

***A Physician-Supported,
Risk-Targeted
Compliance/Audit
Program!***

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Introduction

The OIG recognizes that physician practices need to find the best way to achieve compliance for their given circumstances. Specifically, the OIG encourages physician practices to participate in other provider's compliance programs, such as the compliance programs of the hospitals or other settings in which the physicians practice.

Objectives

- Sharing compliance resources and information
- Provide a different compliance perspective
- Communicate a process to identify High Priority Providers
- Gain physician and administrator buy-in and support

Indiana University School of Medicine Facts

- 21 Clinical Departments
- 32 Practice Plans
- Full-time faculty 1291
- Volunteer faculty 1882
- Residents 1033

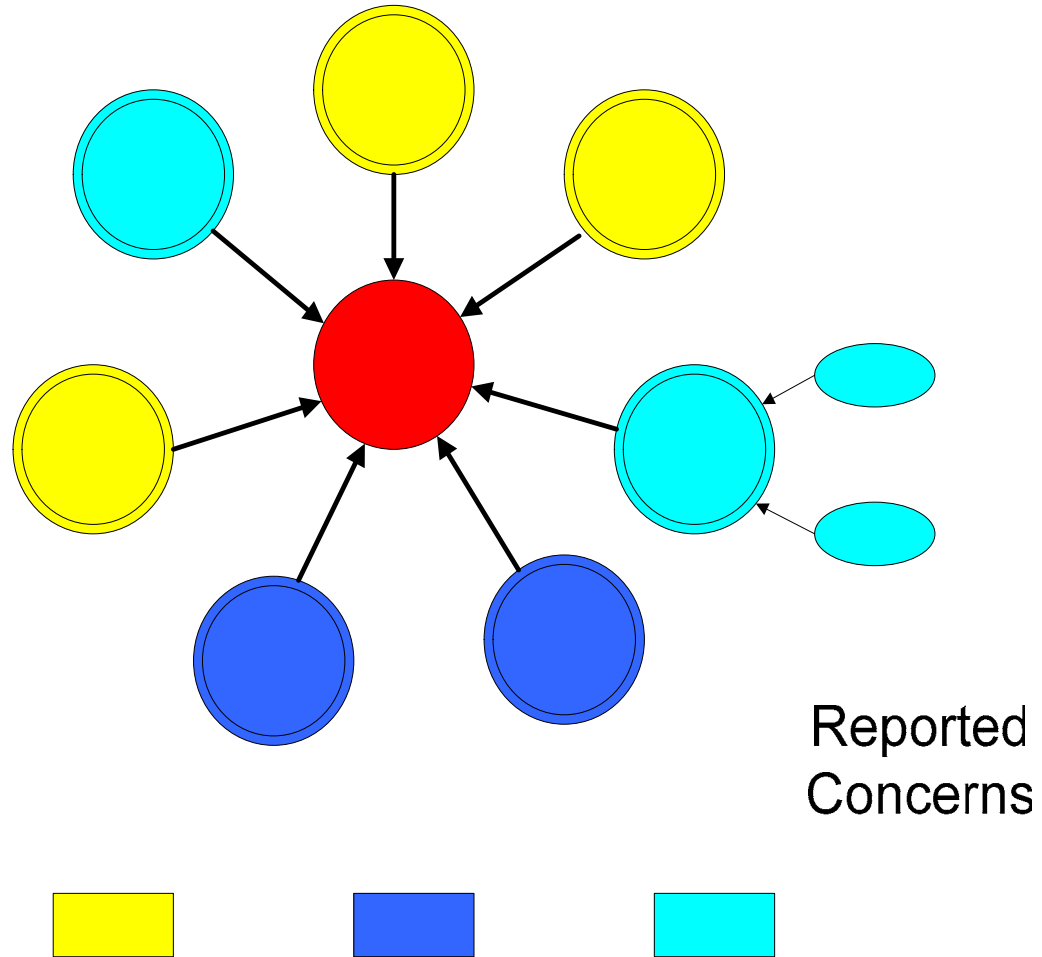
How this works for us

DATA COLLECTION

Why use a data-driven process?

