LESSONS LEARNED FROM AN OIG AUDIT

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LESSONS LEARNED: OBJECTIVES

- WHERE DO ALLEGATIONS COME FROM
- DOCUMENTATION ISSUES
- STEPS IN AN INVESTIGATION
- TIPS FOR PREVENTION

WHO WHAT WHERE WHY WHEN & HOW
LESSONS LEARNED: ALLEGATIONS
¬ Online Fraud Hotline
¬ Phone Fraud Hotline
¬ Data Analysis
¬ Self Reports
¬ Health Plans or Other Health Entities
¬ Patients
¬ Former Spouses/Boyfriends/Girlfriends
¬ Ex Employees
¬ State or Other Government Agencies

LESSONS LEARNED: INVESTIGATION
¬ Allegation Received
¬ Verify Information
  ■ Facility Contracted
  ■ Provider Contracted
  ■ Allegation Credible
¬ Pull in Your Resources
  ■ Coding Manuals
  ■ Policies and Guidelines
  ■ Statutes and Regulations

LESSONS LEARNED: INVESTIGATION
¬ Medical Record Request
  ■ Case Notes
  ■ Timesheets
  ■ Certifications/Licensure
  ■ X-Rays or Other Medical Records
  ■ Personnel Files
  ■ AAC R9-22-512.E - A provider shall furnish records requested by the Administration or a contractor to the Administration or the contractor at no charge.
LESSONS LEARNED: INVESTIGATION

- Check the policies, rules & guidelines
- What “laws” and or policies are affected
- Verify all records requested
- Verify licensures
- What is the allegation
- What is providers “scope of practice”

LESSONS LEARNED: INVESTIGATION

- Work the case
  - Track and document issues you may find
  - List supporting materials on why your are calling an error
  - Track your time

- Report of investigation
  - Written report of investigation
  - Facts only
  - Interview

LESSONS LEARNED: INVESTIGATIONS

- No loss to the programs
- Monetary recoupment
  - Corrective action plan
- Civil monetary penalties
  - ARS 36-2918

“A person who violates a provision of subsection A is subject, in addition to any other penalties that may be prescribed by federal or state law, to a civil penalty of not to exceed two thousand dollars for each item or service claimed and is subject to an assessment of not to exceed twice the amount claimed for each item or service.”
LESSONS LEARNED: INVESTIGATION

› CRIMINAL PROSECUTION
  › ATTORNEY GENERAL'S OFFICE
  › FBI
  › US ATTORNEY'S OFFICE
  › DEA


LESSONS LEARNED: INVESTIGATION

› POLICIES AND GUIDELINES
  › STATE
  › FEDERAL
  › CMS
  › ICD-9
  › CPT
  › HCPCS
  › SPECIFIC HEALTH PLAN


LESSONS LEARNED: DOCUMENTATION

› BILLING FOR SERVICES NOT RENDERED.
› BILLING FOR A NON-COVERED SERVICE AS A COVERED SERVICE.
› DATES OF SERVICE.
› LOCATIONS OF SERVICE.
› PROVIDER OF SERVICE.
› WAIVING OF DEDUCTIBLES AND/OR CO-PAYMENTS.
› INCORRECT REPORTING OF DIAGNOSES OR PROCEDURES (INCLUDES UNBUNDLING).
› OVERUTILIZATION OF SERVICES.
› CORRUPTION (KICKBACKS AND BRIBERY).
› FALSE OR UNNECESSARY ISSUANCE OF PRESCRIPTION DRUGS.
LESSONS LEARNED: DOCUMENTATION

- CPT - 73700-59 CT OF NECK W/O CONTRAST
  - 625.9, CHRONIC PAIN FEMALE PELVIS
  - V25.42 CONTRACEPTIVE IUD CHECK

WOUNDS

- SIZE
- LOCATION
- CULTURE TAKEN (DON'T FORGET TO RECORD RESULTS)
- BIOPSY OR EXCISION
- EXPLAIN WOUND
- IF SUBSEQUENT VISIT WHAT IS NEW SIZE

LESSONS LEARNED: VACCINATIONS

ROUTE / DOSAGE / SITE

- ORAL
- INTRANASAL
- SUBCUTANEOUS
  - THIGH
  - ARM / TRICEPS
- INTRAMUSCULAR
  - THIGH / VASTUS LATERALIS MUSCLE
  - UPPER ARM / DELTOID MUSCLE
- INTRADERMAL
  - UPPER ARM / DELTOID REGION

