OVERVIEW

- Introductions
- Trends in Physician Compensation
- Compliance Tips
- Operationally Managing Agreements
- 5 Best Practices for Active Management
- Questions
Jen Johnson, CFA

Introduction

- Managing Director at VMG Health for over 10 years and leads Professional Service Agreements Division
- Previously with KPMG’s Litigation Services practice & former Finance professor from the University of North Texas
- Served as expert witness in compensation matters and peer editor for Journal of Hospital Administration
- Integral in developing internal compensation processes for some of the largest health systems in the country
- Published / presented over 50 times related to physician compensation and fair market value with recent P4P emphasis
- Lens: 3rd party valuation expert with high-level understanding of legal, compliance and business strategy.
Gail Peace
Introduction

- Founder of Ludi, 2012
- Former Vice President Vanguard Health Systems
- Leader in physician alignment strategies
- Advises hospital, pharmaceutical and device companies on physician payment processes and structures to ensure compliance
- Regular contributor to Becker’s Hospital Review, Health Care Compliance Association, Hospital and Health News
TRENDS IN PHYSICIAN COMPENSATION
Increased regulatory scrutiny

- Huge surge in Qui Tam suits
- Federal funding for fraud and abuse investigations growing
- Numerous and material settlements over past several years (Tuomey, Citizens, Halifax, Bradford, Lexington, etc…)
- Personal accountability now a real thing

New types of arrangements and processes - challenges

- Government and commercial payors continue to introduce alternative payment models at a rapid rate.
  1. Market data and regulatory guidelines for these payments scarce
  2. Waivers conflict with Stark and only cover some deals!!
  3. FFS plus P4P – how to ensure its OK?
- Internal processes and policies for setting compensation not easy to:
  1. Save time
  2. Save money
  3. Increase compliance
1. Employment is not a safe harbor with Tuomey and Halifax settlements – numerous material settlements

2. Physicians being warned, shoulder responsibility with Fraud Alert June 9, 2015

3. Yates Memo, September 15, 2015 putting executives on notice for personal accountability for bad behavior

4. We have begun to see cases where individuals personally pay back money in settlements and may do jail time
REAL PEOPLE, REAL PROBLEMS

✓ Columbus Regional in Georgia - Claims for payment to federal health care programs that misrepresented the level of services they provided - Dr. Pippas to pay $425,000.

✓ Tuomey – hospital settled case and over one year later, former CEO fined $1 million.

✓ North American Health Care Inc, - False claims to government health care programs for medically unnecessary rehabilitation therapy services - chairman of the board agreed to pay $1 million and the senior vice president agreed to pay $500,000.

✓ Sacred Heart Hospital - Former executives and physicians for alleged role in orchestration and participation in unlawful kickback compensation schemes - convicted and sentenced to prison terms.

✓ Recovery Home Care Inc - Former Owner, Mark T. Conklin allegedly paid dozens of physicians thousands of dollars per month to serve as sham medical directors - agreed to pay $1.75 million to settle lawsuit.

✓ Physician Assistant, Kyle D. Gandy - Sentenced to 14 months in prison and ordered to pay $18,030 in restitution for accepting illegal kickbacks for referring patients to medical clinics, physical therapy clinics, and a home health care agency.
**Compensation Arrangement Types & Trends**

<table>
<thead>
<tr>
<th>Administrative Services*</th>
<th>Call Coverage*</th>
<th>Co-management (fixed + variable)*</th>
<th>Subsidy*</th>
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<tr>
<td>P4P, Bundled, &amp; ACO Payment models*</td>
<td>PSA Model ($/WRVU + expenses)*</td>
<td>Professional/technical splits</td>
<td>Clinical Services*</td>
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<tr>
<td>Billing and Collection Management/IT Development</td>
<td>Medical Director*</td>
<td>AMCs Tier 1,2,3 (Sunshine Provision)</td>
<td>Telemedicine Hub to spoke Hub to provider System to Vendor</td>
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**HOT TOPICS in COMPENSATION DURING 2016**

1. **Internal processes for setting compensation**

2. **P4P components – newest challenges for determining FMV**
Internal Processes for Setting Physician Compensation