- Medicare and Medicaid are becoming more data driven in identifying who and what codes to audit
- Access to data sources allows the identification of potential risk areas
- Auditing efforts can be focused on areas that present the highest level of risk

Data Collection

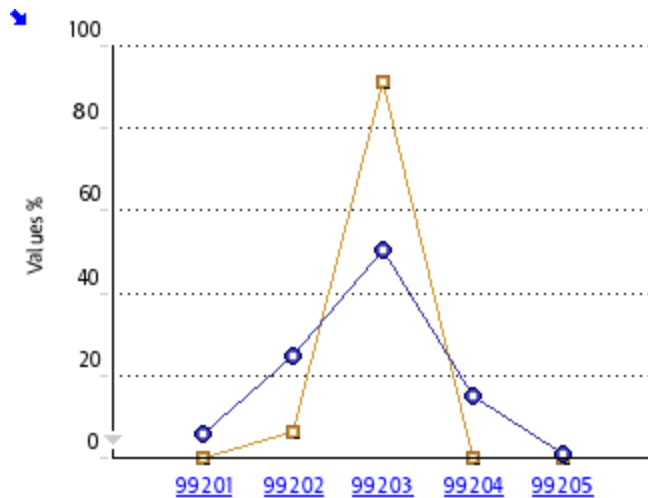


What is UHC-Faculty Practice Solutions Center (FPSC)?

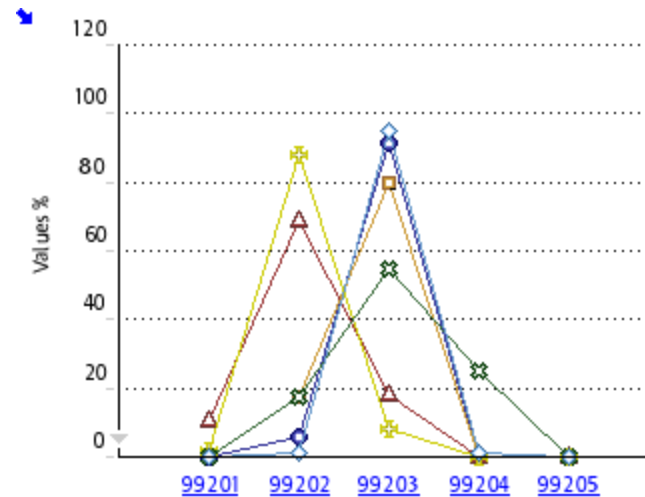
- Began as University Health System Consortium (UHC) database in 1995
- 72 participating institutions nationwide
- 45,000+ participating physicians
- 86 unique subspecialties
- IDX billing information is sent to FPSC to populate FPSC-UHC database
- <http://www.facultypractice.org/>

