

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Advisory Committee on HIV and STD Prevention: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

Name: CDC Advisory Committee on HIV and STD Prevention.

Times and Dates: 8:30 a.m.-5 p.m., January 21, 1999. 8:30 a.m.-3 p.m., January 22, 1999.

Place: Corporate Square Office Park, Corporate Square Boulevard, Building 11, Room 1413, Atlanta, Georgia 30329.

Status: Open to the public, limited only by the space available. The meeting room will accommodate approximately 100 people.

Purpose: This Committee is charged with advising the Director, CDC, regarding objectives, strategies, and priorities for HIV and STD prevention efforts including maintaining surveillance of HIV infection, AIDS, and STDs, the epidemiologic and laboratory study of HIV/AIDS and STDs, information/education and risk reduction activities designed to prevent the spread of HIV and STDs, and other preventive measures that become available.

Matters to be Discussed: Agenda items include issues pertaining to syphilis elimination; perinatal HIV elimination; behavioral surveillance; and HIV prevention research activities. Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Beth Wolfe, Committee Management Analyst, National Center for HIV, STD, and TB Prevention, 1600 Clifton Road, NE, Mailstop E-07, Atlanta, Georgia 30333. Telephone 404/639-8008, fax 404/639-8600, e-mail eow1@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: December 11, 1998.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98-33543 Filed 12-17-98; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Solicitation of Information and Recommendations for Developing OIG Compliance Program Guidance for the Nursing Home Industry

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice.

SUMMARY: This **Federal Register** notice seeks the input and recommendations of interested parties into the OIG's development of a compliance program guidance for the nursing home industry and its providers and suppliers, especially those serving Medicare and Medicaid beneficiaries. Many providers and provider organizations have expressed an interest in better protecting their operations from fraud and abuse. The OIG has developed guidances for hospitals, clinical laboratories, home health agencies and third-party medical billing companies. Currently, the OIG has under development compliance program guidance for the durable medical equipment, prosthetic and orthotic supply industry and Medicare+Choice organizations with coordinated care plans. In order to provide a clear and meaningful guidance to those segments of the health care industry involved in the ownership and operation of nursing care facilities, the OIG is soliciting comments, recommendations and suggestions from concerned parties and organizations on how best to develop a compliance program guidance and reduce fraud and abuse within the nursing home industry.

DATES: To assure consideration, comments must be delivered to the address provided below by no later than 5 p.m. on February 16, 1999.

ADDRESSES: Please mail or deliver your written comments, recommendations and suggestions to following address: Office of Inspector General, Department of Health and Human Services, Attention: OIG-5-CPG, Room 5246, Cohen Building, 330 Independence Avenue, SW, Washington, DC 20201.

We do not accept comments by facsimile (FAX) transmission. In commenting, please refer to the file code OIG-5-CPG. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 5541 of the Office of Inspector General at 330 Independence Avenue, SW, Washington, DC 20201 on Monday

through Friday of each week from 8 a.m. to 4:30 p.m.

FOR FURTHER INFORMATION CONTACT: Stephen Davis, Office of Counsel to the Inspector General, (202) 619-2078.

SUPPLEMENTARY INFORMATION: The development of compliance program guidances continues as a major OIG initiative as a vehicle for engaging the private health care community in an effort to reduce fraud and abuse. This nursing home guidance represents another step in the OIG's plan to encourage the implementation of compliance programs in specific segments of the health care industry.¹ As in the past, this guidance is designed to provide clear direction and assistance to Medicare and Medicaid nursing home providers, their owners and suppliers, who are interested in reducing and eliminating fraud and abuse within their organizations.

The guidance represents the culmination of the best suggestions and recommendations from the OIG and from representatives of the private health care community on how providers can most effectively establish internal controls and implement monitoring procedures to identify, correct and prevent fraudulent and wasteful activities. As stated in previous guidances, these guidelines are not mandatory for providers, nor do they represent an exclusive document of advisable elements of a compliance program.

In an effort to formalize the process by which the OIG receives public comments in connection with compliance program guidances, the OIG is seeking, through this **Federal Register** notice, formal input from interested parties as the OIG begins developing the compliance program guidance for Medicare and Medicaid covered nursing home facilities, their providers and suppliers. The OIG considers all comments, recommendations and suggestions submitted and received by the time frame indicated above.

The OIG anticipates that the nursing home guidance will contain seven elements that the OIG considers necessary for a comprehensive compliance program. These seven elements have been discussed in our previous guidances and include:

- The development of written policies and procedures;

¹ See 62 FR 9435 (March 3, 1997) for clinical laboratories, as amended in 63 FR 45076 (August 24, 1998); 63 FR 8987 (February 23, 1998) for hospitals; 63 FR 42410 (August 7, 1998) for home health agencies, and for third party medical billing companies appearing elsewhere in this **Federal Register**. The guidance can also be found on the OIG web site at <http://www.dhhs.gov/progorg/oig>.

