demands of working overtime or on weekends on short notice?"

*Americans with Disabilities Act*

**Slide 14**

- Illegal to deny employment or fire for participation in a drug or alcohol treatment program, so long as the program doesn’t interfere with ability to do job.
- Can’t refuse to hire because applicant’s condition might adversely impact group health insurance or disability premiums

**Slide 15**

*Fair Credit Reporting Act*
- Restricts employers from using credit reports for hiring or employment decisions; may order credit report if it serves a legitimate business purpose and applicant is informed the report has been ordered
- Federal policies allow employers to be "tested" for civil rights violations (i.e. "phantom applicant")
**General Guidelines**
- Never assume that an individual really wants the job; may be a discrimination expert-tester
- Hire employees on merit and avoid stereotypes
- Avoid denying a minority applicant an interview

**FIRING:**
- Any time for any reason, so long as not discriminatory (At-Will states)
- Probably best to do early in week (not Friday)
- Investigate.
- Check the files.
- Review your written policies.
Slide 19

- Consider what the worker has been told.
- Compare how you’ve treated others.
- Consider context
- Look at options.
- Get a second opinion.

Slide 20

- Fire with respect – If you do have to fire someone, do it the way you would like for it to be done to you. Do it professionally and with tact. Don’t do it in front of others in the office or where others can hear.

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- Do it at an appropriate time – You may want to consider terminating the individual in the morning during the early part of the week
- If the offense is serious enough to warrant immediate termination, then you should do it no matter the day or time.
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- **Have someone present** – Have a witness in the room when you fire someone (HR person if you have one).
- **Leave a trail** – Document, Document, Document!

Slide 23

- **Know the rules** – Follow your company policy with regard to discipline and termination. If you don’t know it, call the HR director or read the employee handbook.
- **See a lawyer** – Consult legal counsel if you have any questions (and even if you don’t).

Slide 24

**Avoiding Employee Lawsuits**

**General Guidelines:**
- Don’t hire potential lawsuits
- Be careful how you classify employees (i.e. exempt vs. non-exempt)
- Have clear discrimination policies and train employees on the same
- Don’t sit on employee complaints and unacceptable behavior
Slide 25

- Perform regular JPEs
- Be careful how you hire and fire
- Document everything, especially when it comes to problem employees and/or employees in protected classes

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- Miscellaneous
  - "Firing" patients
  - Hearing impaired patients
  - Web site content

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- "FIRING" PATIENTS (Adapted from DHIC)
  - Do it right so as to avoid "patient abandonment" allegations
  - First things First:
    - Check contract provisions of patient's health plan
    - Resolve acute medical conditions
    - Verify that other care sources are available near--by
Then:
- Notify the patient verbally and in writing that the relationship will be terminated
  - Send letter certified with return receipt - file copy and return receipt in medical record
  - Give patient sufficient time to locate another MD (i.e. 30 days from termination of care letter receipt)

Inform patient verbally and in writing what care is required
- Frequency and urgency of follow-up care
- Consequences if no follow-up
- Not necessary to state reason for “firing,” but some reasons might be:
  - Non-compliance
  - Failure to pay bills
  - Belligerence

Inform patient that records will be released with proper written authorization (HIPAA compliant). Good idea to include authorization form with letter - Inform if any copying fees
- Sample Termination of Care letters on ASOA and OMIC websites (www.asoa.org; www.omic.com)
Hearing Impaired Patients

- Louisville law suit
- Authorization form
- File all written communications
- Bite the bullet and hire an interpreter

Web site Formatting

- Audio for visually impaired
- Large print option for visually impaired

Clinical Space Utilization

- Personal exam room for each tech
- Two side-by-side exam rooms/doctor
- Dilating room centrally located
- Wide hallways
- Locate exam rooms for efficiency
- Use exam rooms to examine, not to dilate
1. Written standards of conduct — The practice must adopt a set of guidelines for everyone in the practice to follow, reflecting the practice’s commitment to compliance in general, as well as addressing specific areas of concern for that practice.