E&M CPT: Office/OP Visit New

Single provider comparison against mean



Multiple provider comparison against mean



Information from Medicare/Medicaid

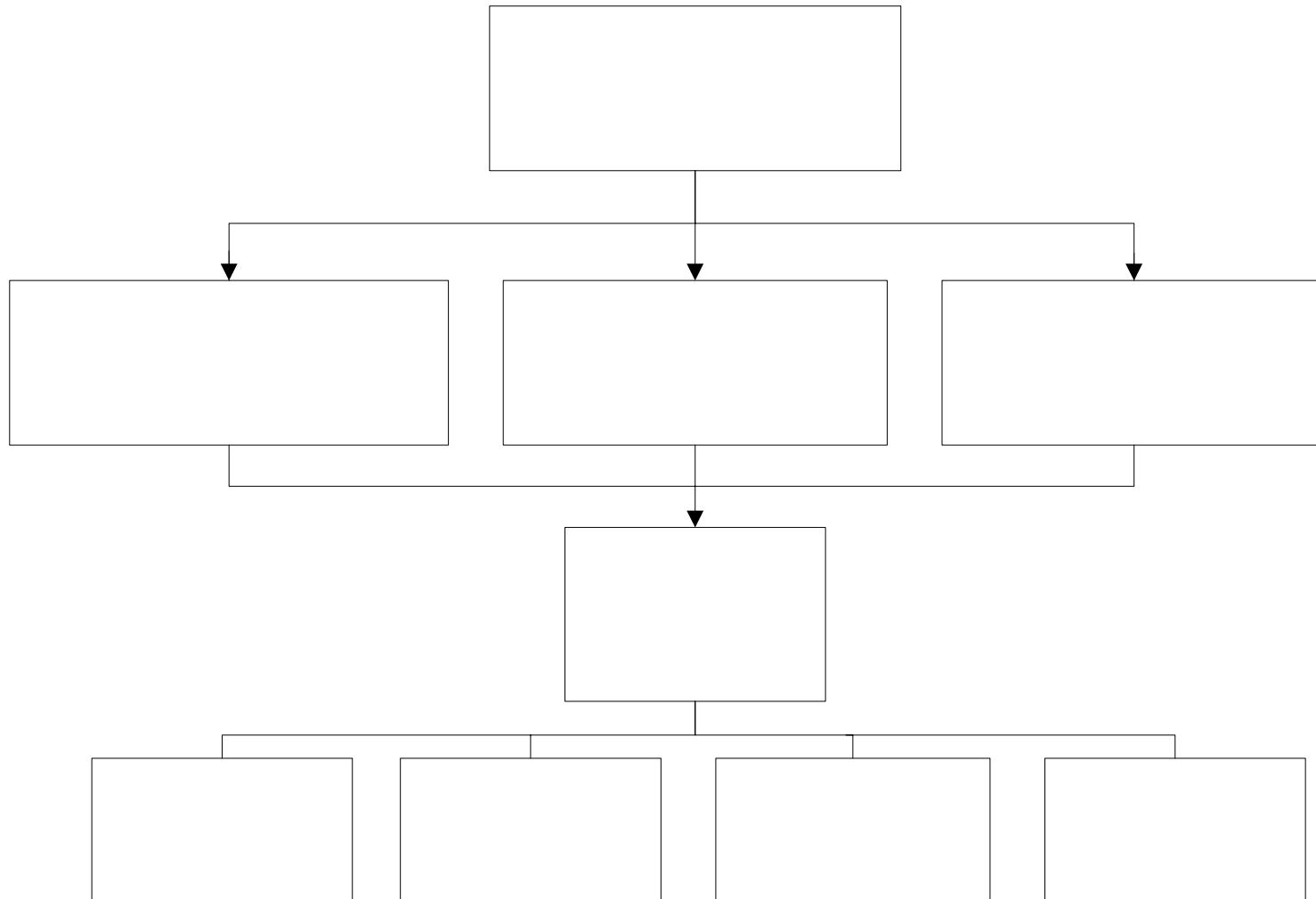
- Medicare Utilization for Part B Physician/Supplier Data by Year including allowed services, allowed charges and payment amount
- Top 200 Level I Current Procedural Terminology (CPT) Codes
- Evaluation and Management (E&M) Codes by specialty

Other information used to determine priority

- Previous audit results when issues have been identified
- Volume of services, frequency of services and costs of services provided
- Compliance with Teaching Physician Services Guidelines
- OIG work plan focus areas
- OIG Model Compliance Guidance
- Reported Concerns