Many health systems have a partially or fully automated opinion process primarily for traditional arrangements which remain at the forefront of scrutiny

1. Medical Director
2. On-call Coverage
3. Clinical Compensation
   ▪ Shows consistency which is important
   ▪ Survey licenses – new issue, make sure your internal processes are compliant with survey licenses

Not all health systems are structured alike, FMV process differs based upon:

▪ Risk tolerance (may change with leadership as well as external market forces) – where are thresholds, 75th ok?
▪ Health system’s approach to physician agreements (consistent -> each unique)
▪ Structure of physician alignment team and decision process
  – Team dedicated to physician compensation
  – Legal, business development, compliance, or facility-level decisions
  – Decentralized or centralized opinion requests

The 3 C’s of FMV Deliverables – must be understood and balanced

▪ Cost – importance
▪ Compliance – risk tolerance
▪ Convenience – speed, need for assistance
COMPLIANCE TIPS
Physician Arrangement Process

1. Establish policies

2. Educate team on FMV, CR and internal policies

3. Commercially Reasonable – confirm

4. Agreement terms must be understood, then determine FMV
   - What services will be provided?
   - How will parties be compensated?

5. Determine how to document compliance – whether internal process or appraisal firm, must reflect consistency and an understanding of:
   - Healthcare regulations
   - Fair Market Value defined in healthcare

6. Monitor arrangement
Commercially Reasonable Snapshot

- Pre-cursor to determining FMV

- *An arrangement will be considered “commercially reasonable” in the absence of referrals if the arrangement would make commercial sense …, even if there were no potential DHS (designated health services) referrals.* (69 Federal Register (March 26, 2004), Page 16093)

- Arrangement must make business sense absent considering referrals

- Hospital leadership must understand this standard since they will primarily be the individuals who assess CR. **Sample** considerations:
  - Operational assessment – does the community need this service/number of specialists?
  - Physician requirements – are the number of hours required?
  - Financial options – can you lease equipment from a third party vendor at a better rate than from a physician group?

- Counsels role – did hospital leadership walk through the business considerations and is it structured consistent with regulatory guidelines?

- Valuation role – is the compensation at FMV?
Fair Market Value Snapshot

- Agreements should carefully be constructed
  - Compensation should not be tied to expected or actual referrals. This is important when establishing compensation or when setting mechanism to drive compensation.
  - Carefully construct alternative payment models (gainshare, MSSP, ACO, bundled payments) since often tied to other (non-physician) income streams. [stark conflicts with waivers, tricky]

- Do not determine FMV based on
  - What the hospital next door is paying.
  - Non-comparable services and associated fees (ie: management vs. co-management).
  - Solely on opportunity cost of the physician performing a different service, or their “going rate” (surgery vs administrative work).
Compliance Checklist

- Medical Directorships - Document services and track time, pay hourly
- Call coverage – understand the burden of call per OIG opinions, caution on surveys
- Clinical services and employed compensation
  - Benchmark productivity – average productivity warrants average compensation
  - Losses in a practice - understand reason (safety net hospital, restricted coverage, coordinated care costs)
  - Stacking – total dollars and hours make sense?
- P4P – understand risk and responsibility for new payment models prior to establishing allocation of funds
- Best Practice - internal policies for compliance:
  1. A consistent process to determine FMV, including written agreements
  2. Internal thresholds with triggers when a 3rd party appraisal may be needed
  3. **Understand and verify the assumptions underlying any valuation**
  4. Monitor to ensure that services were performed
  5. Review agreement to verify the need for services still exist
OPERATIONALLY MANAGING AGREEMENTS
Physician turns in a time log the first month that puts the organization at risk

Paper-based documentation is often lacking necessary details to be compliant
Your organization is at risk with outdated manual processes

The costs to your organization aren’t just in dollars

- Physicians are dissatisfied
- Manual errors are more likely
- Staff time spent on rework is time consuming and costly
- Compliance risks are heightened
Multiple hand-offs with multiple processes increase the likelihood of manual errors

- Physician Logs Time
- Physician Receives Payment
## Pitfalls of current processes