LESSONS LEARNED: VACCINATIONS

DOCUMENTATION REQUIREMENTS: CDC.GOV

- DATE OF ADMINISTRATION
- VACCINE MANUFACTURER
- VACCINE LOT NUMBER
- NAME AND TITLE OF PERSON WHO ADMINISTERED THE VACCINE AND THE ADDRESS OF THE FACILITY WHERE THE PERMANENT RECORD WILL RESIDE
- VACCINE INFORMATION STATEMENT (VIS)
  - DATE PRINTED ON THE VIS
  - DATE VIS GIVEN TO PATIENT OR PARENT/GUARDIAN
- VACCINE TYPE, ROUTE, DOSAGE AND SITE
LESSONS LEARNED: NON PRESSURE WOUND THERAPY

Coverage of NPWT (including NPWT pump and supplies) when both of the following criteria are met:

1. Member has one of the following eligible conditions:
   a. Chronic Stage III or IV pressure ulcer
   b. Chronic neuropathic (e.g. diabetic) ulcer
   c. Chronic venous or arterial insufficiency ulcer
   d. Chronic ulcer of mixed etiology
   e. Dehisced wound or wound with exposed hardware or bone

2. A wound care program as described below must have been tried or considered and ruled out prior to application of NPWT. Each of the following components of a wound therapy program must be addressed, applied, or considered and ruled out prior to application of NPWT:
   a. Documentation in the member’s medical record of evaluation, care, and wound measurements by a licensed health care professional, and
   b. Application of dressings to maintain a moist wound environment, and
   c. Debridement of necrotic tissue if present, and
   d. Evaluation of and provision for adequate nutritional status

LESSONS LEARNED: NPWT

Stage III - Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.

Stage IV - Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule). Undermining and sinus tracts also may be associated with Stage IV pressure ulcers.

LESSONS LEARNED: NPWT

E2402 NEGATIVE PRESSURE WOUND THERAPY

Information received for the date of service conflicted with the original information of the date of service.

Issues of the location, measurements and wound descriptions in the medical record were conflicting and did not match.

PRESSURE ULCERS

707.23 Pressure ulcer, stage III
707.24 Pressure ulcer, stage IV
Lessons Learned: DME

- DME Issues
  - Proof of Delivery
  - No New Scripts for Over 5 Years
  - Diapers
  - Updated CMS
  - Written Orders
  - POS 11 for Home Items
  - Claims Submitted but Never Delivered to a Valid Patient
  - Lack of Medical Necessity

Lessons Learned: Medical Chart

- Documentation
  - Patients Name or Medical ID on Every Page
  - Legible Documentation
  - Date of Service
  - Reason for the Visit
    - Follow Up (What is the ICD-9 Code?)
  - Medical Record States
    - See Attached: Nothing Submitted
  - Working Diagnoses Flow Through HPI, ROS, Exam
  - Current Medication List Updated Every Visit
  - Laboratory and Radiology “Reviewed”
LESSONS LEARNED: EHR

- ELECTRONIC HEALTH RECORDS
  - CUT, COPY AND PASTE
  - DOCUMENTATION OF WHO IS DOING THE ACTUAL SERVICES OR CERTAIN PORTIONS OF THE RECORD
    - MEDICAL ASSISTANT
    - SCRIBES
  - TEMPLATES
    - GOOD AND BAD
  - AUDIT TRAILS

LESSONS LEARNED:

- LETS LOOK AT SOME ACTUAL CASE DOCUMENTATION

LESSONS LEARNED: DOCUMENTATION

- ACTUAL MEDICAL RECORD DOCUMENTATION
  - She stated that she had been constipated for most of her life until 1989 when she got a divorce.
  - Between you and me, we ought to be able to get this lady pregnant.
  - She is numb from her toes down.
  - I saw your patient today, who is still under our care for physical therapy.
  - The patient lives at home with his mother, father, and pet turtle, who is presently enrolled in day care three times a week.
  - Bleeding started in the rectal area and continued all the way to Los Angeles.
  - Both breasts are equal and reactive to light and accommodation.
LESSONS LEARNED: TIPS

- Conduct self-audits
- Self-report if you find issues
- Code correctly
- Update to date books, training
- Get everything in writing
- Don’t assume that since you received payment that nothing is wrong
- Cooperate with investigators
- Compliance plan
  - Update frequently and use it

LESSONS LEARNED: RESOURCES

- Immunization
  - http://www.cdc.gov/vaccines/

- Documentation guidelines

- Evaluation and management guidelines