PHYSICIAN RISK PROFILING/AUDIT PRIORITY

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High Priority

Providers who have never been

audited on high priority issues

Mod

Providers w

High Priority Providers

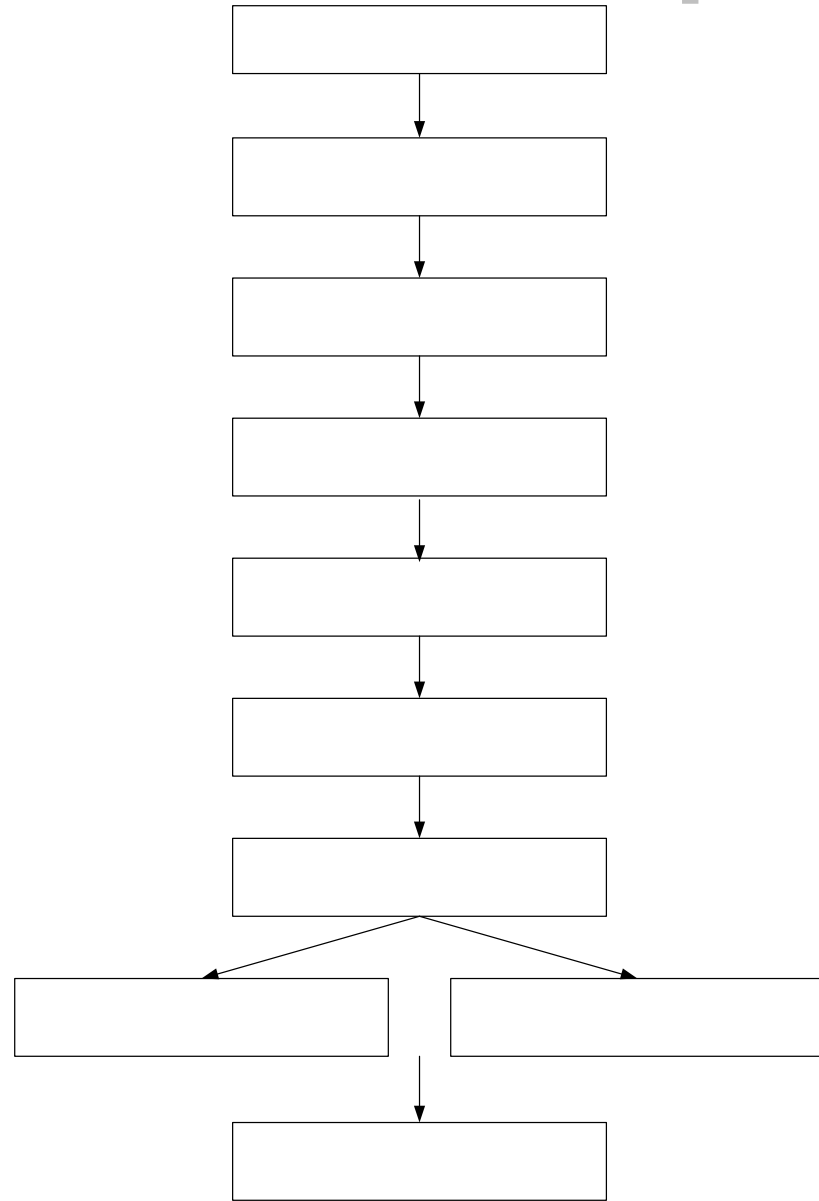
- No less than 10 encounters are requested per full-time provider
- Audited first to address identified levels of risk
- Priority for education, follow-up and if necessary corrective action

AUDIT PROCESS

Why audit providers?

- One of the seven basic components of an effective compliance program
- An ongoing evaluation process is important to a successful compliance program
- An excellent way for a physician practice to ascertain what, if any, problem areas exist

Audit Process/Preparation



Notification letter
department

Auditor(s) meet
administrators to
exp

Auditor(s) pre

17
Auditors con
depa

Department Responsibilities

- Gather the requested audit documents for each provider being reviewed
- Communicate any operational or logistical issues to auditors during pre-audit meeting
- Provide a location where the audit can take place, have phone and copier available

Pre-Bill vs. Post-Bill Audits

- Pre/Post Bill, same level of risk
- Pre-bill requires the holding of charges that may impact revenue cycle
- Post-bill requires a review of services previously billed and possibly refunds of overpayments
- Advice from Legal Counsel may be necessary

Audit Analysis

- Verify information requested is provided
- Identify level of service selected
- Assess the level of service based on the documentation provided
- Identify any discrepancies between selected code and documented code

The Audit Report

- Delivered within one week of the audit being completed
- Contains a summary and explanation of deficiencies identified
- Includes specific feedback for each of the encounters audited
- The department has 30 days to respond to the audit findings in writing

Post Audit Meeting

- Occurs at least 30 days after all providers have been audited
- Meeting with Chairperson, Compliance Officer and Department Administrators representing each division audited
- Auditors present results and answer any questions regarding the audit findings
- Provides a training opportunity for providers to meet the mandatory training requirement

