

HCCA 2018 Boston Regional Compliance Conference:
Leveraging Data to Enhance Billing Compliance Monitoring and Auditing Activities

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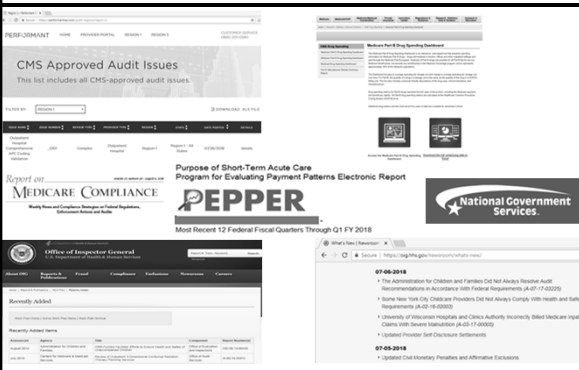
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Agenda

- Making the case and coming up with ideas for data mining
- Sample Risk Areas to Monitor
 - Medicare short stays (Observation and Inpatient) – Every Medicare Contractor
 - Medicare Post-Acute Transfers (Condition codes 42/43 on inpatient claims)– New OIG Work Plan Item
 - Outpatient Intensity Modulated Radiation Therapy (IMRT) – OIG Work Plan
 - Right Heart Catheter and Biopsy – OIG Work Plan
 - Condition codes 42/43 on inpatient claims– New OIG Work Plan Item
 - Outlier Payments – OIG Hospital Compliance Reviews
 - Claims with Payments Exceeding Charges – OIG Hospital Compliance Reviews
 - Drug unit billing – new challenges (JW, JG) – OIG Work Plan
 - Emergency Department E&Ms – New PEPPER Metric

Data Mining/Dashboarding Ideas



The dashboard displays several key components:

- CMS Approved Audit Issues:** A section listing all CMS-approved audit issues with a search filter.
- PEPPER Program:** Information about the Purpose of Short-Term Acute Care Program for Evaluating Payment Patterns Electronic Report, including the most recent 12 Federal Fiscal Quarters through Q1 FY 2018.
- National Government Services:** A logo for the National Government Services organization.
- Office of Inspector General:** A sidebar menu with options for Home, Reports & Publications, and Compliance.
- Security Address:** A section for security-related information.
- News/Updates:** A list of recent updates, including:
 - 07-06-2018:** The Administration for Children and Families Did Not Always Thoroughly Audit Recommendations in Accordance with Federal Requirements (A-07-07-0020); Statewide 100-Day Closure of Providers Did Not Always Comply with Health and Safety Requirements (A-02-16-0005); University of Wisconsin Hospitals and Clinics Authority Incorrectly Billed Medicare Inpatient Claims with Service Identification (A-02-17-0000); Updated Provider Self-Disclosure Statements.
 - 07-05-2018:** Updated Civil Monetary Penalties and Affirmative Exclusions.

Reasons to do Data Monitoring

- Public dissemination of data by government (physician payment data, Sunshine Act, etc.) increases the importance of keeping on top of the data
- Can facilitate benchmarking and defining focused risk area reviews.
- Limited Compliance resources make more efficient monitoring important – process allows the review of only specific cases identified in data mining
- Can help identify problematic claims before the RAC does – including ones not on the radar screen as a risk
 - Makes you try to think like a MAC, RAC or OIG...if they move away from random reviews shouldn't you?
 - Sometimes you find revenue opportunities
- Provides a Dashboard to assist in the grading of effectiveness
- Can facilitate more immediate feedback to operational areas during reviews

The Billing Data Mining Process

- Compile and analyze claims or billing data
- Assess practice patterns and compare patterns historically or to appropriate peer group
- Identify outliers and aberrant billing practices – potential over- or under-utilization
- Review sample of claims to understand practice patterns – Identify need for further analysis
 - Identified data mining risk areas do not equate to errors
- Drill down on individual provider(s)
- Conduct traditional audits on identified problems if needed

Other Considerations with Data Mining

- Identify reliable data sources, trust but verify analytical data capabilities – people or computers
- Duty to complete an investigation within a reasonable period of time (6 months) and repay identified overpayments within 60 days

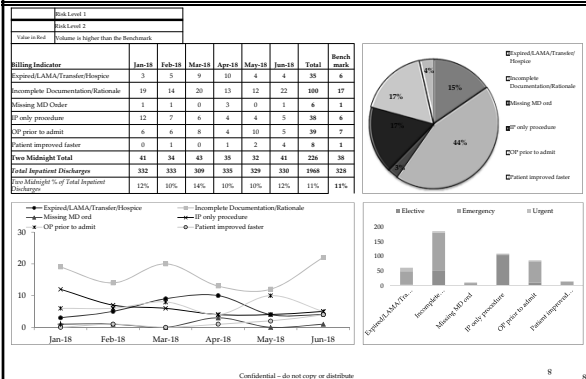
Data Mining/Dashboarding Ideas

Data Monitoring – Key Performance/Key Risk Indicators:

- Medicare Short Stays (inpatient and observation)
 - Volume of 1 day stays
 - A (inpatient) to B (outpatient) rebills
 - Observation units billed & Length of Stay (LOS) = 2 or more
 - Condition code 44 utilization

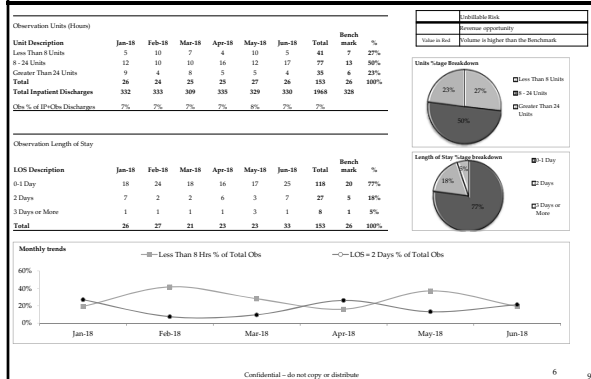
Billing Compliance Data Mining & Monitoring Activities

Two Midnight Dashboard – Medicare Utilization



Billing Compliance Data Mining & Monitoring Activities

Observation Hours Dashboard – Medicare Utilization



PHS Billing Compliance Investigation – Right Heart Cath and Biopsy

- Office of Inspector General (OIG) Work Plan updated and added Right Heart Cath and Biopsy to the audit plan.
- Preliminary assessment of data to determine whether utilization of these code scenarios existed.
- Assessment of related documentation, coding and processes to determine the likelihood of potential overpayments.
- Ensure that any inaccurate code assignment processes resulting in potential overpayments are discontinued immediately
- Further data analysis to identify and quantify potential overpayments
- Take necessary corrective actions (i.e., self disclosure, claims reprocessing, education)
- Routine ongoing monitoring of billing data to ensure that any claims with use of these codes going forward are evaluated

Billing Compliance Data Monitoring & Auditing

- Example of Outlier Payment Observation
- Identified a trend of outlier payments associated with leadless pacemakers. Early in 2017, CMS was only approving coverage of insertion of this device if the care was performed in conjunction with a patient enrolled in a clinical trial. If covered, Medicare payment would be approximately \$18,000.
 - A number of claims were rejected by Medicare and were appealed with no success as these patients were not enrolled in a clinical trial.
 - After failing to overturn on appeal, claims were submitted to be reimbursed for ancillary services (approx. \$200). The non-covered procedure code and related operating room charges were removed from the claim. However, the charges associated with the inserted device were left on the claim.
 - As a result of the high charges (from the device) and low ancillary service payment, Medicare processed an outlier payment of approximately \$3,300.
 - Medicare rules state that services and supplies related to non-covered services are therefore also considered non-covered. The outlier payments therefore needed to be returned.
 - In late 2017, Medicare began to cover this service for beneficiaries not enrolled in a clinical trial and the problem went away.

Billing Compliance Data Monitoring & Auditing

- Example of Dashboard Data – Payments > Charges

Product: Revenue Integrity | Identify | Monitor | Explore

Favorite | Payments > Charges by Facility (Detail) 6 mo rolling

Payments > Charges by Facility (Detail) 6 mo rolling

Group Name	Count	Source File	Total Charges	Total Paid
Facility	44		872,944.23	-1,141,651.49
Facility	232		8,797,647.79	-11,967,889.73
Facility	235		9,804,513.40	-13,573,290.76
Facility	26		465,031.79	-793,202.31
Facility	11		102,326.76	-143,621.65
Facility	39		833,011.78	-1,031,135.26
Facility	146		2,159,238.85	-3,050,147.43
Query totals: 733			23,094,914.60	-31,709,938.63
Report totals: 94,110			193,759,378.23	-584,109,038.36

Show All

Billing Compliance Data Monitoring & Auditing

• Example of Dashboard Data – Payments > Charges

Source Name	Count	Source File	Total Charges	Total Paid	Payments / Charges Amount	Payments / Charges %	Acute
Facility	40		\$73,844.23	-1,147,881.49			
Facility	202		\$1,707,047.76	-11,469,989.73			
Facility	236		\$,894,873.40	-15,973,260.76			
Facility	26		\$95,027.76	-763,263.27			
Facility	11		\$,100.12	-14,793.20	6,888.16	58.73%	
Facility			10,899.84	-14,624.49	3,724.65	28.62%	
Facility			8,000.00	-11,242.26	3,242.26	40.65%	
Facility			20,643.20	-28,977.00	8,333.80	40.37%	
Facility			7,491.32	-8,403.11	911.79	12.18%	
Facility			10,169.82	-11,285.42	1,115.60	10.97%	
Facility			\$,648.48	-7,750.79	7,102.31	108.19%	
Facility			7,198.20	-10,348.21	3,150.01	43.76%	
Facility			14,201.20	-21,280.00	7,078.80	49.85%	
Facility			6,493.87	-7,643.28	1,149.41	17.72%	
Facility			4,871.34	-6,178.20	1,306.86	26.80%	
Facility			102,628.76	-1,648,627.49			
Facility	39		\$10,211.79	-1,051,139.28			
Facility	140		\$1,162,653.01	-8,893,147.40			
Query totals: 783			23,094,914.68	-181,968,938.63			
Report totals: 783, 719			193,193,314.23	-1,684,109,038.36			

