

Integrity & Audit Services

Risk Survey Questionnaire – FY19

1. Do you have any compliance risks with specific operating areas or processes in your RHM?
2. Over the past 12 months, have there been key management or significant staff turnover in key departments critical to compliance activities (e.g., PFS, HIM, Patient Access, Case Management, Clinical Documentation)?
3. Are there any significant new programs, service lines changes, or RHM initiatives planned for the coming year?
4. Are there any recent or anticipated changes in regulatory requirements at the local, state or national level that you expect will have a significant impact on your RHM?
5. Have there been any audits, investigations or reviews conducted during the past 12 months with significant findings by regulators such as CMS (e.g., MAC, RAC, ZPIC), DHHS - OIG, Medicaid, or state attorneys general?
6. With the increased focus on payment for quality and performance outcomes, are there specific compliance risks you think your RHM /Trinity Health should focus on in the next 12 months?
7. Are there specific areas or processes that you would like the IAS department to review in FY19?

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Hospital Risk Assessment Questionnaire – FY19

1. Do you have an internal inpatient and outpatient coding quality monitoring process in place? Please describe. If yes, have these processes identified any significant potential compliance issues or concerns?
2. Do you conduct any internal monitoring processes in place for other revenue cycle operations (e.g., charge capture control procedures, department charge correction dashboards, 2 midnight rule efficiency, PEPPER Monitoring, RAC/MAC Activity monitoring/proper claims payment validation process)? If yes, have these processes identified any significant potential compliance issues or concerns?
3. Do you have concerns with the quality of the medical record documentation, including the appropriate use of electronic medical records (e.g., cloning, cutting/pasting, authorization, etc.)? Please describe.
4. Do you have processes for dissemination, review and monitoring for adherence to National Coverage Decisions (NCDs) and Local Coverage Decisions (LCDs), particularly in the cardiovascular (e.g., dual chamber pacemakers, PTCL, ICDs) and orthopedic (e.g., total joint replacement, spinal fusion) service lines?
5. Do you have an effective process in place for medical device credits?
6. Do you have an effective ABN Process in place?
7. Do you have any concerns with processes to capture quality measures or other information required for Meaningful Use Core Measures reporting or for other performance-based government or third-party payer programs?
8. Is there an effective claims denial feedback process in place?
9. Have you had any audits within the past 2 years by a Medicare contractor or other regulatory agency? If yes, did the audits identify any significant compliance issues or concerns?

10. Have you had any Targeted Probe and Educate audits within the last 2 years? If yes, briefly summarize the results of the audits, the ranking received, and the escalation of risk.
11. Are diagnostic and/or ancillary hospital services coded or reconciled via the HIM Coding staff?
12. Are your Medicare Secondary Payer Questionnaires being filled out as required for Medicare?
13. Is the Important Message from Medicare (IMM) timely delivered? Is the IMM/Discharge Appeal Notice process being followed consistently?
14. What is the process to validate that the 2 Midnight Rule process is functioning appropriately and is compliant with CMS requirements?
15. The Medicare Outpatient Observation (MOON) form became effective March 13, 2017. Briefly describe the status of implementation at your Ministry, and any concerns you may have to ensure its timely delivery.
16. Does the staff have any concerns about coding in ICD-10-CM/PCS, correct application of NCCI edits, new modifiers and other OPPS and IPPS changes?
17. Do you feel that provider-based departments/offices are effectively integrated with main provider to comply with the three day payment window?
18. Do you have proper processes and controls for off-campus provider-based billing?
19. Do you have the ability to create home grown billing edits, is there a formal process in place to approve, monitor and adjust as necessary for regulatory changes?
20. What is the process to validate that Condition Code 44 and Condition Code W2 are being used and that the process is compliant with CMS requirements?
21. Describe the status and any concerns your Ministry may have pertaining to the Bundled Payments for Care Improvement (BPCI) Initiative.
22. Are there specific areas or processes that you would like the IAS department to review in FY19?

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Home Care Risk Assessment Questionnaire – FY19

1. What is your protocol for obtaining face-to-face visit documentation?
2. How do you monitor compliance with frequency and duration of visits?
3. Do you have effective controls in place for completion of the OASIS?
4. Have you had any audits within the past 2 years by a Medicare contractor or other regulatory agency? If yes, did the audits identify any significant compliance issues or concerns?
5. Do you have concerns with the quality of the medical record documentation, including the appropriate use of electronic medical records (e.g., cloning, cutting/pasting, authorization, etc.)? Please describe.
6. Do you have any concerns with processes to capture quality measures or other information required for reporting under performance-based government or third-party payer programs?
7. Is there an effective claims denial feedback process in place?
8. Does the staff have any concerns about coding in ICD-10-CM requirements for home health providers?
9. Are there specific areas or processes that you would like the IAS department to review in FY19?