CORRECTIVE ACTION FOLLOW UP

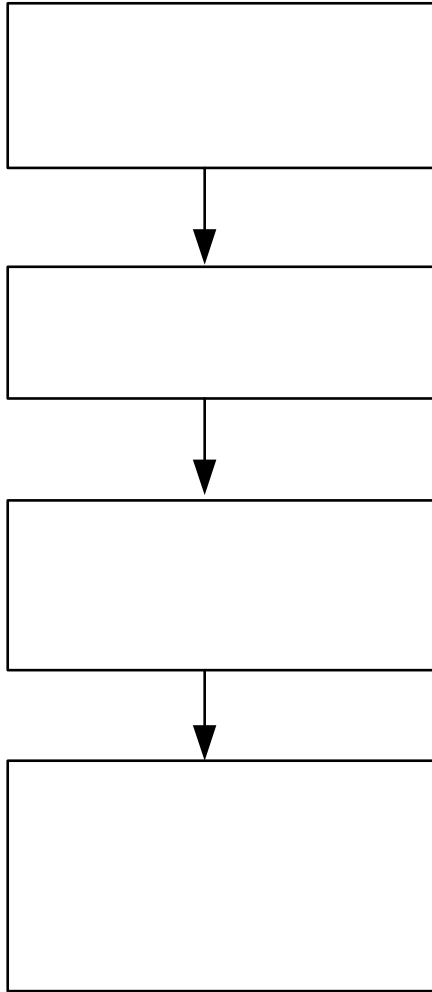
Why perform corrective action?

- One of the seven components of an Effective Compliance Program
- Requires the practice leadership to accept responsibility for follow-up.
- When a practice determines it has detected a possible violation, the next step is to develop a corrective action plan and determine how to respond to the problem

The Corrective Action Plan

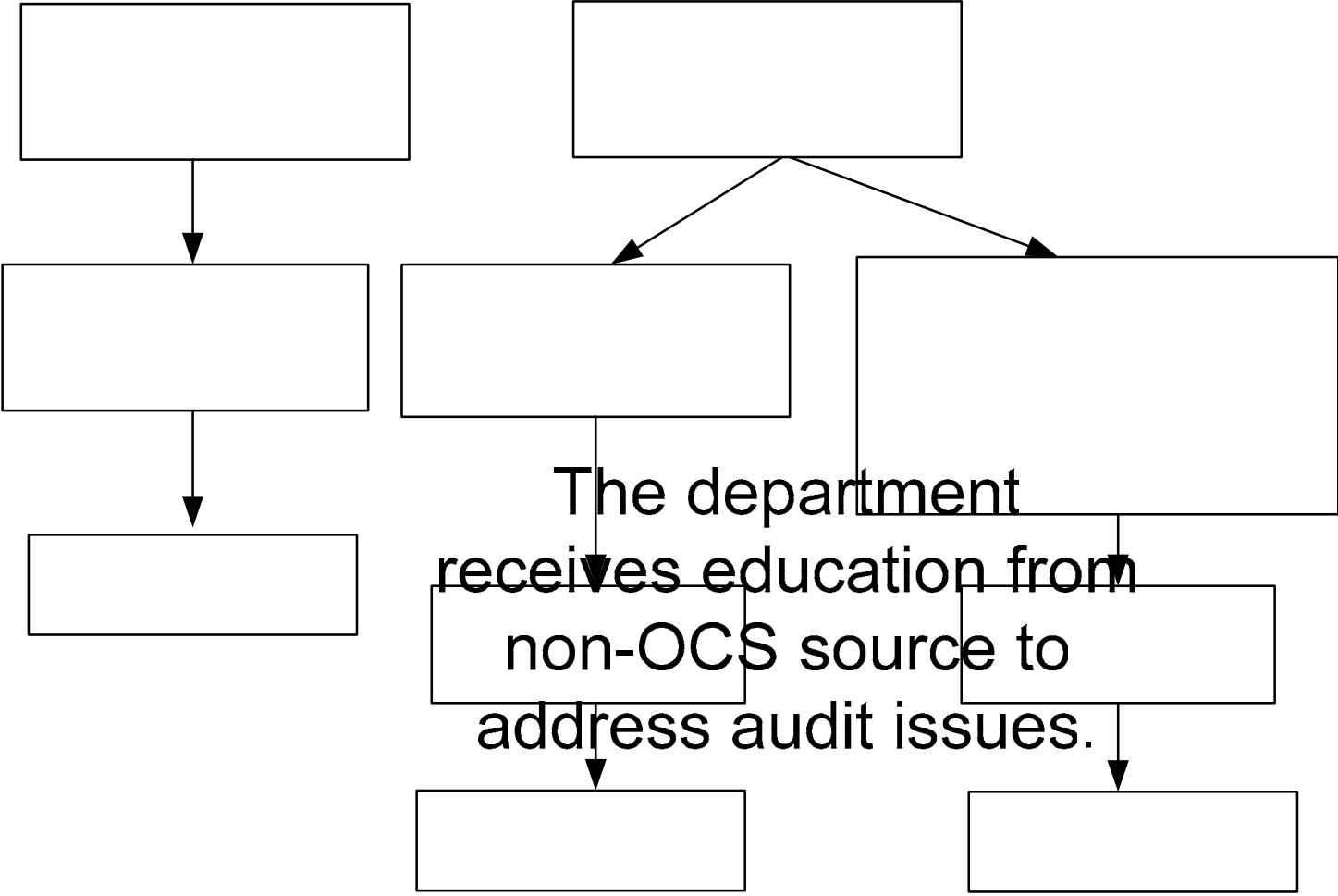
- Involve Chairperson/Compliance Officer
- Possible return of overpayments
- Development of monitors and warning indicators
- Submit to future random audits when necessary
- Collaborative effort between Department and OCS