Billing Compliance Data Monitoring & Auditing

• Example of Observation: Payment Greater than Charges

- Identified a population of claim where claim payment was greater than the charges submitted on the claim

Total Charge	Payment Total	Pay as %age of Charge
\$129	\$163	126%

- After inquiry, it was identified that a procedure (CPT 29580) was being performed bilaterally and billed with modifier 50
- After further inquiry, it was identified that the charging routine was not working as intended (bilateral procedure for this procedure should have doubled the charge)
- If the charge had doubled, the payment, which was appropriate, would have been less than the charges submitted (\$258 vs. \$163)

Billing Compliance Data Monitoring & Auditing

• Comparative Data: Drug Unit Billing

Medicare Part B Drug Spending Dashboard

The Medicare Part B Drug Spending Dashboard is an interactive web-based tool that presents spending information for Medicare Part B drug units administered in acute, skilled, and other institutional settings and paid through the Medicare Part B program. Analysis of Part B drug units is possible for all Part B fee-for-service Medicare beneficiaries, but excludes any beneficiaries in the Medicare Advantage program (which represents approximately 30% of the Medicare population).

The Dashboard focuses on average spending per drug unit and change in average spending per drug unit and on-line for Part B. The quantity of drug units is shown along with the quantity of the drug in NDC (NDC) billing unit. You can also include consumer brand descriptions of the drug units, oral, injection, and intravenous.

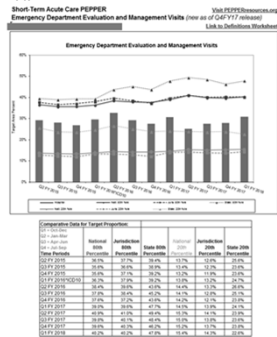
Drug spending metrics for Part B drugs represent the full value of the product, including the Medicare payment and beneficiary co-pay. All Part B drug spending metrics are calculated at the Healthcare Common Procedure Coding System (HCPCS) level.

Additional drug metrics and the most recent five years of data are available for download in Excel.

Access the Medicare Part B Drug Spending Dashboard | Download the full underlying data in Excel

Billing Compliance Data Monitoring & Auditing

- Comparative Data



Billing Compliance Data Mining & Monitoring Activities Outpatient Audit Results Dashboard – Medicare Utilization

OP Payments > Charges Rolling 6 Months

Facility	AYG	February 2018	March 2018	April 2018	May 2018	June 2018	July 2018	Aug 2018
A	34	20	42	20	44	33	16	-12
B	23	14	27	4	28	5	27	4
C	36	36	28	42	6	52	39	20
D	138	101	77	109	33	109	21	179
E	73	50	57	16	94	21	76	5
F	46	41	5	37	9	47	1	51
Total: All	350	262	300	336	411	412	380	330

OP Outlier Claims 6 Month

Facility	AYG	February 2018	March 2018	April 2018	May 2018	June 2018	July 2018	Aug 2018
A	6	4	7	1	5	4	2	3
B	72	88	80	9	76	4	58	65
C	4	1	2	2	7	3	7	2
D	12	13	14	2	22	10	10	1
E	102	104	103	1	123	21	105	82
F	4	4	2	2	2	2	9	6
Total: All	200	214	208	25	235	198	184	163

Rt Heart Cath & Biopsy

Facility	AYG	March 2018	April 2018	May 2018	June 2018	July 2018	August 2018
A	1	1	1	1	1	1	1
B	1	1	1	1	1	1	1
Total: All	2	2	2	2	2	2	2

Condition Code 42943

Facility	AYG	March 2018	April 2018	May 2018	June 2018	July 2018	August 2018
A	1	1	1	1	1	1	1
B	1	1	1	1	1	1	1
Total: All	2	2	2	2	2	2	2

Billing Compliance Data Mining & Monitoring Activities Outpatient Audit Results Dashboard – Medicare Utilization

	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June
	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2
1 Target Areas						
1 OP Outlier Payment	1	3	4	2	1	2
2 OP Payment-Charges	5	8	4	7	6	4
3 Cardiac Cath Biopsy w/ Mod 59	2	0	0	0	0	0
4 PTT/PTT Services	0	0	0	0	0	0
5 Partial Hospitalization (CC41)	3	2	3	2	0	1
6 Demineralization Charges (CPT 85180)	2	2	0	0	0	0
7 Arthroscopic Limited Shoulder Debridement	2	0	0	1	0	1
Total						

Key

Data did not meet risk criteria
Reviewed, no risks were identified
Reviewed, risks were identified and corrected
Follow-up has been initiated
Review in Progress

Questions / Discussion
