



MANAGING MEDICARE IN 2014: Fighting Back-Managing Claims

California Orthopaedic Association

May 30, 2014

Healthcare System Changing

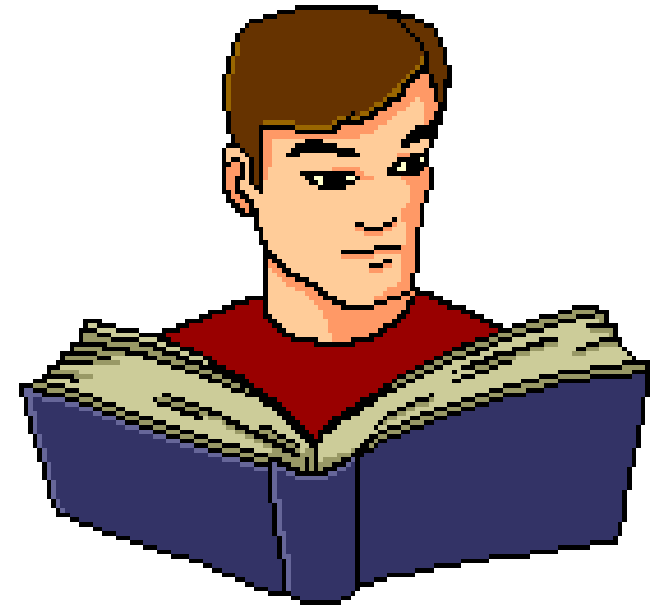
- **Current orthopedic practices are evolving...**
- **Only thing constant is change—gradual , inevitable**
 - Care from single doctor to team of doctors
 - Solo to single & multispecialty groups---alone or aligned
 - New 3 letter words: ACO, VBP, NPP, ACA, etc.
 - Use of physician extenders (NPP), different business plans
- **Salaried practices, professional management, practice bonuses, risk sharing arrangements**
- **Alternate delivery system trials involve orthopedics**
 - Technology driven but problematic
 - Gradual but definite transition over next few years for all concerned—ortho offices, groups, billing and coding
 - Physician offices need multiple new skills: coding, contracting, IT & computer, legal, financial technical---plus keeping up to date with clinical matters and insurance challenges---**doctors can't do it all by themselves**

TECHNICAL DENIALS ARE DOCUMENTATION FAILURES

- **Many Chart Denials for Technical Reasons--not Clinical--and should not continue**
 - Missing or illegible physician signature or use of a signature stamp--check before sending in
 - Missing or unsigned physician orders
 - Illegible documentation
 - Failure to provide documentation for all dates of service requested
 - Wrong patient, wrong doctor, wrong date
- **If Technical Denials Prevented or Corrected--- Claim Paid First Attempt**
 - Up to 50% denials for technical reasons
 - Office staff should prevent that from happening

MEDICARE MANUAL SAYS:

- Medicare will reimburse for all services that are **reasonable and necessary** for the diagnosis and treatment of an illness or injury or to repair a damaged organ



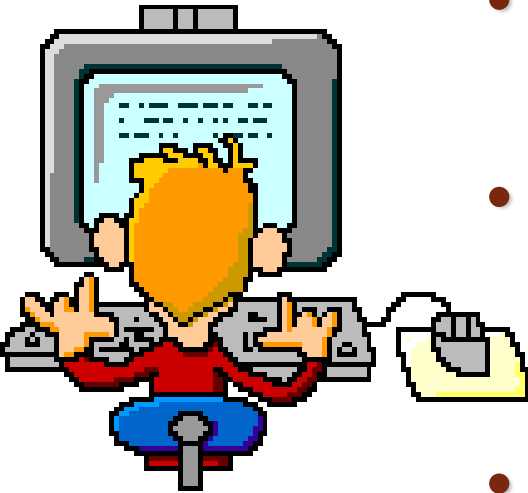
WE (REVIEWERS) SAY:

- **Only the physician treating the patient knows what is reasonable and necessary for that patient being evaluated and treated.**

- **The only way a Noridian reviewer can determine if something is reasonable and necessary is to review the complete documentation submitted**

DOCUMENTATION POINTS

- **Templates/forms OK, but must be individualized for each visit**
- **Patient name, date, time, and ID of who documented chart**
- **Computerized notes okay if individualized, but medical necessity still rules on review**
- **Require time when service time related-e.g. face to face time**
- **If poorly legible, or not properly signed--we must reject the claim**



LOOKING AT CLAIMS

- **Reasonable & Necessary** trumps pages and pages of documentation if only done for sake of “scoring more points”
- **Electronic health records often try to increase billed codes—but it is not R&N**
- **Electronic health records**
 - Often inconsistent
 - Sometimes incoherent
 - Still in their infancy
 - Doctors don’t know how to use or update properly-they need help
 - Cloning is rampant
- **Be aware of what you send us**