If issues are identified during the audit process



Information
into Correct
SharePoint
track

If issues are identified during the audit process (cont)



Department conducts

OCS staff co

Provider/Staff education opportunities by OCS

- Face to Face Training Opportunities
 - Evaluation and Management
 - CPT and ICD-9 Training
 - Fraud and Abuse Education
 - Assistance with charging documents
 - Education of Billers and Coders
 - Education of Non-Physician providers
 - Evaluation of billing and coding process flow
 - One-on One training sessions when possible
 - Provider shadowing

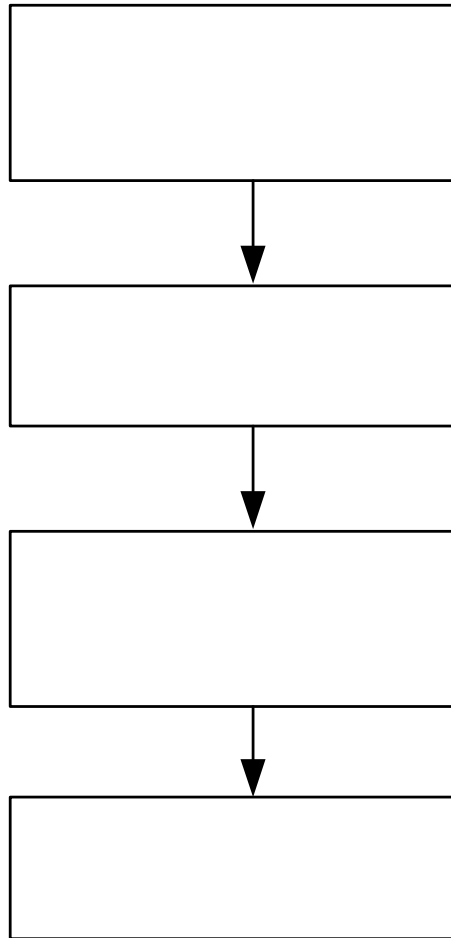
Shadowing Providers

- Individualized training between provider and auditor
- Comprehensive training
- Specialty specific training
- Provides immediate and real-time feedback to the provider
- Provides insight of the dept/division operations and process

Self-Audit/Follow-up Audit

- Based on audit findings, departments will conduct self-audit and report findings to the OCS
- Additional and more focused training may be required, prior to second audit by OCS
- Follow-up audit to determine if training was beneficial
- Corrective Action Plan implementation/Letter to provider
- In accordance with Compliance Plan, services being coded by abstractor, academic probation, or a review every 90 days

If there are no issues found during the audit process...



Information
into data
trac

Audit Follow-Up Meeting

- Should be communicated is NOT punitive in nature
- Provides an opportunity for the department to provide feedback regarding the audit process
- Another opportunity to offer assistance to the department on any issues not previously identified or previously known.

Summary

- Common theme throughout presentation
 - A positive give and take OCS and provider relationship
 - Remembering the common goal of compliance
 - At first glance every issue is an opportunity for education
 - Compliance should always be a collaborative effort
 - Accommodations NOT Concessions

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QUESTIONS?

