

Secrets & Shadows Physician Audits & Education

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Compliance and Revenue Cycle

Agenda

- Networking
 - Attendee participation needed!
- Developing an audit action plan
- Techniques
- Reporting
- Delivery of results
- Education
- Shadowing
- Physician/patient encounters
- Physician documentation improvement
- Discussions
- Resources

Overview

- Auditing and Monitoring Programs?
- Formal Physician Education?
- Shadowing?
- Documentation Improvement?
- Best Practices?
- Single Specialty Practice?
- Multi-Specialty Practice?
- Hospital Owned Practice?
- Academic Medical Center?
- Others?

Auditing/Monitoring Actions

- Formal compliance program
- History of reviews
- External reviews
- Determining risk
- "Out of compliance" definition
- Action plan and review standards
- Office of the Inspector General (OIG)
- MAC driven initiatives
- RAC driven issues

Audit/Monitoring Actions

- Evaluation and Management (E&M) reviews
 - 1995 vs. 1997?
 - When is a payback made?
- Procedures
 - Number
 - Specialty specific resources
- The gold standard
- Quality not quantity
 - Paper vs. EMR
 - Cloning of documentation
 - Templates
 - Teaching physician documentation
- Non-physician practitioners (NPP)
- Re-audit/review
- Disciplinary process

Auditing and Monitoring Action

- Patterns and trends
- Retrospective probe audit to determine payback
- Documentation that does not support billing
- Teaching physician regulations
- Discovering outliers
- Close link with revenue cycle
 - Claim denial reasons
 - Top 10 denials of third party payors
- Audit tools
- Select a physician champion

Techniques

- Identify risk areas
 - Interviews
 - Revenue Cycle processing
 - Trends and patterns
- E/M bell curve data
- Procedure review
- Networking!
- Compliance hotline reporting
- Statistically vs. Non statistically valid sampling
- Disclaimer
- Attorney-client privilege
- Ideas

Reporting

- Virtual draft format
- Confidentiality
- Consider disclaimer
- Encrypt electronic distribution
- Software options
- One page summary - Important!
- E/M bell curve comparison to colleagues

Delivery of Results

- Ensure appropriate representation
- 1:1
- Have *everything* available for physician review
- Allow physician input
- Physician/coder relationship
- Make sure process passes the “reasonableness test”
- Reviewer with an open mind and flexibility
- Not black and white at times
- Official guidance
- Smile and develop a relationship with the provider
- Continuity

Education

- Always have official guidance available
- Speak in physician language
- Encourage a 2 way conversation
- Confrontation
- Keep on point
- Do not place blame or point fingers
- Include key individuals

Education

- Physician/provider shadowing
 - Any place of service
 - Real time transfer of knowledge
 - Applicability
 - Add value to the process
 - Include appropriate associates
 - Uncovered revenue opportunity
 - Able to focus on “right coding”

Documentation Improvement

- Communication
- Exude confidence
 - Know your “stuff”
 - Create a lasting bond
- Understand the physician specialty
 - Coding
 - Documentation requirements
 - Medical necessity
 - Specific and appropriate per patient
- Physician/provider expectations
- Hospital expectations

Documentation Improvement

- Considerations
 - Document what you do for services performed
 - “Sign” every medical record entry
 - Utilize all levels of service
 - Bill proper location of service
 - Consultation vs. OP office visit
 - Do not use invalid codes
 - Do not unbundle procedure coding
 - Use only approved abbreviations
 - Chief complaint must be documented
 - Do not bill for services included in a global fee
 - Use modifiers appropriately
 - Specificity (especially with ICD-10)

Documentation Improvement

- Paint a picture with words
- Document thought process
 - Most difficult
- Quantify work effort
- Treatment results
- Time documentation

Physician/Patient Encounters

- Seek patient approval
- Honor patient wishes
- Listen, watch and share
- Include appropriate associates
- Do not overcrowd
- Value added, immediate feedback
- Documentation assistance
 - No two patients are alike
 - Keep documentation patient specific
- Medical necessity (again)

Discussions

- Overview
- Missed revenue opportunities
- Refunds to third party payors
- Growing self pay activity
- Increasing Medicaid and Medicaid HMO activity

Resources

- Centers for Medicare and Medicaid Services (CMS)
 - HEAT Provider Compliance Videos
 - http://oig.hhs.gov/newsroom/video/2011/heat_modules.asp
 - Medical Review (RACs and MACs)
 - <http://www.cms.gov/Medical-Review/>
 - CERT (Comprehensive Error Rate Testing)
 - <http://www.cms.gov/CERT/>
 - The OIG Workplan
 - <http://oig.hhs.gov/reports-and-publications/workplan/index.asp#current>