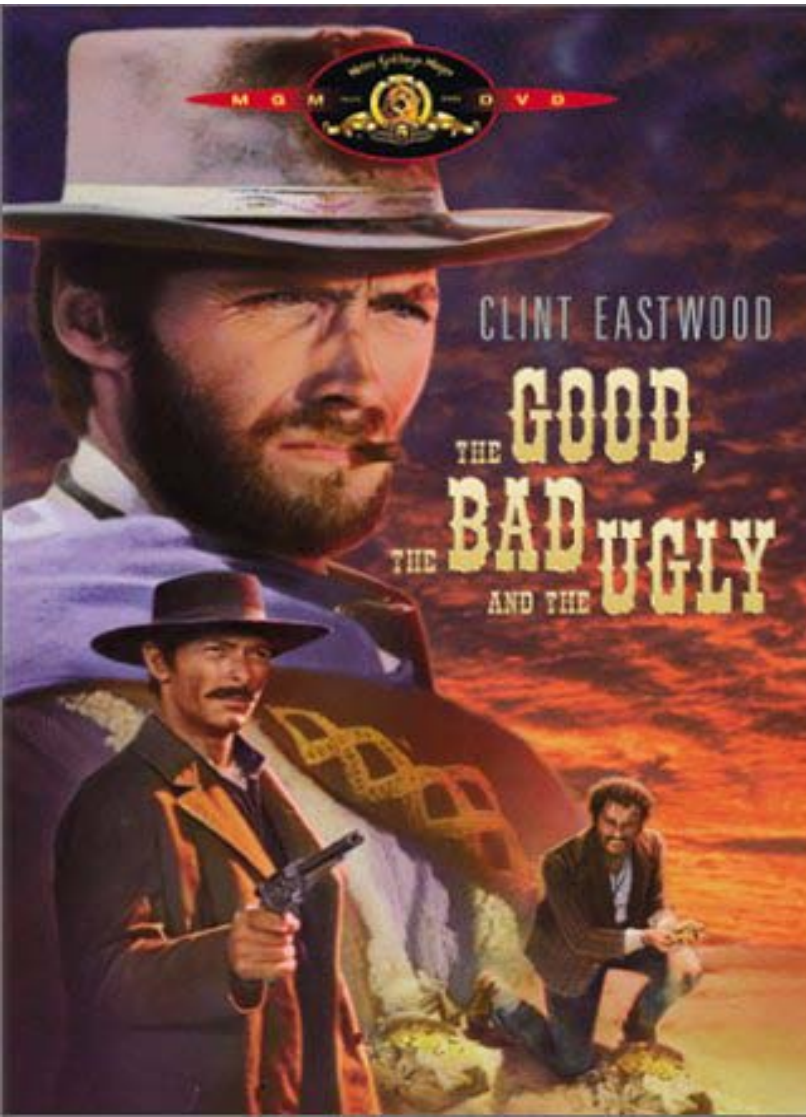
LOOKING AT MORE CLAIMS

- **Electronic Records Must be kept up to date for any visit**
- **Concurrent illness must be concurrent & significant**
- **Decision Making –visit frequency important**
 - **Helpful if explained / listed / or documented somewhere**
 - **Important to list changes in care or diagnoses**
 - **Lab review should be included if records asked for in a review**



EHRs take time to learn and may take time away from patient---there is learning curve

RESPONDING TO MEDICAL REVIEW & RECORD REQUESTS



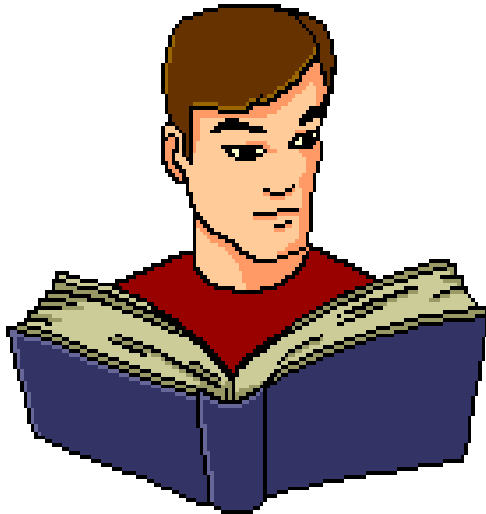
- **WHO CAN ASK FOR RECORDS / DOWNCODE OR DENY PAYMENT**
 - **MEDICARE A/B ADMIN. CONTRACTORS (MACs)**
 - **ZONE PROG. INTEGRITY CONTRACTOR (ZPIC)**
 - **CERT CONTRACTOR**
 - **RECOVERY AUDITOR (RA)**
 - **QIO (Usually Hospital)**
 - **BUNDLING AND MEDICAL UNLIKELY EDITS (MUE)**
 - **PRIVATE INSURANCE COMPANIES (FOR MEDICARE ADVANTAGE)**
 - **OFFICE INSPECTOR GEN**

