

LEGAL CHECK-UP #5

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CORPORATE COMPLIANCE

- Have you or your practice been audited by Medicare or a private insurance company?
- Have you noticed an increasing number of your claims for reimbursement being denied or down-coded?
- Have you recently entered into an agreement with a vendor, supplier or lessor?
- Are you compliant with HIPAA? Stark? Anti-kickback laws?
- Is your staff receiving regular HIPAA training?
- Do you have Business Associate Agreements in place with 3rd parties who may receive PHI from your practice?

Medicare, Medicaid and private insurance companies aggressively audit medical reimbursement, rightly or wrongly, in an effort to identify and mitigate fraud and abuse. What sounds like reasonable auditing can quickly turn into a nightmare when the government is attempting to “claw-back” thousands of dollars in reimbursements that were properly paid to your office. The billing of services has come under scrutiny by these entities, resulting in retrospective audits, demands for refunds, and offsets to reimbursement. Along with audits, health care providers must be aware of federal and state regulations which prevent certain types of financial arrangements. A violation of any one of these laws may result in civil or criminal liability. By establishing a compliance program and conducting self-audits on a regular basis, the healthcare provider’s practice can prevent these problems.

The government, whether New York State or the Federal Government, has become increasingly involved in monitoring and regulating the practice of medicine, and patients are increasingly sophisticated about making complaints, sometimes in retaliation for a grievance. You should make sure that you institute the necessary compliance procedures to enable you to defend any unwanted government interference. Dealing with government investigations is a costly expense with enormous potential liability that should be avoided whenever possible. Developing a good compliance program is the best way to minimize that risk.