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Inpatient Rehabilitation Facility (IRF) Risk Assessment Questionnaire – FY19

1. How do you monitor the IRF admission to ensure it is the appropriate level of care (care that cannot be provided at SNF or LTAC instead)?
2. How do you monitor serious reportable events (e.g., falls, infections, wounds) that occur in the IRF?
3. Do you have a dedicated coder knowledgeable about IRF specific coding requirements?
4. Are there adequate controls in place to complete the IRF-PAI completely and accurately?
5. How is the annual PEPPER data incorporated into your monitoring program?
6. What is the process for educating the providers on documentation requirements?
7. Do the interdisciplinary team meeting notes contain adequate documentation to support medical necessity oversight of the care provided?
8. Have you had any audits within the past 2 years by a Medicare contractor or other regulatory agency? If yes, did the audits identify any significant compliance issues or concerns?
9. Do you have concerns with the quality of the medical record documentation, including the appropriate use of electronic medical records (e.g., cloning, cutting/pasting, authorization, etc.)? Please describe.
10. Do you have any concerns with processes to capture quality measures or other information required for reporting under performance-based government or third-party payer programs?
11. Is there an effective claims denial feedback process in place?
12. Does the staff have any concerns about coding in ICD-10-CM for IRF providers?
13. Describe the status and any concerns your Ministry may have pertaining to the Bundled Payments for Care Improvement (BPCI) Initiative.
14. Are there specific areas or processes that you would like the IAS department to review in FY19?

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PACE Risk Assessment Questionnaire – FY19

1. Do you have effective controls and procedures to complete all required assessments?
2. How do you assess the status and effectiveness of the LIFE Plan?
3. Do you have any concerns with the quality of the medical record documentation, including the appropriate use of the electronic medical record? Please describe.
4. What internal processes are in place to verify the HCCs reported to CMS are supported by clinical documentation in the participant's LIFE Plan?
5. What internal coding quality monitoring processes do you have in place? Please describe.
6. Do you have any concerns with processes to capture quality measures or other information required for reporting (such as Fraud/Waste/Abuse)?
7. Have you had any audits in the past 2 years by a Medicare contractor or other regulatory agency? If yes, did the audits identify any significant compliance issues or concerns?
8. Are there specific areas or processes that you would like the IAS department to review in FY19?

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Physician Network Risk Assessment Questionnaire – FY19

1. What internal physician documentation and coding quality monitoring processes do you have in place? Please describe.
2. Do you have policies and/or procedures in place to ensure appropriate use of modifiers (e.g., 25, 59, etc.)?
3. What safeguards are in place to prevent billing for items or services not supported in the provider's documentation?
4. Do you have concerns regarding the use of Midlevel Providers and the claims generated from the services they provide?
5. Do you have any concerns with the quality of the medical record documentation, including the appropriate use of electronic medical records (e.g., cloning, cutting/pasting, authorization, etc.)? Please describe.
6. Do you have any concerns with your network's processes to capture quality measures or other information required for Meaningful Use reporting or reporting for other performance-based government or third-party payer programs?
7. Is there an effective claims denial feedback process in place?
8. Is there a mechanism in place to minimize risk associated with "upcoding" and "undercoding" Evaluation & Management Services, please describe?
9. Are there policies and or resources that address how coding and billing regulatory changes are communicated within the provider network?
10. Are significant documentation and coding issues identified through internal monitoring processes communicated to the provider and to higher-level management level within the provider network? Is follow-up monitoring performed to ensure that documentation and coding improve?
11. Do you have internal processes to monitor highly productive providers and the level of diagnostic ancillary testing to ensure services provided and billed are medically necessary?
12. Have you had any audits within the past 2 years by a Medicare contractor or other regulatory agency? If yes, did the audits identify any significant compliance issues or

concerns?

13. Please describe the process for assigning CPT, ICD-10-CM, and HCPCS codes within your provider network.
14. Do the employed physicians, coders, and billers have any concerns about coding in ICD-10-CM?
15. Does your network have plans for expansion (e.g., adding more practices to the network) or restructuring in FY19?
16. Are there specific areas or processes that you would like the IAS department to review in FY19?

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Skilled Nursing Facility (SNF) Risk Assessment Questionnaire – FY19

1. What percentage of your RUGs fall into high rehab categories?
2. Do you have effective controls and procedures to complete all required assessments?
3. How do you assess the medical necessity of the therapy provided, especially for high utilization cases?
4. What processes are in place to reduce average length of stays in order to meet bundled payment requirements?
5. How is the annual PEPPER data incorporated into your monitoring program?
6. How is the SNF compliance program integrated into the RHM's and/or THSC's system level program?
7. Have you had any audits within the past 2 years by a Medicare contractor or other regulatory agency? If yes, did the audits identify any significant compliance issues or concerns?
8. Do you have concerns with the quality of the medical record documentation, including the appropriate use of electronic medical records (e.g., cloning, cutting/pasting, authorization, etc.)? Please describe.
9. Do you have any concerns with processes to capture quality measures or other information required for reporting under performance-based government or third-party payer programs?
10. Is there an effective claims denial feedback process in place?
11. Does the staff have any concerns about coding in ICD-10-CM for SNFs?
12. Describe the status and any concerns your Ministry may have pertaining to the Bundled Payments for Care Improvement (BPCI) Initiative in SNFs.
13. Are there specific areas or processes that you would like the IAS department to review in FY19?