



In the Beginning

- 1976 Co-Op Job with SSA
 - learned all about Medicare eligibility and coverage.
- 1980-1998 Worked in Physician Billing Offices at several Teaching Hospital
 - University Hospitals Cleveland, MetroHealth Cleveland, Emory Medical Center
- 1998 hired as Director of Compliance at VUMC
 - Physician At Teaching Hospitals (PATH) Audits
- 2008 Privacy and Compliance Officer at UTMC Memphis
- 2010 MAC Compliance Officer

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The Life of a MAC
COMPLIANCE OFFICER

About CGS

- Owned by BlueCross BlueShield of South Carolina.
- Medicare Administrative Contractor (MAC) for more than 50 years.
- Process claims for 24 million Medicare beneficiaries and 148,000 providers/suppliers in 38 states.
- Administer A/B/HHH and DME Contracts.

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CGS Jurisdictions

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Compliance Staffing Model

- Compliance & Privacy Officer
- Internal Audit Team
- Process Analyst Team
- Change Management Team
- Administrative Support

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The Life of a MAC Compliance Officer

I traded in my CPT and ICD coding books for the IOM Publication 100-06 Medicare Financial Management Chapter 7, Internal Control Requirements.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/fin106c07.pdf>

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Monitoring Internal Audits

- Internal audits of internal controls
 - Preventive - Training, Workload Management, Edits
 - Detective - Metrics, Audits, QA
 - Directive - Work Instructions, Policies and Procedures

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Internal Audits

- Audits include testing of IOM, SOW and Work Instruction Requirements.
- All Findings require Corrective Action Plan (CAPS) including root cause analysis.
- CAPs are tested by internal audit and require 3 consecutive months of successful testing
- Senior Leadership has Visibility of Findings

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External Audits

- I went from being the auditor to being the auditee.
- CMS Auditors (System Security, QASP, QCP, CFO)
- OIG Audits
- GAO Audits
- External Auditors contracted by CGS to perform required audits
 - SSAE-18, COI

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Risk Assessment

- Annual Requirement
- CMS provides directions on ranking into 3 risk factor categories; High, Medium and Low.
- Risk Measurements
 - Reporting Reliance
 - Effectiveness & Efficiency of Operations
 - Management Checks and Balances
 - Staffing Levels, Competence, and Training
 - Documentation and Control Environment
 - Financial Exposure
 - Results of Audits and Known Deficiencies
 - Major Changes in Operations, Systems, Programs, and Controls

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CPIC Certification

Certification of Internal Controls

- 2 x Per Year Compliance Submits a Certification to CMS of Internal Controls.
- Documentation Requirements Described in the Chapter 7 Financial Manual.

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Training

- Compliance Training Day 1 - Instructor Led
 - HIPAA Privacy and Security
 - Rules of Behavior
 - Compliance Policies
- Annual Refresher Training Required (Instructor Led and LMS)
- Monthly Scruples Question
- Annual Compliance Culture Survey

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Change Management

- All proposed and final Change Requests (CRs/TDLs) are received by compliance.
- Assignments are made to staff to complete required changes.
- Changes must be completed timely.
- Staff required to submit certification and evidence that requirement has been completed.

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HIPAA

- CMS is the Covered Entity (CE) and CGS Business Associate (BA)
- **All** disclosures are reported to CMS
- 1 Hour to Submit Initial Report
- 40 Days to Submit Final Report

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Hotline

- Managed by External Vendor
 - Hotline Number
 - Web Reporting Ability
- Drop Boxes at Each Location
- Personally Reported

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Audit Committee of Board

- 3-4 External Board Members
 - Charter
 - Calendar of Topics to be addressed at meetings
- In person meeting 3 x per year
 - Audit Reports
 - Compliance Reports
 - PHI Disclosures
- Executive Session
- Remote Call Meetings as needed

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Conflicts of Interest

- All Employees Update COI Annually
- Key Personnel Provide Additional COI Information
- External Auditor Reviews COI Process
- All Contract Proposals Require a COI Analysis
- Staff are not permitted to accept anything of any value from anyone who bills or receives payment from the Medicare or Medicaid Program.

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Resources

What To Do If You Find Yourself With Questions You Can't Answer About Medicare?

- Go to the MACs Website
- Call and Speak to a Tier 2 Customer Service Rep
- Contact Your MAC Provider Outreach Department
- Talk With Other Providers. Few Problems are Brand New or Unique

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How to Stay Off the Radar

Outliers Draw Attention

- Volume of Claims, Costs of Services
- Know How You Compare to Peers (CMS Comparative Billing Report CBR)
- Take the CERT Error Rate Seriously. CERT Errors can Draw Unwanted Attention.
- Always Respond to CERT Requests and Respond to all Requests
- Keep in mind, you are responsible for anyone in the claims process. (billing office, providers, ancillary staff)

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CMS Resources

- Internet Only Manual Chapter 7
- Medicare Advantage Program Effectiveness Self- Assessment
- HCCA/OIG Assessment

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Closing Remarks

- Your Contractor is Obligated to Follow CMS Guidelines and Regulations.
- The Contractor Does Not Make the Rules, we administer as directed by CMS and Congress.
- One of our responsibilities is to protect the Medicare Trust Fund from fraud and abuse.

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Questions

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