



Evaluation and Management (E/M) Services Documentation Provided by Medical Students

Any contribution and participation of a student to the performance of a billable service (other than the review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or physical presence of a resident in a service, meeting the requirements described per the CMS Claim Processing Manual for teaching physician billing. Students may document services in the medical record. However, the documentation of an E/M service by a student that may be referred to by the teaching physician is limited to documentation related to the review of systems and/or past family/social history. The teaching physician may not refer to a student's documentation of physical exam findings or medical decision making in his or her personal note. If the medical student documents E/M services, the teaching physician must verify and re-document the history of present illness as well as perform and re-document the physical exam and medical decision making activities of the service. *(Per the CMS Claims Processing Manual, 100-04, Chapter 12, 100.1.1)*

THEREFORE: The only Medical Student documentation that supports a professional service by a physician is the Review of Systems and the Past, Family/Social History portion of the history. The teaching physician must both perform and document the rest of the service. The teaching physician must repeat the history of the present illness, the exam, and documentation to support medical decision making even if the medical student performed these portions of the professional service in the teaching physician's presence

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What is Fraud ?

A common question that often comes to our office is "What is fraud?" Fraud is a deliberate deception or misrepresentation practiced in order to gain something of value that results in harm or loss to the institution. Unintentional errors, mistakes or policy violations are not necessarily fraud. Common examples of fraud include: purposeful improper billing for clinical services, diverting cash, supplies or equipment for personal use; requesting reimbursement for personal expenses or for expenses in excess of actual and necessary business costs; and misrepresenting education or credentials to gain employment.

Fraud is most often perpetrated by an individual with complete or inappropriate ownership of a business process, for example by someone who:

- Approves his/her own expenses, reimbursements, timecards or voids
- Has access to others' passwords, signature stamps or workflows
- Never takes time off or allows anyone else to perform a function
- Has the ability to override and/or circumvent established internal controls
- Opens the mail, makes the deposit and applies the payment
- Creates a vendor, makes a purchase and receives and applies the payment
- Performs a reconciliation that no one else reviews or understands

Other conditions that may enable fraud include no requirement for original documentation or receipts to substantiate a claimed business expense and a lack of a management review and approval process. If you suspect fraud at UConn Health, please contact OACE's Reportline at 1-888-685-2637. Please call the Police at 860-679-2121 if direct theft occurs (e.g. items are stolen).



Lets Talk Policies:

*Access and Education Make the Difference **

One of your subordinates comes to you to ask if she is permitted to keep a gift from a customer. How do you know you are giving her the right answer? You certified that you read our code of conduct and other pertinent policies but, with everything you are asked to keep track of, how accurate is your memory?

Our policies, including our code of conduct linked here:

<http://www.audit.uconn.edu/doc/codeofconduct.pdf> are important tools for managing the business risks they address. They set the behavioral standards for all our staff members, but they are only good controls if employees consult the policies when faced with a pertinent issue, and act according to the guidance. As a manager, you have two important responsibilities related to our organization's policies – ensuring access and use.

Employees generally want to do the right thing. It is part of your job to make sure they have access to and know how to use all the important tools that are available to support their efforts. Our organization's policies and procedures are some of those tools and should be referenced and brought forward to encourage continued use. This helps to protect our stakeholders, our coworkers, and our organization. UConn Health's policies can be accessed here: <http://www.policies.uchc.edu/>. Additionally specific units and departments have their own applicable policies and procedures that staff and faculty should be able to easily access.

*TAKEN FROM: Compliance Communicator written by the advisory services division of NAVEX Global, the Ethical Leadership Group.

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Medtronic Settles Lawsuit with United States Government

Medtronic, the largest manufacturer of heart rhythm devices, agreed to pay 9.9 million to settle allegations that it violated the False Claims Act by providing physicians with illegal kickbacks. According to prosecutors, the kickbacks were provided as incentives to encourage physicians to implant Medtronic pacemakers and defibrillators. Prosecutors further argued that the kickbacks resulted in the submission of false claims seeking reimbursement from Medicare and Medicaid for the devices.

The lawsuit arose from a whistle-blower complaint filed by a former Medtronic manager who is expected to receive approximately 1.73 million.*

This settlement is part of the Government's on-going enforcement efforts to limit the ability of manufacturers to influence physician judgment and decision-making with regards to patient care. "Improper financial incentives have the potential to compromise physician medical judgment," said Assistant Attorney General Stuart F. Delery of the Justice Department's Civil Division. "This case demonstrates the Department of Justice's commitment to pursue medical device manufacturers that use improper financial relationships to influence physician decision-making."*

To read the Department of Justice press release please access the following link:

<http://www.justice.gov/opa/pr/2014/May/14-civ-571.html>

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* Department of Justice, Office of Public Affairs Press Release Minnesota-Based Medtronic Inc. to Pay 9.9 Million to Resolve Claims That Company Paid Kickbacks to Physicians <http://www.justice.gov/opa/pr/2014/May/14-civ571.html> (May 2014)