- The designation of a compliance officer and other appropriate bodies;
- The development and implementation of effective training and education programs;
- The development and maintenance of effective lines of communication;
- The enforcement of standards through well-publicized disciplinary guidelines;
- The use of audits and other evaluation techniques to monitor compliance; and
- The development of procedures to respond to detected offenses and to initiate corrective action.

The OIG would appreciate specific comments, recommendation and suggestions on (1) risk areas for the nursing home industry, and (2) aspects of the seven elements contained in previous guidances that may need to be modified to reflect the unique characteristics of the nursing home industry. Detailed justifications and empirical data supporting suggestions would be appreciated. The OIG is also hopeful that any comments, recommendations and input be submitted in a format that addresses the above topics in a concise manner, rather than in the form of comprehensive draft guidance that mirrors previous guidances.

Dated: December 14, 1998.

June Gibbs Brown,

Inspector General.

[FR Doc. 98-33566 Filed 12-17-98; 8:45 am]

BILLING CODE 4150-04-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Publication of the OIG Compliance Program Guidance for Third-Party Medical Billing Companies

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice.

SUMMARY: This **Federal Register** notice sets forth the recently issued Compliance Program Guidance for Third-Party Medical Billing Companies developed by the Office of Inspector General (OIG) in cooperation with, and with input from, the Health Care Financing Administration, the Department of Justice and representatives of various trade associations and health care practice groups. The OIG has previously developed and published compliance program guidance focused on the clinical laboratory and hospital

industries and on home health agencies. We believe that the development and issuance of this compliance program guidance for third-party medical billing companies will serve as a positive step towards promoting a higher level of ethical and lawful conduct throughout the entire health care industry.

FOR FURTHER INFORMATION CONTACT:

Susan Lemanski, Office of Counsel to the Inspector General, (202) 619-2078

SUPPLEMENTARY INFORMATION:

Background

The creation of compliance program guidance remains a major effort by the OIG in its effort to engage the health care community in combating fraud and abuse. In formulating compliance guidance, the OIG has worked closely with the Health Care Financing Administration (HCFA), the Department of Justice (DOJ) and various sectors of the health care industry to provide clear guidance to those segments of the industry that are interested in reducing fraud and abuse within their organizations. The 3 previously-issued compliance program guidances were focused on the hospital industry, home health agencies clinical laboratories, and were published in the **Federal Register** on February 23, 1998 (63 FR 8987), August 7, 1998 (63 FR 42410) and August 24, 1998 (63 FR 45076), respectively. The development of these types of compliance program guidance is based on our belief that a health care provider can use internal controls to more efficiently monitor adherence to applicable statutes, regulations and program requirements.

Elements for an Effective Compliance Program

Through experience, the OIG has identified 7 fundamental elements to an effective compliance program. They are:

- Implementing written policies, procedures and standards of conduct;
- Designating a compliance officer and compliance committee;
- Conducting effective training and education;
- Developing effective lines of communication;
- Enforcing standards through well-publicized disciplinary guidelines;
- Conducting internal monitoring and auditing; and
- Responding promptly to detected offenses and developing corrective action.

Third-Party Medical Billing Companies

Increasingly, third-party medical billing companies are providing crucial services that could greatly impact the

solvency and stability of the Medicare Trust Fund. Health care providers are relying on these billing companies to a greater degree in assisting them in processing claims in accordance with applicable statutes and regulations. Additionally, health care professionals are consulting with billing companies to provide timely and accurate advice with regard to reimbursement matters, as well as overall business decision-making. As a result, the OIG considers compliance program guidance to third-party medical billing companies particularly important in efforts to combat health care fraud and abuse. Further, because individual billing companies may support a variety of providers with different specialties, we recommend that billing companies coordinate with their provider-clients in establishing compliance responsibilities. Using these 7 basic elements outlined above, the OIG has identified specific areas of third-party medical billing company operations that may prove to be vulnerable to fraud and abuse.

Like previously-issued OIG compliance guidances, adoption of the Compliance Program Guidance for Third-Party Medical Billing Companies set forth below will be strictly voluntary. A reprint of this compliance program guidance follows:

Office of Inspector General's Compliance Program Guidance for Third-Party Medical Billing Companies

I. Introduction

The Office of Inspector General (OIG) of the Department of Health and Human Services (HHS) continues in its efforts to promote voluntarily developed and implemented compliance programs for the health care industry. The following compliance program guidance is intended to assist third-party medical billing companies (hereinafter referred to as "billing companies")¹ and their agents and subcontractors in developing effective internal controls that promote adherence to applicable Federal and State law, and the program requirements of Federal, State and private health plans.

Billing companies are becoming a vital segment of the national health care industry.² Increasingly, health care

¹ For the purposes of this compliance program guidance, "third-party medical billing companies" include clearinghouses and value-added networks.

² Recent survey results from the Healthcare Billing and Management Association (HBMA) show that its membership processes more than 17.6 million claims per month totaling \$18 billion a year.