2. Designation of Compliance Officer or Compliance Committee — The practice must identify an individual or group of individuals responsible for the operation and monitoring of the compliance program.
3. Education and training for all individuals in the practice — Programs must be developed to educate individuals about the existence of the compliance program, as well as the rules and regulations with which the practice must comply.

4. Effective mechanism for communication — The practice must establish a reporting mechanism, through a hot line or other process, so that complaints may be communicated to the Compliance Officer. The Compliance Officer must also be able to communicate with all individuals in the practice.

5. Internal investigation and disciplinary process — The practice must develop a process to investigate allegations and, where appropriate, discipline individuals who have acted inappropriately.
6. Periodic auditing and monitoring — The practice must have a mechanism for performing periodic auditing and monitoring of its operations to assure compliance with applicable rules and regulations.

http://oig.hhs.gov/authorities/docs/physician.pdf

7. Establishment of response mechanism — The practice must establish a mechanism to respond to identified problems and establish corrective action mechanisms to assure that those problems will not be repeated.

http://oig.hhs.gov/authorities/docs/physician.pdf

Internal Audits (#6)

- Types:
  - Prospective
  - Retrospective
  - Focused
  - Random
Audit Protocols

- ABNs
- Carrier denial information dissemination
- Written patient complaints
- Incidence of YAGs
- Stabilization of 1st operated eye
- False or deceptive advertising

Audit Protocols Continued

- Risk, Benefit, Complication discussions and documentation
- Screening protocols
- Co-management issues and documentation
- Review of leases and contracts re. Anti-kickback and Stark
- Relationships with vendors

Audit Protocols Continued

- Credentialing and screening*
- Waiver of co-payments
- Coding
- Uses and disclosures of PHI
- Legibility
- Code utilization

http://exclusions.oig.hhs.gov/
Audit Protocols Continued

- HIPAA Privacy and Security
- OSHA
- Government posters
- IRS issues (I-9s, expense reimbursements, etc.)
- Exit interviews

Audit Types

- Prospective
- Pre-posting
- Retrospective
- OIG Work Plan
- Focused
  - Level 4 and 5 E/M codes

Audit Types Continued

- Consults (Medicare no longer recognizes)
- Diagnostic tests
- Eye codes
- Modifiers
- Random
Slide 49

Who's the Auditor?

- Compliance Officer
- Physician
- Audit Committee (Board)

Slide 50

Sampling Methods

- Past problems follow-up
- OIG* and Medicare “hit lists”

*Office of the Inspector General within the Department of Health and Human Services (HHS)

Slide 51

Utilization Issues

- Code utilization
- Diagnostic test utilization
- YAGs to Cataract Sx
Slide 52

How Much to Audit?

- Varies
- Previous problems
- New vs. “old” physician
- Time
- Number of providers

Slide 53

What are You Looking For?

- Documentation:
  - Level of service
  - I&R
  - Legibility
  - Medical Necessity
  - Proper coding
    - E/M vs. Eye Codes (99xxx vs. 92xxx)
    - Reimbursement

Slide 54

What Are You Looking For? Continued

- Improper billing practices
  - Unbundling (Correct Coding Initiative edits)
  - Improper use of Modifiers*
  - Wrong codes

*Read more:
http://www.ehow.com/info_8582183_cpt-code-modifiers.html
Slide 55

Resources

- CPT current edition (procedure codes)
- ICD-9-CM current edition (diagnosis codes)*
- Current RBRVS (Resource-Based Relative Value Scale)
- Current HCPCS (Healthcare Common Procedure Coding System)
- Audit worksheets

*ICD-10 required as of Oct. 1 2015

Slide 56

Reporting

- Reports to all audited providers
- Synopsis of each report to all providers
- End of the year Compliance Officer Report to Board

Slide 57

What Next?

