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Today's Discussion

- Compliance Program Effectiveness
- Impactful Data: Driving Your Risk Assessment and Auditing & Monitoring
- Case Studies: Using Data Analytics to Identify Risks
- Recent OIG Settlements: Would Your Auditing & Monitoring Program Identify This Issue?
- Questions & Discussion




Compliance Program Effectiveness
 Industry Standards: Auditing & Monitoring Guidance Documents

OIG Model Compliance Guidance – Physicians & Small Group Practices


- Published - September 2000
- Outlined the “7 Elements” including guidance for Auditing & Monitoring
- Recommended “benchmarking” as a way reducing / eliminating risks

Measuring Effectiveness

- Auditing and monitoring should be based on risk assessment
- Frequency and scope of risk assessments should be appropriate for practice/group/provider types
- Risk assessments help to **zero in** on compliance risks



Measuring Compliance Program Effectiveness: A Resource Guide
HCCA-OIG Compliance Effectiveness Roundtable Roundtable Meeting January 15, 2017 | Washington, DC




<https://oig.hhs.gov/compliance/101/files/HCCA-OIG-Resource-Guide.pdf>

Compliance Program Effectiveness
Auditing & Monitoring Plan Development

Risk Assessment Best Practices

- ✓ Perform / update annually
- ✓ **Customize** to your practice/group/ specialties/providers
 - By specialty(ies) / provider type(s)
 - Include full scope of services / procedures
- ✓ Incorporate **known industry and organizational risk areas**
 - OIG Work Plan
 - RAC or other identified payer audit risk issue(s)
 - Coverage guidelines
 - Hotline or other department feedback (e.g. Revenue Cycle)




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Compliance Program Effectiveness
Auditing & Monitoring Plan Development

Risk Assessment Best Practices (cont.)

- ✓ Include **analysis of claims / billing data**
 - Code outlier based
 - High risk modifier usage (e.g. -59 and -25)
- ✓ Include testing of system functionality and business process
 - ✓ Charge capture interfaces with other clinical systems (e.g. MUSE – Cardiology)
 - ✓ Automatic charge capture or modifier assignment (default coding)
 - ✓ Use of Copy/Paste functionality
- ✓ **Prioritize** based on potential risk and compliance resources




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Compliance Program Effectiveness
Auditing & Monitoring Plan Development

Potentially Less Effective Approaches

- Reactive (focus only on known risk areas)
- 10 Encounters / year / provider
- Random / non-targeted sampling
- No data analysis
- Includes limited code sets / provider types:
 - E/M services only
 - High level E/M services only (e.g. 99204 – 99205 and 99214 – 99215)
 - Physicians only (excludes APPs, other billing providers)




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Compliance Program Effectiveness
Risk Assessment: Constructing a Playbook

Know the Risk Areas for Your Provider Types / Specialties

- Applicable NCD / LCD guidelines
- Payor coverage guidelines
- OIG work plan / settlements
- Claim denials
- RAC audit issues
- High-risk modifier combinations (e.g., 25, 59)
- System(s) functionality and tools
 - Computer-assisted coding (CAC) systems
 - CDM default code sets
- Copy/Paste functionality and Policies & Procedures




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Compliance Program Effectiveness
Developing a Customized Audit Plan

Example – Audit Plan Components


Risk Area	Objective(s)	Process
Physician Orders	To ensure proper orders are documented by the treating physician per published LCDs.	• Verify treating provider order exists
JW Modifier	To ensure proper documentation exists for single use vial drug usage and wastage	• Verify single dose vial usage and wastage amounts are documented • Verify billed units for single dose vial usage and wastage correspond to documentation • Verify JW modifier used appropriately
Supervision Requirements	To ensure supervision requirements were met per CMS guidelines for services performed <ul style="list-style-type: none"> • General • Personal • Direct • Incident to • Split / Shared • Teaching Physician 	• Verify documentation reflects supervising physician's presence for the key components of the service rendered or • Verify billing physician was immediately available in the office suite (e.g., review of clinic schedules)



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Impactful Data: Driving Your Auditing & Monitoring
Data to Incorporate in Your Audit Plan

Paid Claims Data	
Data Source	Field Detail Needed
Billed Charge / Paid Claim Data	Most recent 6-12 months to include: <ul style="list-style-type: none"> • Billing Provider • Rendering Provider (if available) • CPT • Modifier(s) • Units • ICD code(s) • Payer • Payment detail • Date of service • Place of service
Claim Denials	Most recent 6-12 months to include: <ul style="list-style-type: none"> • Denial reason code • Filter to those related to coding / charge capture / medical necessity • \$\$ value • Count / Volume
Pre-bill claim edit work queues	<ul style="list-style-type: none"> • Rejection type • Volumes
Explanation of Benefits / Remittance Advice (sampled claims)	<ul style="list-style-type: none"> • Reconciliation to billed charges • Denial / Rejection reason codes • Trend identification



