PROTECT YOUR PRACTICE

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ACRONYMS

CMS Centers for Medicare & Medicaid Services
OIG Office of Inspector General
PSC Program Safeguard Contractor
ZPIC Zone Program Integrity Contractor
RAC Recovery Audit Contractor
OBJECTIVES

• Learn how to stay compliant with Medicare regulations
• Find out the best ways to stay informed of changes
• Gain a clearer picture of the partnership between CMS and the OIG
• Provide resources

AGENDA

• Introduction
• Stay informed
• Establish internal controls/quality review
• Have contracts in place
• Conduct regular audits
• Consider a compliance program
• Know your rights

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Introduction
INTRODUCTION

The Centers for Medicare/Medicaid Services directly impacts your office:
- Administer Medicare program
- Establishes guidelines and polices
- Ensures compliance in a variety of methods
  * Contractors
  * Audits (CERT, RAC, Medical Review)
  * PSC/ZPIC
  * Works in partnership with the OIG

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STAY COMPLIANT
STAY COMPLIANT

CMS:

-- Stay informed
   • Visit the CMS website often
   • Sign up for listserv(s)

-- Be involved
   • Actively participate in the open forum calls
   • Review proposed rules and provide comments
STAY COMPLIANT

Review the following from the Office of Inspector General (OIG) website:

- http://oig.hhs.gov/
  - The annual Work Plan
  - Semi-annual report
  - Other key reports/opinions
  - Sign Up for OIG Listserv

STAY COMPLIANT

A “Sample” of the 2010 OIG Work Plan Review Topics:

- Evaluation and Management Services During Global Surgery Periods (Modifier usage)
- Incident to Services
- Imaging Services
- Diagnostic Radiology
- Compliance with Assignment Rules
- High Cumulative Part B Payments
STAY COMPLIANT

- Stay Informed with your local Contractor:
  - www.ngsmedicare.com
    - Listserv
    - Medicare Monthly Review
    - Local Coverage Determinations and National Coverage Determinations
  - www.MedicareUniversity.com
    - Teleconferences/Webinars/Seminars/Conferences
- Purchase CPT, ICD-9 (ICD-10) books every year!

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Establish internal controls

INTERNAL CONTROLS

What are internal controls?
- Review Medicare regulations
  - Develop Standard Operating Procedure (SOP)
  - Ensure that staff knows and applies rules and regulations
  - Training, reference sheets, checklists, etc.
  - Update internal controls as needed
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Importance of contracts

CONTRACTS
Importance of Contracts
- Review and understand all contracts
- Here a few examples of Vendor contracts:
  • Electronic Prescribing
  • Electronic Health Records
  • Electronic Claims Filing
  • Billing Service

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Conduct scheduled practice audits
AUDITS

Importance of Audits
- Review the OIG, RAC, CMS and Contractor websites for possible review/audit topics
- Select and review a sufficient sample
- Set specific guidelines (audit every week, month, etc.)
- Provide results to physicians, billers, office managers and other key staff

AUDITS

Importance of Audits
- TEACH method:
  • Train
  • Educate
  • Change How it is done (if needed)

AUDITS

Importance of Audits
- Be sure documentation is legible
- Review new signature requirements
- Comply with incident to guidelines
- Medical necessity should always be supported by documentation
  • MM6698 – New signature requirements
  • SE1022 – Medical Retention and Media Formats for Medical Records
AUDITS

Problematic issues include:
- E&M
- Incident To
- Modifiers
- Enrollment
- Global Surgery

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Compliance programs

COMPLIANCE

Consider a Compliance Program:
- Look at a model
- Talk to compliance officers
- OIG offers Compliance Guides for:
  • Clinical Laboratories
  • Small Provider
  • Third-Party Billers
  • And more…
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Know your Rights

Overview

Standard Appeals Process

Once an initial claim determination is made, beneficiaries, providers, and suppliers have the right to appeal Medicare coverage and payment decisions.

There are five levels in the Medicare Part A and Part B appeals process:

- First Level of Appeal: Reconsideration by a Medicare contractor, fiscal intermediary (FI), or Medicare Administrative Contractor (MAC)
- Second Level of Appeal: Reconsideration by a Qualified Independent Contractor (QIC)
- Third Level of Appeal: Hearing by an Administrative Law Judge (ALJ) in the Office of Medicare Hearings and Appeals (OMHA)
- Fourth Level of Appeal: Review by the Medicare Appeals Council
- Fifth Level of Appeal: Final Review via Judicial Review in Federal District Court

Office of Medicare Hearings and Appeals (OMHA)

Coverage and Claims Appeals

Coverage and claims appeals come in a variety of forms. In order to appeal to OMHA, you must have exhausted all levels of the appeals process. For more information, see "Understanding the Appeals Process.

In most cases, your ALJ will review your appeal in a face-to-face hearing. You may also have the opportunity to present your appeal to a three-person panel of independent experts. The decision of the panel is final.

In some circumstances, an ALJ may decide to conduct a telephone hearing. You have a right to request a face-to-face hearing which must be held on a date that is not inconvenient and is accessible in accordance with the applicable law.

For some cases, you may have the opportunity to request an expedited hearing. You may be eligible to request this if your appeal involves a serious medical condition or a financial hardship.

You may be entitled to appeal to the ALJ's decision. You may also request a hearing on the following:

- Requirements for an appeal
- Setting up your hearing
- Preparing for your hearing
- Submitting evidence
- What to expect during the hearing
- Filing a complaint
- Request for a disablement determination
- In the event of a death or permanent disability
- Revoking or changing your appeal
- Requesting a hearing
- Incorrectly coded
- Obstruction of access
- Requesting a late filing
- Filing a complaint
- Requesting a hearing
- Types of medical information

For more information, please visit the OMHA website.
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Resources

RESOURCES

Centers for Medicare/Medicaid Services
– Rules Regulations
– Manuals
– Education
– Appeal Rights and much more
– http://www.cms.gov/

RESOURCES

Centers for Medicare/Medicaid Services
– Guided Pathways
RESOURCES

Office of Inspector General
– Annual Work Plan
– Compliance models
– Fraud Alerts
– Reports, and much more
– http://oig.hhs.gov/

RESOURCES

National Government Services
– www.ngsmedicare.com
– What’s new
– Medicare Monthly Review
– Medical policy and much more
– Medicare University
  * www.MedicareUniversity.com
  * Variety of educational topics

RESOURCES

Recovery Audit Contractor
– http://racb.cgi.com/
– Issues List
– Complex or Automated
– Medical Record Submission Instructions
– Contact Information
– And much more
RESOURCES

Comprehensive Error Rate Testing
- Improper Medicare FFS Payments Report
- Payment Accuracy
- And much more

RESOURCES

• Program Safeguard Contractor (PSC)

• Zone 3 ZPIC:
  - Minnesota, Wisconsin, Illinois, Indiana,
    Michigan, Ohio, and Kentucky
  - was awarded in Sept. 2011 to Cahaba
    Safeguard Administrators, LLC.
RESOURCES

- AMA: http://www.ama-assn.org/
- GLMS: http://www.glmsfoundation.org/
- ISMA: http://www.ismanet.org/
- KMA: www.kyma.org

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Thank You!

- Remember:
  - No one knows your practice like you do. If you can’t comprehend your records, an auditor has no hope!!!
- Thank you for being here today. We appreciate your interest.