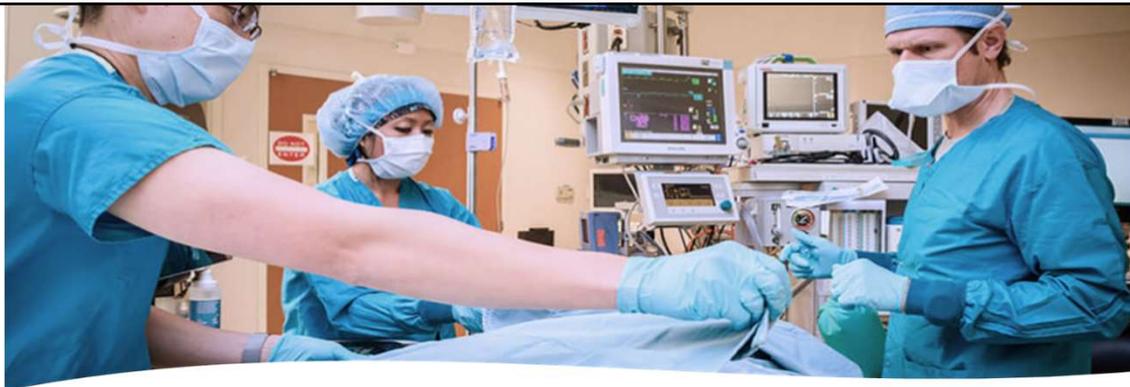


# Effective Auditing of Your Clinical Practice with Less Resources

Bill Priest, Chief Compliance Officer  
Jose Tabuena, Compliance Counsel  
Roselyn Cerda, Compliance Director



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U.S.  
Anesthesia  
Partners

#### Scope of Anesthesia Practice and Services

- Anesthesiologists, Certified Registered Nurse Anesthetists (CRNAs), and Certified Anesthesiologist Assistants (CAAs) work in more than 1,000 inpatient and outpatient facilities.
- Over 4,000 clinical team members in 9 states.
- USAP clinicians must document services provided in various facility EHR systems, paper records, or a combination of both.

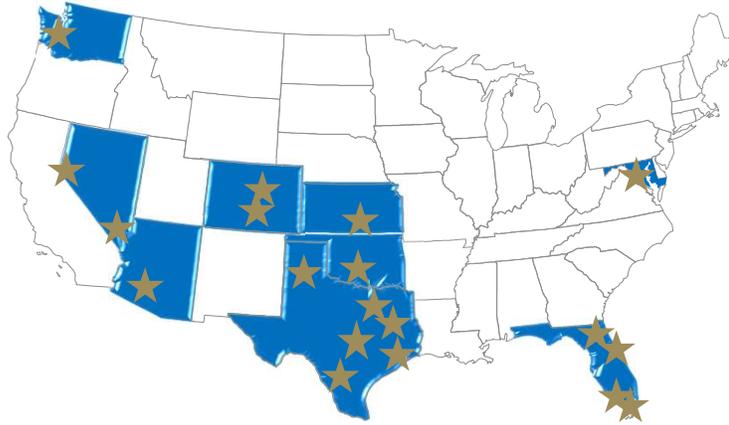


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## U.S. Anesthesia Partners (cont'd)

USAP Practice Locations



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## Anesthesia Coding and Billing



- Anesthesia billing is unique from other specialties because it is based on units which vary from procedure to procedure, and how long a procedure lasts:
  - Base units
  - Time units
  - Modifying units
- Are there national and specialty-specific benchmarks (e.g., Medicare utilization data) that would readily identify meaningful patterns and outliers?
- Are there benchmarks of audit frequency and sample size for anesthesia practices?

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# Challenges

- Reduced staff and resources due to Covid-19 pandemic.
  - Required a shift and redirection of resources
  - Forced us to think outside the box
- Assess current state and plan for future state
  - Baseline audits completed
  - Simultaneous audit process improvement while leveraging technology for future state
- Are we auditing enough?
- Do our focus areas identify our highest risks?
- What resources exist within our organization to assist in audit process improvement



# OIG Guidance

- There is no set formula established by the OIG or CMS for determining how or when these audits should be conducted. What about large physician practices?
  - Although there is no set formula to how many medical records should be reviewed, a basic guide is five or more medical records per Federal payor (i.e., Medicare, Medicaid), or five to ten medical records per physician. (OIG Compliance Program Guidance for Individual and Small Group Physician Practices, p. 59437).
  - Techniques may include sampling protocols that permit the compliance officer to identify and review variations from an established baseline. Significant variations from the baseline should trigger a reasonable inquiry to determine the cause of the deviation. (OIG Compliance Program Guidance for Third-Party Medical Billing Companies, p. 70149; f.n. 87).