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Impactful Data: Driving Your Auditing & Monitoring Data to Incorporate in Your Audit Plan

Paid Claims Data - Example of Benefits / Remittance Advice

Table with columns: ADJ1, ADJ2, ADJ3, ADJ4, ADJ5, ADJ6, ADJ7, ADJ8, ADJ9, ADJ10, ADJ11, ADJ12, ADJ13, ADJ14, ADJ15, ADJ16, ADJ17, ADJ18, ADJ19, ADJ20, ADJ21, ADJ22, ADJ23, ADJ24, ADJ25, ADJ26, ADJ27, ADJ28, ADJ29, ADJ30, ADJ31, ADJ32, ADJ33, ADJ34, ADJ35, ADJ36, ADJ37, ADJ38, ADJ39, ADJ40, ADJ41, ADJ42, ADJ43, ADJ44, ADJ45, ADJ46, ADJ47, ADJ48, ADJ49, ADJ50, ADJ51, ADJ52, ADJ53, ADJ54, ADJ55, ADJ56, ADJ57, ADJ58, ADJ59, ADJ60, ADJ61, ADJ62, ADJ63, ADJ64, ADJ65, ADJ66, ADJ67, ADJ68, ADJ69, ADJ70, ADJ71, ADJ72, ADJ73, ADJ74, ADJ75, ADJ76, ADJ77, ADJ78, ADJ79, ADJ80, ADJ81, ADJ82, ADJ83, ADJ84, ADJ85, ADJ86, ADJ87, ADJ88, ADJ89, ADJ90, ADJ91, ADJ92, ADJ93, ADJ94, ADJ95, ADJ96, ADJ97, ADJ98, ADJ99, ADJ100.



Horizontal lines for notes or additional data.

Impactful Data: Driving Your Auditing & Monitoring Data to Incorporate in Your Audit Plan

Paid Claims Data - Example Denials Analysis

Table with columns: Specialty / Department, # of Denials, Charge Amounts. Rows include: Anesthesiology, Behavioral Health, Cardiology, Dermatology, Emergency.



Horizontal lines for notes or additional data.

Impactful Data: Driving Your Auditing & Monitoring Data to Incorporate in Your Audit Plan

Supplemental Data

Table with columns: Data Source, Purpose. Rows include: Appointment Schedules, Provider enrollment, Coding / Billing Guidelines by Specialty, CMS / Medicare NCDs / LCDs, Medical Record Documentation.



Horizontal lines for notes or additional data.

Impactful Data: Driving Your Auditing & Monitoring
 Data to Incorporate in Your Audit Plan

Supplemental Data – Example NCD / LCD

National Government Services – Psychiatry and Psychology Services (L39632)

Coverage Criteria. The services must meet the following criteria:

Individualized Treatment Plan. The plan must state the type, amount, frequency, and duration of the services to be furnished and indicate the diagnosis and anticipated goals. (A plan is not required if only a few brief services will be furnished.)

Reasonable Expectation of Improvement. Services must be for the purpose of diagnostic study or reasonably be expected to improve the patient's condition. The treatment must, at a minimum, be designed to reduce or control the patient's psychiatric symptoms so as to prevent relapse or hospitalization, and improve or maintain the patient's level of functioning. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 6, Section 70.1.)

It is not necessary that a course of therapy have as its goal restoration of the patient to the level of functioning exhibited prior to the onset of the illness, although this may be appropriate for some patients. For many other psychiatric patients, particularly those with long-term chronic conditions, control of symptoms and maintenance of a functional level to avoid further deterioration or hospitalization is an acceptable expectation of improvement. "Improvement" in this context is measured by comparing the effect of continuing treatment versus discontinuing it. Where there is a reasonable expectation that if treatment services were withdrawn the patient's condition would deteriorate, relapse further, or require hospitalization, this criterion would be met (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 6, Section 70.1).

Some patients may undergo a course of treatment which increases their level of functioning, but then reach a point where further significant increase is not expected (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 6, Section 70.1). When stability can be maintained without further treatment or with less intensive treatment, the psychological services are no longer medically necessary.

Frequency and Duration of Services. There are no specific limits on the length of time that services may be covered. There are many factors that affect the outcome of treatment: among them are the nature of the illness, prior history, the goals of treatment, and the patient's response. As long as the evidence shows that the patient continues to show improvement in accordance with his/her individualized treatment plan, and the frequency of services is within accepted norms of medical practice, coverage may be continued. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 6, Section 70.1.)

When a patient reaches a point in his/her treatment where further improvement does not appear to be indicated and there is no reasonable expectation of improvement, the outpatient psychiatric services are no longer considered reasonable or medically necessary.



