

Legislative Summaries and Educational Resources

Stark (Physician Self-Referral Law)

Summary: Stark Law prohibits referring a Medicare patient for any health service to an entity which the provider (or an immediate family member) has a financial interest unless an exception applies. The entity that receives a prohibited referral may not bill Medicare for services performed. The original Stark Law (Stark I) was enacted in 1989 and basically referred to clinical laboratory services. In 1993, Congress broadened the Stark law (Stark II) to include referrals of a broad array of health services.

CU Medicine efforts...

For further information, click on the link below:

[Stark Law](#)

False Claims Act

Summary: The False Claims Act 31 U.S.C. sec. 3729-3733, protects the federal government against fraud and abuse. Under the False Claims Act (FCA), anyone who knowingly submit, or causes another person or entity to submit, or knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approval of government funds are liable for three times the government's damages plus civil penalties of \$5,500 to \$11,000 per false claim.

The term "knowingly" means that a person:

1. has actual knowledge of the information;
2. acts in deliberate ignorance of the truth or falsity of the information; or
3. acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

The FCA contains qui tam, or whistleblower, provisions which allow anyone with evidence of fraud to sue on behalf of the government, in order to recover overpayments of federally funded health care programs. The Department of Justice can investigate and decide whether to join the action. If the government elects not to intervene, the qui tam relator may proceed with the action. The whistleblower may be awarded a percentage of the recovered funds. For further information, click on the link below:

[False Claims Act and Qui Tam Suits](#)

Anti-Kickback Statute

Summary: The federal anti-kickback law's main purpose is to protect patients and federal health care programs from fraud and abuse. The law states that anyone who knowingly and willfully receives or pays anything of value to influence the referral of federal healthcare business, including Medicare and Medicaid, can be held accountable for a felony. For further information click on the link below:

[Federal Anti-Kickback Law and Regulatory Safe Harbors](#)

Supervising Physicians in Teaching Settings

Summary: Section 15016, Supervising Physicians in Teaching Settings, was revised to clarify the documentation requirements for evaluation and management (E/M) services billed by teaching physicians. The revised language makes it clear that for E/M services, teaching physicians need not repeat documentation already provided by a resident. In addition, the revisions clarify policies for services involving students and other issues and update regulatory references. For further information click on the link below:

[Teaching Physician Services](#)

HIPAA

Summary: The Health Insurance Portability and Accountability Act (HIPAA) signed into federal law in 1996, set national standards regarding security and privacy of a person's health information and define provisions for electronic data interchange. As covered entity, CU Medicine has implemented processes and procedures related to management of protected health information (PHI) that comply with HIPAA requirements.

These include:

1. Appointing a HIPAA Privacy Officer as a single point of contact
2. Creating and implementing an employee HIPAA training program
3. Creating a HIPAA Policy and Procedure Reference Manual
4. Refining operational and communication processes to enhance the security of patient information

CU Medicine is committed to protecting the privacy, security and integrity of individually identifiable health information received from or on behalf of patients. CU Medicine adheres to the highest standards of integrity in the performance of its business and is prepared to maintain compliance with HIPAA and other regulatory requirements by adopting and adjusting policies and processes as necessary. For further information click the below link:

[Understanding Health Information Privacy](#)

CMS List of Excluded Individuals**Screening for Excluded Employees and Contractors**

Summary: Policies and procedures have been established to address non-employment or retention of sanctioned providers, employees, and agents. Sanctioned individuals are persons listed by a federal agency as having been excluded, suspended, or otherwise ineligible for participation in federal programs. Federal law prohibits these individuals from holding any position or rendering any service for which their compensation or the services rendered by them is paid in whole or in part, directly or indirectly, by a federal health care program or through federal funds. For further information click the below link:

[OIG Exclusions Program](#)