- Follow-up audits in 3 months or less
- Audit same transgressions from time of last audit report
- Apply disciplinary policies as necessary
Slide 58

Audit Frequency

- **Practice Variables**
  - Size
  - Geographic distribution
  - Staff time
  - Degree of compliance

Slide 59

Transitioning from Technician to Administrator

Slide 60

Considerations
- Reorganization
- Succession Planning
Slide 61

**Motivation**
- New challenges
- New opportunities
- Effect change

Slide 62

**Credibility Challenges**
- Front Office Personnel
- Business Office Staff
- Vendors
  - Business/Computer Supplies and Services
  - Subcontractors
- Business Insurance

Slide 63

**Core Administrator Skills**
- Basic Ophthalmic Knowledge
- Human Resources
- Business Operations (includes finance/accounting, marketing and MIS)
- Risk Management and Regulatory Compliance
Slide 64

<table>
<thead>
<tr>
<th>Basic Ophthalmic Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
</tr>
<tr>
<td>- Speaks the language</td>
</tr>
<tr>
<td>- Knows equipment and what it does</td>
</tr>
<tr>
<td>- Understands diagnostic test documentation</td>
</tr>
<tr>
<td><strong>Challenges</strong></td>
</tr>
<tr>
<td>- None</td>
</tr>
</tbody>
</table>

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Slide 65

<table>
<thead>
<tr>
<th>Human Resources Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff Interactions</strong></td>
</tr>
<tr>
<td>- Physicians</td>
</tr>
<tr>
<td>- Technical Staff</td>
</tr>
<tr>
<td>- Front Office Staff</td>
</tr>
<tr>
<td>- Business Office Staff</td>
</tr>
</tbody>
</table>

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Slide 66

<table>
<thead>
<tr>
<th>Human Resources Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continued</strong></td>
</tr>
<tr>
<td>- Hiring Technical Employees</td>
</tr>
<tr>
<td>- Networking (established)</td>
</tr>
<tr>
<td>- Local Ophthalmic Community (familiarity)</td>
</tr>
<tr>
<td>- Benefits</td>
</tr>
</tbody>
</table>

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Slide 67

**Human Resources Challenges**
- Hiring and Leading
  - Front Office Staff
  - Business Office Staff
- Job Performance Evaluations
- Salary and Benefits Administration
- Employee Policies

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Slide 68

**Business Operations Strengths**
- Interactions with the public
- Team concept
  - "Left Brain" thought processing

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Slide 69

**Business Operations Strengths (Continued)**
- Miscellaneous
  - Speaks, writes and talks ophthalmology
  - Coding
  - Physical plant knowledge
  - Efficiency
  - Patient flow
  - Scheduling

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Slide 70

**Business Operations Challenges**

- Finance & Accounting (financial statements)
- Billing and Coding
- Marketing

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Slide 71

**Business Operations Challenges (Continued)**

**MIS**

- Hardware and Software
  - Business
  - Medical Management and Billing
  - E-mail
- Security
  - Firewalls
  - Anti-virus
  - Anti-spyware

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Slide 72

**Business Operations Challenges (Continued)**

**MIS**

- EHR
- Networking
  - LAN, WAN, T-1, Modems and Routers, VPN, etc.
- Business Equipment
  - Telephone Systems
  - Paper Copiers
  - FAX Machines
  - Etc.
Slide 73

**Business Operations Challenges (Continued)**

- Vendors
  - Benefits
  - Accountants
  - Attorneys

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Slide 74

**Business Operations Challenges (Continued)**

- Miscellaneous
  - Communication
    - Written
    - Oral
    - Networking (different type from technical)

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Slide 75

**Regulatory and Compliance**

- **Strengths**
  - Medical record documentation
  - Patient contact
  - Support billing staff efforts
  - Work hand-in-hand with physicians
  - Training

- **Challenges**
  - Understanding purpose
  - Time commitment
  - Team player
  - Coding experience
### Slide 76

**Risk Management & Regulatory Compliance Challenges**

- Risk Management
  - Liability Insurance
  - Labor Laws
- Regulatory Compliance
  - Federal and State Issues
  - The Gamut of Fraud and Abuse Issues
    (Stark II, Antikickback, Billing, Advertising, etc.)

### Slide 77

**Risk Management & Regulatory Compliance Challenges (Continued)**

- Regulatory Compliance
  - HIPAA
  - OSHA
  - ERISA*
- Audits and Auditing

*Employee Retirement Income Security Act; sometimes used to refer to the full body of laws regulating employee benefit plans.

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**THANKS**