Impactful Data: Driving Your Auditing & Monitoring
 Data to Incorporate in Your Audit Plan

Industry Data

Data Source	
CMS – Utilization Benchmarking Data	Centers for Medicare & Medicaid Services (CMS) Medicare Provider Utilization and Payment Data: Physician and Other Supplier https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Physician-and-Other-Supplier.html
CMS – MAC Audit Results / Audit Data	Example: National Government Services (NGS) New York State E/M Pre-payment Medical Review Audit Results



Impactful Data: Driving Your Auditing & Monitoring
 Data Analytics for Identification of Outliers / Potential Risk Areas

Methodologies:

- Benchmarking
 - E/M
 - Procedures – Top 20
 - Services outside expected scope for provider / specialty
- Data Normalization ("Bell Curve")
- Trend Identification
 - Code Utilization Patterns / Variances
 - Omissions
 - Potential Unbundling / Inappropriate Modifier Usage



Impactful Data: Driving Your Auditing & Monitoring

Benchmarking: E/M Example

Evaluation & Management	CPT	CPT Description	CPT Count	%	CMS	
					CPT Count	%
New Patient	99201	New Patient, Office or other outpatient visit	1	0%	2,069	1%
	99202	New Patient, Office or other outpatient visit	4	2%	34,859	9%
	99203	New Patient, Office or other outpatient visit	3	1%	19,141	5%
	99204	New Patient, Office or other outpatient visit	10	5%	103,884	32%
	99205	New Patient, Office or other outpatient visit	18	100%	18,019	4%
Grand Total						
Established Patient	99211	Established Patient, Office or other outpatient visit	1	0%	16,907	1%
	99212	Established Patient, Office or other outpatient visit	104	50%	625,581	43%
	99214	Established Patient, Office or other outpatient visit	99	47%	666,508	46%
	99215	Established Patient, Office or other outpatient visit	6	3%	29,799	2%
	Grand Total					
ED Visit	99281	Emergency Department Visit	3	0%	35,634	0%
	99282	Emergency Department Visit	84	3%	227,577	1%
	99283	Emergency Department Visit	423	17%	2,084,385	13%
	99284	Emergency Department Visit	991	41%	4,238,494	28%
	99285	Emergency Department Visit	642	26%	9,680,527	65%
Grand Total						

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Impactful Data: Driving Your Auditing & Monitoring

Benchmarking: Procedure – Top 20 Example

Procedure	Description	2017 Practice Data		2016 CMS National Benchmark		Difference from National Benchmark
		Medicare Claim Lines	% of Medicare Claim Lines	% of Medicare Claim Lines	% of Medicare Claim Lines	
43239	Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	1,711	38%	30%	38%	8%
45380	Biopsy of large bowel using an endoscope	714	16%	21%	16%	-5%
43249	Balloon dilation of esophagus using an endoscope	166	4%	2%	1%	1%
45395	Removal of polyps or growths of large bowel using an endoscope	312	7%	18%	7%	-11%
43248	Insertion of guide wire with dilation of esophagus using an endoscope	296	7%	2%	4%	3%
43278	Diagnostic examination of large bowel using an endoscope	432	10%	8%	2%	8%
43235	Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	213	5%	7%	5%	-2%
43255	Control of bleeding of esophagus, stomach, and/or upper small bowel using an endoscope	61	1%	1%	0%	1%
43288	Destruction of large bowel growths using an endoscope	12	0%	1%	0%	1%
43264	Removal of stone from bile or pancreatic duct using an endoscope	84	2%	1%	1%	1%
91110	Imaging of digestive tract done from the inside of the digestive tract	141	3%	1%	2%	1%
43231	Biopsy of large bowel using an endoscope	77	2%	1%	1%	1%
45381	Inspection of large bowel using an endoscope	37	1%	2%	1%	-1%
43242	Ultrasound guided needle aspiration or biopsy of esophagus, stomach, and/or upper small bowel using an endoscope	59	1%	1%	1%	0%
43262	Incision of pancreatic outlet muscle using an endoscope	41	1%	1%	0%	1%
43274	Placement of stent pancreatic or bile duct using an endoscope	32	1%	1%	0%	1%
46221	Removal of hemorrhoid by rubber banding	49	1%	1%	0%	1%
43259	Ultrasound examination of esophagus, stomach and/or upper small bowel using an endoscope	48	1%	1%	0%	0%
Total		4,533	100%	100%	6%	

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Impactful Data: Driving Your Auditing & Monitoring

