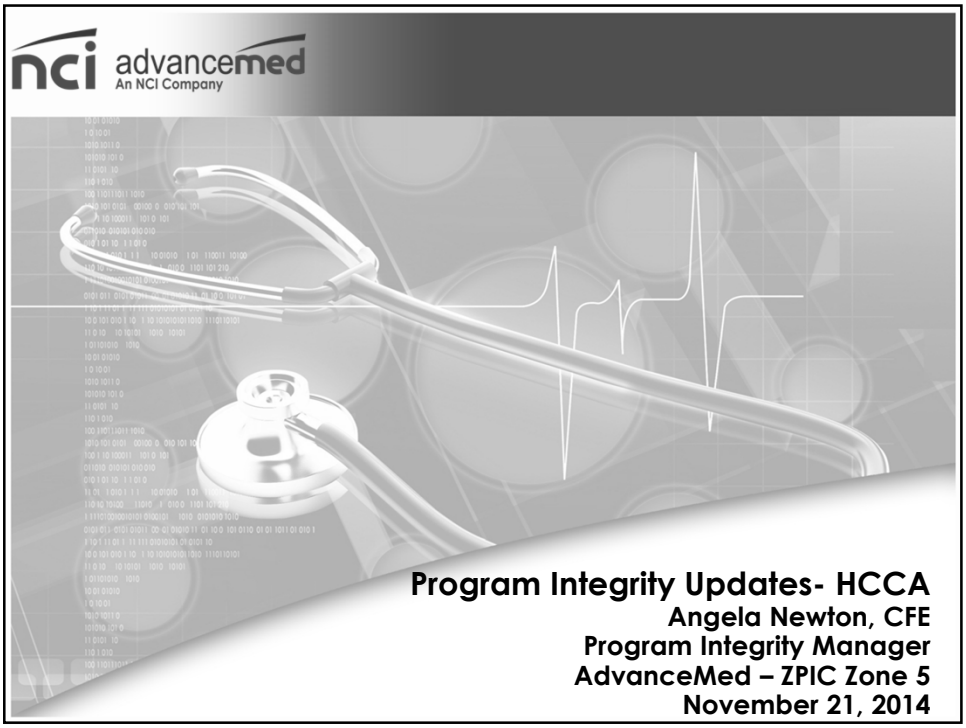

Program Integrity Updates- HCCA

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Current CMS and Program Integrity Priorities

- Trusted Third Party (TTP)
  - Medicare, Medicaid, TriCare, Commercial Insurance combined for comprehensive fraud analytics in support of the Healthcare Fraud Prevention Partnership (HFPP)
- Unified Program Integrity Contractor (UPIC)
  - Combination of ZPIC and MIC activities under single umbrella contracts
  - Inclusion of Part C and Part D
- Unified Case Management System
  - Single inventory tracking tool for all program integrity contractors
- Fraud Prevention System (FPS)
  - Advanced proactive analytics and data mining across claim types and benefits
  - Additional data sources
    - Fraud Investigation Database; Compromised HIC# Database; 1-800 Medicare Complaints
- Expansion of Medicare and Medicaid Data Matching Projects
  - Tennessee has joined effective 10/01/2014

Current Program Integrity Priorities

Part A

- Evolution of Electronic Health Record (EHR) fraud
- Duplicate inpatient claims
  - Hospitals billing Medicaid and Medicare primary with both benefits making payments
- DRG Up-coding
- Lessons from Tuomey Hospital in Sumter, SC
  - Contracted with physicians for part time support and paid full time wages
  - Bonuses paid to physicians based on net receipts of hospital
  - Lack of oversight and review of contractual relationships; failure to adequately investigate claims from disgruntled physicians
- Medically unnecessary procedures
  - Cardiac catheterizations
  - Sleep study clinics

Current Program Integrity Priorities

Part B

- Labs providing urine test cups to physician offices for onsite drug testing
  - Labs receive specimens for additional testing and conduct multiple medically unnecessary tests based on pre-defined templates established by the lab
- Labs providing materials for oral cancer screenings and using patient information to bill for expensive genetic testing
- Massage therapy billed as physical therapy
- Physicians rendering services to hospice beneficiaries indicating the services are not related to the terminal diagnoses
- Roster billing – claims received at regular intervals after dates of death

Home Health

- Beneficiaries not homebound, or require no skilled care
- Marketing housekeeping/cleaning services without beneficiary knowledge of home health benefits being billed

Current Program Integrity Priorities

DME

- Aggressive solicitations and intimidation tactics targeting physicians and beneficiaries
  - Mass faxing to physician offices
  - Use of call centers and "free gifts" to entice beneficiaries
- "Up-selling" beneficiaries various orthotics and braces

Current Program Integrity Priorities

Hospice

- Beneficiaries ineligible for services
  - Inaccurate and inappropriate diagnoses
- Medical Directorship contracts
  - Paid based on referral volumes and "signatures for hire"
- Kickbacks being paid to nursing homes and assisted living facilities for patient lists that include health histories
- Door to door recruiting with hospice agency representatives selling services as "the home health portion of hospice"
- Extended lengths of service
  - A number of providers are being reviewed because their **average** length of stay is greater than 900 days
  - Currently evaluating hospices that are shifting patients routinely to home health to artificially affect length of stays

AdvanceMed Audits

- Audits may be conducted in person without previous notification
- Staff will have photo identification and can provide phone numbers for you to confirm who they are (AdvanceMed and CMS contacts)
- Records/files will be requested; some files may be reviewed onsite by a clinician
  - AdvanceMed staff will typically scan the records with our equipment
  - We do accept EHR files
- Interviews may be requested with staff; may request tour
- Beneficiaries and/or family representatives may be interviewed
- Our updates on your review will be limited and priorities constantly change (prepay reviews do have specific dates tied to them)
- Common questions
  - Why were we selected?
  - Can we call an attorney?
  - Do we have to answer questions?
  - What if our records are stored off site?
  - The RAC or MAC is already looking at us. Why are we subject to duplicate reviews?

A Proactive Approach to Compliance

- Documented audit plans with specific objectives, measurements, and corrective actions as needed
- There is value in unannounced and unscripted audits
- Have an attorney, or other experienced staff, review contracts on a regular basis
- Have a process for evaluating employee complaints and concerns
  - Complete exit interviews with staff---especially when there is a change in management that results in tenured clinicians leaving
- Share experiences with your association---report suspicious activities
- Remember that training is a critical component of effective compliance programs
  - In addition to compliance certifications, consider CFE designations

QUESTIONS?

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