MAC REVIEWS: WHO GETS REVIEWED

DATA OUTLIERS

- **UNUSUAL FREQUENCY OF VISITS**
- **UNUSUAL LEVEL OR PLACE OF SERVICE FOR PATIENT**
- **POOR DOCUMENTATION IN PROBE REVIEWS SENT TO CONTRACTOR**
- **PATIENT COMPLAINTS ABOUT DOC**
- **REPEAT FALLOUTS & WARNINGS**
- **POSSIBILITY OF FRAUD REPORTED**

PREPARE FOR REVIEWS: DO



1. GET PERSONALLY INVOLVED
2. COPY ALL OFFICE, FACILITY OR OTHER RECORDS REQUESTED:
 - PROGRESS / THERAPY NOTES (CURRENT AND EARLIER IF HELPFUL TO EXPLAIN)
 - NURSING NOTES, CLINICAL OBSERVATIONS, AND ANY CONSULT NOTES IF HELPFUL
 - LAB & DIAGNOSTIC TESTS IF RELATED TO SERVICE
 - ANY CHANGE IN DX, MEDS, OR THE CURRENT CONDITION
3. WHEN IN DOUBT SEND MORE RATHER THAN LESS TO SUPPORT MEDICAL NECESSITY OF SERVICE

PREPARE FOR REVIEWS: DO

4. CHECK FOR CORRECT DATES & NAMES

---CORRECT PATIENT & DATES OF SERVICE

---CORRECT PHYSICIAN

5. SUBMIT TIMELY AND TO CORRECT ADDRESS REQUESTED ON LETTER

6. KEEP RECORD OF INDIVIDUAL ASKING FOR YOUR RECORDS AND WHY (WHICH SERVICES) THEY ARE ASKING FOR

7. CHECK FOR LEGIBILITY – CAN RETYPE NOTES IF ALSO SEND ORIGINAL

8. CALL IF ANY QUESTIONS –

---NORIDIAN EDUCATORS CAN HELP

---STATE MEDICAL & PROFESSIONAL SOCIETIES MAY HAVE ANSWERS ALSO---THEY OFTEN CONTACT US

IF YOU HAVE PROBLEMS YOU CANNOT RESOLVE

- **CALL OR CONTACT THE IDENTIFIED PERSON AT NORIDIAN AND ASK FOR ASSISTANCE- CALL PROVIDER CONTACT CENTER FOR HELP**
 - **YOU SHOW YOU CARE ABOUT THE SITUATION**
 - **THE CONTACT ALONE MAY TEACH YOU HOW TO SOLVE THE PROBLEM & FIX THE CLAIMS**
- **CALL NORIDIAN, CALIFORNIA ORTHOPEDIC ASSOCIATION, OR CMA FOR HELP**
 - **MEDICARE CONTRACTORS CARE ABOUT GOOD RELATIONS WITH ORGANIZED ASSOCIATIONS**
- **REMEMBER, YOUR ASSOCIATION STAFF CAN CALL US TO HELP EXPLAIN THE REGS AND SOLVE THE PROBLEMS—WE ALL WANT TO HELP**

CERT AND MEDICAL INTEGRITY CONTRACTORS

- **CERT Contractors: Livanta & Advanced Med**
 - Ask for only a single chart or case
 - Purpose to review the reviewers
 - If denied money must be returned
 - Appeals possible if you disagree
- **ZPIC (Zone Program Integrity) Contractors**
 - CalBisc (SafeGuard Systems) in J-1
 - Potential fraud or abuse cases
 - Respond promptly, get all info, may be misunderstanding with patient

RECOVERY AUDITORS FORMALLY CALLED RACS

- **HDI (HealthDataInsights) for J1**
- **Reviews old paid claims (up to 5 years from date of claims)**
 - **Reviews medical necessity**
 - **Reviews proper coding**
 - **Paid a % of what it brings in**
- **Look at medical necessity & incorrect coding for over and under-payment in claims already paid**
- **Can appeal denials several levels: MAC-QIC-ALJ, Judicial Council, Etc.**

RESPONDING TO ANY REQUEST FOR RECORDS

- **Have a set office process for dealing with all ADRs (Additional Record Requests)**
- **Have one individual responsible for sending all records as part of the set office process**
 - Experienced office person, or clinical person, or both
- **Have a check off sheet that involves**
 - Legibility (can add typed / printed addendum)
 - Correct name, date, physician listed in request
 - Signature (signature sheet or attestation if needed)
 - Correct address to send records
 - Timeliness of records being sent
- **Know how and where to get hospital records**
- **Send by certified mail (or equivalent)**