Benchmarking: Outside Expected Scope Example

DOS	Provider	Procedure Code	Modifier
1/12/2017	Ob/Gyn	59510	AT
2/21/2017	Ob/Gyn	59514	AT
3/21/2017	Ob/Gyn	99223	25 GC
7/5/2017	Ob/Gyn	59400	AT
11/17/2017	Ob/Gyn	59400	AT
11/24/2017	Ob/Gyn	99232	25 GC
12/30/2017	Ob/Gyn	59400	

Modifiers

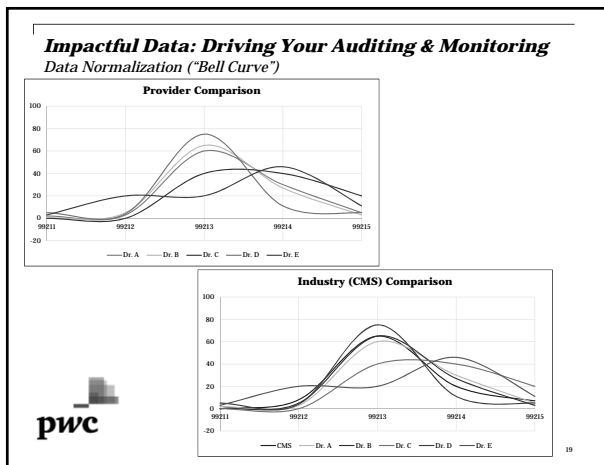
AT: Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942 – chiropractic manipulative treatments)

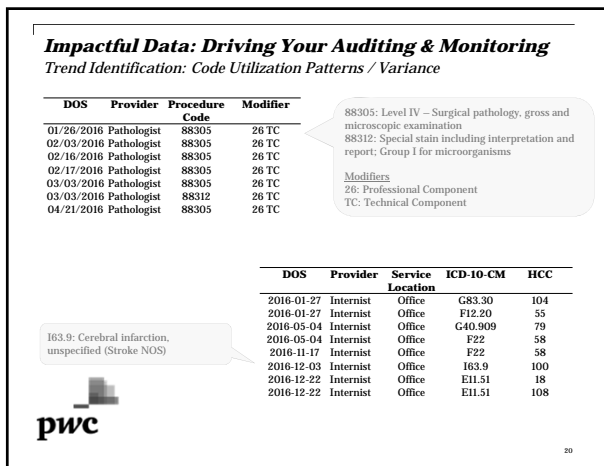
GC: This service has been performed in part by a resident under the direction of a teaching physician

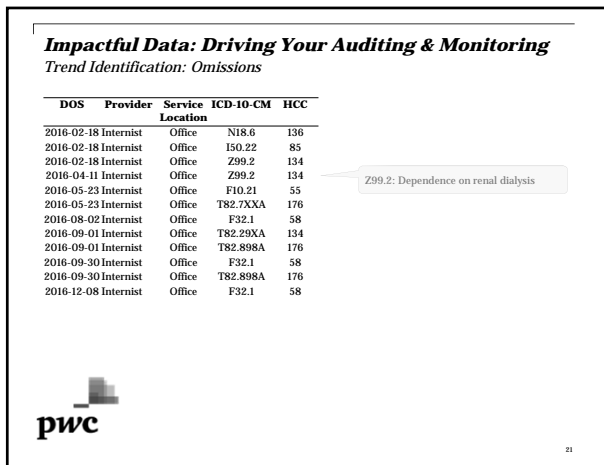
25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

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Case Studies: Using Data to Uncover Issues
Trend Identification

Dermatology Services				
Service Date	CPT Code	Modifier	Units	Procedure Description
5/17/2018	99214	25	1	E/M - Est Pt - Level 4
5/17/2018	11301	XS	1	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
5/17/2018	11301	76	1	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm

Modifier	Description
76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure



Recent OIG Settlements: Would Your Auditing & Monitoring Program Identify This Issue?
Physician Supervision

04/28/2017 Voluntary Disclosure Repayment: \$14,638
Allergy Provider: Immunotherapy injections provided without the requisite physician supervision

Your Auditing / Monitoring Approach:	
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Recent OIG Settlements: Would Your Auditing & Monitoring Program Identify This Issue?
Up Coding


07/27/2017 Voluntary Disclosure Repayment: \$3,364,000
Physician group improperly filed claims for:
• Upcoded E/M services
• Upcoded Doppler & Ultrasound testing services

Your Auditing / Monitoring Approach:	
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Recent OIG Settlements: Would Your Auditing & Monitoring Program Identify This Issue?
Physical Therapy

06/23/2017 Voluntary Disclosure	Repayment: \$368,741
Physical therapy group filed claims for:	
<ul style="list-style-type: none"> • Billing for direct one-on-one (individual) therapy when the PT was treating more than one patient at the same time (group) • Re-evaluations when the provider was only re-certifying an existing plan of care 	
Your Auditing / Monitoring Approach:	




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Questions / Discussion



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