# Identifying Risk Areas



OIG Work Plan (small number of risks have been identified for anesthesia in the past; nothing anesthesia-specific on the current OIG Work Plan).

Government enforcement trends

Documentation and billing practices that are the subject of *qui tam* cases

High-Volume / High-Cost procedures

Data mining techniques are being utilized by government agencies and payers to target high-risk billing providers for investigations and audits.

MAC and payer policies, LCDs, etc.  
Denial patterns

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## Current State: Coding and Documentation Compliance

### Compliance Reviews

- **Acquisitions:** An audit is conducted of all new clinicians as part of due diligence prior to a practice being acquired by USAP. This is performed by a third-party compliance audit and consulting firm with expertise in anesthesia services. This provides a baseline to assess areas of potential risk where education and training may be necessary.
- **Coding Reviews** (pre-claim submission): All claims are actively monitored by the USAP Coding Department before submission to payers; questions and missing information are returned to the clinician for clarification and/or correction before the claim is submitted. Errors and issues are tracked by the Coding Department. Extensive interaction between the Coding and Compliance Departments.



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# Current State: Coding and Documentation Compliance (cont'd)

## Compliance Audits



- **Compliance Audit Team:** Internal Compliance Audit Team performs ongoing post-submission reviews of medical record documentation, coding, and billing practices to verify the accuracy of the documentation, and compliance with applicable federal and state regulations and payer rules.
  - Select percentage of clinicians in a practice based on sampling to capture an accurate representation of the practice. Cycle for each practice audited at least once every two years.
  - Cases per clinician are “randomly” selected for review by auditors for a certain time period.
  - Include high volume and high dollar cases for the practice to ensure an accurate representative audit of the practice.

# Current State: Compliance Audit Process

Anesthesia Records and related facility medical records are pulled (EMR and paper) for review to assess compliance with federal and state regulations, payer requirements, and USAP clinical documentation policies. Audit team utilizes licensed audit tool to collect data and perform audit analysis.

Comprehensive audit report and clinician scorecards prepared for presentation to the local compliance committee and selected clinicians, respectively.

Education and recommended record template changes provided to clinicians, in connection with Coding Education Team, local compliance committee and practice leadership.

## Current State: Compliance Audit Process (cont'd)

Report of Coding and Billing variances provided to Coding and RCM Teams, with recommended charge corrections.

Recommended education to Coding and Billing staff provided.

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## Future State: Partnering with Internal and External Resources

- Identify resources
  - IT
  - RCM
  - Vendors
- Set up meeting with internal IT leaders regarding technology and data reporting functions.
- Emerging technology
- IT compliance champion/project manager
  - Represents compliance interests
  - Knows our challenges and goals



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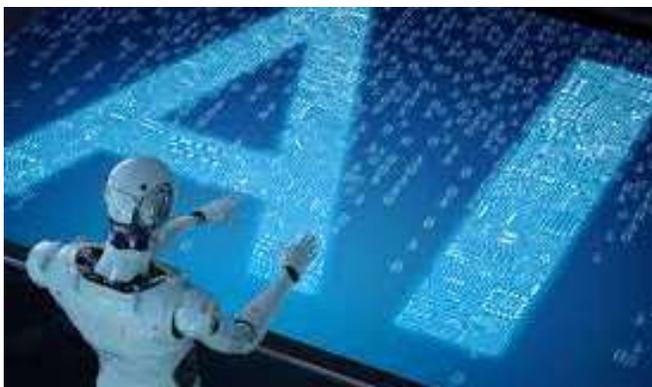
## Future State: Alternative Approaches (cont'd)



- Automate clinician scorecards to be produced from audit tool.
- Auditor efficiency improves by removing data entry of some parts of audit.
- Still need to have “eyeballs on charts” for a complete review of the chart.

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## AI/Advanced Analytics



- AI and advanced analytics may work for some practices where record is the same (one facility), but not where there are multiple types of medical records.
- Run interfaced anesthesia record data through AI system for certain elements (anesthesia start and stop times) and have system provide list of variances for Compliance Audit Team to review.

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# What's Next?

- Data mining and automation are currently being used by CMS and other payers to determine outliers. We should be doing the same thing.
- Assess your current audit process
- What can be automated?
- Involve internal IT and other department resources
- Identify vendors who may be able to assist
- Audit your high-risk areas
- Provide timely feedback
- Educate clinicians and staff
- Improve EHR and paper records – so it is easy for clinicians to accurately document services provided.



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# Questions



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