

## 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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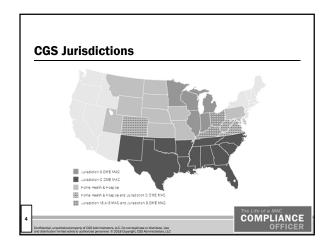
The Life of a MAC
COMPLIANCE
OFFICER

### **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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## **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	
<ul> <li>Internal audits of internal controls</li> <li>Preventive - Training, Workload Management, Edits</li> <li>Detective - Metrics, Audits, QA</li> </ul>	
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	
<ul> <li>I went from being the auditor to being the auditee.</li> <li>CMS Auditors (System Security, QASP, QCP, CFO)</li> </ul>	
Olg Audits	
GAO Audits	
<ul> <li>External Auditors contracted by CGS to perform required audits</li> <li>SSAE-18, COI</li> </ul>	
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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 The Life of a MAC COMPLIANCE COMPLIANCE OFFICER

## 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.

## 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

Change Management	
<ul> <li>All proposed and final Change Requests (CRs/TDLs) are received by compliance.</li> </ul>	
<ul> <li>Assignments are made to staff to complete required changes.</li> </ul>	
<ul> <li>Changes must be completed timely.</li> <li>Staff required to submit certification and evidence that requirement has</li> </ul>	
been completed.	
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LUDAA	
HIPAA	
<ul> <li>CMS is the Covered Entity (CE) and CGS Business Associate (BA)</li> <li>All disclosures are reported to CMS</li> </ul>	
1 Hour to Submit Initial Report	
<ul> <li>40 Days to Submit Final Report</li> </ul>	-
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Hotline	
<del></del>	
<ul> <li>Managed by External Vendor</li> <li>Hotline Number</li> </ul>	
Web Reporting Ability	
Drop Boxes at Each Location	
Personally Reported	
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Audit Committee of Board	-
Audit Committee of Board	
<ul> <li>3-4 External Board Members</li> </ul>	
Charter	
Calendar of Topics to be addressed at meetings	
■ In person meeting 3 x per year	
Audit Reports	
Compliance Reports	
PHI Disclosures	
■ Executive Session	
<ul> <li>Remote Call Meetings as needed</li> </ul>	
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Conflicts of Interest	-
All Employees Update COI Annually	
<ul> <li>Key Personnel Provide Additional COI Information</li> </ul>	
<ul> <li>External Auditor Reviews COI Process</li> </ul>	
<ul> <li>All Contract Proposals Require a COI Analysis</li> </ul>	
<ul> <li>Staff are not permitted to accept anything of any value from anyone who</li> </ul>	
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. $(billing\ office,\ providers,\ ancillary\ staff)$ COMPLIANCE OFFICER **CMS Resources** Internet Only Manual Chapter 7 Medicare Advantage Program Effectiveness Self-Assessment ■ HCCA/OIG Assessment The Life of a MAC COMPLIANCE OFFICER **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. COMPLIANCE OFFICER

Questions	
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