### Process Related
- Contract ends
- Late logs submitted
- Multiple submitted logs
- Duties not checked
- Illegible time logs
- No routine time logs submitted
- Paper is lost

### Agreement Parameters
- Duties unclear
- Time to submit isn’t outlined
- Format leads to incorrect information submitted
- Duplication of duties across agreements
- Joinders missing

### Fair Market Value (FMV)
- Operationally not maintained
- Contract not adjudicated
- Layer of agreements
- Calculations incorrect
- Math incorrect due to complex structure
5 BEST PRACTICES FOR ACTIVE MANAGEMENT
1. Remove Steps That Don’t Add Value

**Does the log meet the terms of the agreement?**
1. Did the physician document the work?
2. Work is within scope of the agreement?
3. Physician signed the time log?
4. Did leadership confirm the work?
5. Did the work pass compliance audit?
6. Timeframe for submission is current?
7. Did the agreement expire?
8. Are approvals in place?
9. Has this payment already been made?
10. Is the pay at Fair Market Value?
2. Collect Time Logs for All Compensable Duties

**DocTime Log - Dr. Sally Gupta**

<table>
<thead>
<tr>
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<th>Location</th>
<th>Duty</th>
<th>Hours</th>
<th>Notes</th>
</tr>
</thead>
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<td>03/09/2015</td>
<td>3500 South</td>
<td>Chart Review</td>
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<td>Dr. Sally Gupta (2015-03-09 18:07:06): Reviewed OP chemo charts for week of Feb 23, 2015.</td>
</tr>
<tr>
<td>03/10/2015</td>
<td>Board Room</td>
<td>Committee Meeting</td>
<td>1.00</td>
<td>Dr. Sally Gupta (2015-03-10 15:36:05): Met with Mark and Pascale.</td>
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**Cycle:** 03/01/2015 ~ 03/31/2015

**Client:** Saint Elsewhere Hospital

**Contract:** Director of Hematology
3. Standardize and Streamline Duties

- Ensure that the service line adheres to each hospital’s policies and procedures, applicable laws and regulations, accrediting body requirement and other regulatory compliance, and make recommendations to hospital personnel.
- The Director shall ensure compliance with regulatory agencies governing the medical staff, including the Joint Commission and state and federal agencies with the assistance of hospital personnel in the service.
- The Medical Director, in collaboration with the unit leadership, nursing director and hospital leadership, facilitates compliance with: department policies; TJC standards; federal rules and regulations; corporate integrity agreements

Reduce Variation

- Time consuming to check time log against specific duties each month – operational challenge

10 Unique Duties Per Facility
(10 x 60 = 600)
4. Approver Training and Accountability

Access to physician’s historical and current logs

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<thead>
<tr>
<th>Name</th>
<th>Contract</th>
<th>Approver</th>
<th>Start</th>
<th>End</th>
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### 5. Mind the Math with Automation

#### Current time log details

<table>
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<tr>
<th>Physician</th>
<th>Agreement</th>
<th>Rate</th>
<th>Avg hours Paid/Cycle</th>
<th>Avg hours Submitted/Cycle</th>
<th>Avg $ Paid/Cycle</th>
<th>YTD Hours Paid</th>
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<td>Test Contract</td>
<td>$200</td>
<td>6.00</td>
<td>6.00</td>
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<td>Dr. Sam Smith</td>
<td>Primary Care Co-Management</td>
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<td>Dr. Ruben Velasquez</td>
<td>Primary Care Co-Management</td>
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<td>$275</td>
<td>$100</td>
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</table>

**Totals (23 duties)**

|                       |                       |       |                     |                       |                     | 613.00         | 653.00               | $79,237.90      |
Infrastructure Needs to Support Compliant Tracking and Analysis

- Physicians are accountable
- Clear expectations
- Payments are within scope
- Dashboards and data
- Manage what you measure
Questions?

Final Take-Aways on Physician Arrangement Integrity

1. Understand settlements and regulatory guidance

2. Establish polices and educate team

3. Always ensure FMV and CR

4. Monitor physician documentation

5. Adjudicate each payment and review annually