APPEALS PROCESS



- **Initial Determination from Palmetto GBA (\$1)**
- **Redetermination from Palmetto GBA (\$1)**
- **Qualified Independent Contractor (QIC) (\$1)**
- **Administrative Law Judge (ALJ) (\$130)**
- **Department Appeals Board (DAB) (\$1340)**
- **Federal Court**

APPEALS PROCESS



- **Instructions for appeal comes with any denial**
 - Time frames for next level
 - Addresses for appeal
- **No penalty for new appeals**
 - Fresh person with each appeal level
 - Often higher level review
- **Recommend appeals with CERT, RAC**
- **Useful to discuss with med organizations and specialty societies to see if other appeals win & why denied**

NEW SERVICES AND CODES

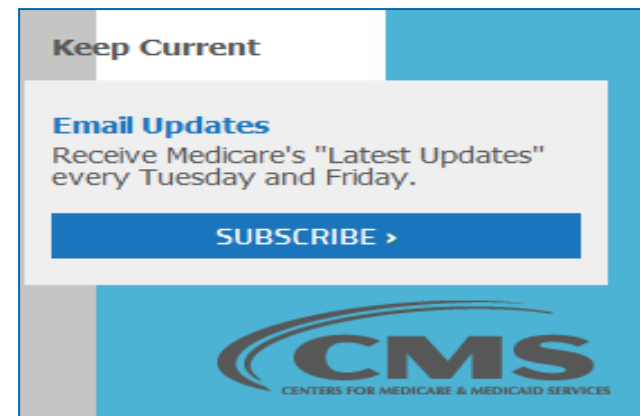
- With delay in ICD-10 new ICD-9 codes may appear.
- Changes occur with Cat III codes---watch for them
- ICD-10 crosswalk codes posted now for LCDs
- We will highlight new codes and services on our website: www.Noridianmedicare.com/JE
 - Sign up for automatic updates by e-mail
 - Sign up and use Endeavor on our website
 - Sign up for webinars from Noridian on website
- Call our provider contact center line for info
 - 1-855-609-9960 one stop for all Noridian problems

855-609-9960 one stop phone number for all Medicare problems

www.Noridianmedicare.com/JE our website which is easily searchable

Sign Up For Medicare News!

- **Receive most recent Noridian/CMS news** **JF**
 - See all Regulation/policy updates
 - Payment/reimbursement advice
 - Workshop/educational event notices
 - Noridian hours of availability/related notifications
- **Free delivered to your computer**



Endeavor – Sign Up Today!

- **Free Secure Internet Website**
 - **Verify Eligibility; Check Claim and Check Status**
 - **View and Print Remittance Advice**
 - **Full or single-claim**
 - **Reopening/Redetermination Requests**
 - **Submit, view and track**
- **EDI Registration Required to get Endeavor**
- **Hours of operation nearly 24/7**
 - **Exception for maintenance/CMS required downtime**
- **Information, tutorials and user manual available**
- **JE URL to get more information:**
 - **<https://med.noridianmedicare.com/web/jeb/topics/endeavor;jsessionid=47398DB81B877707CD2B21A1D2314C38>**

Recent & Future Practices

- **Medicare Advantage Plans will continue**
 - **HMO (Medicare and Private)**
 - **PPO, EPO or Other Variations of Practice**
- **Various Risk Sharing Practices**
 - **Foundations / Medi-Medi Dual Demonstrations**
 - **Contracts with Hospitals and Universities**
- **Solo to Small to Medium Group Practices**
- **Large Multispecialty Group Practice Rising**
- **Accountable Care Organization Starting**
- **Concierge Practices – Patient Contracts**
- **Insurance & Medicare Opt Out / Cash Only**
- **Federal or State Demonstrations ongoing**
- **Fee For Service Medicare & FFS Insurance**
Care will continue---they are definitely not yet dead

TIPS FOR OFFICE MANAGERS

- **Be aware of changes in laws / regulations**
- **Consider possible efficiency changes**
 - Age and practice style of physicians
 - More office based services
- **Be on top of billing, coding, appeals**
- **Be on top of overhead & other costs**
 - You may have set fees as Medicare
 - You may have risk sharing contracts
 - Which services make sense in your office
- **Strategic alliances may be good**
- **Check with healthcare attorneys**
- **Beware of consultants—you know more than them**
- **Medicine very different now than at turn of this century- tools. practice patterns. science. etc.**



Remember the good old days?

Stay Up To Date With CMS Changes

Oh, **HECK**!
Was that
TODAY?

Thank You For Listening

REGAN

