



Medical Billing Compliance
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Compliance Awards



Dr. Seth Powsner



Kathleen Bartolotta

Each year, the Compliance Office presents an award to individuals who demonstrated diligence in their medical billing compliance efforts. This year the winners are:

Dr Seth Powsner in the Department of Psychiatry was one of the pioneers to develop templates to capture medical record documentation for E&M visits. He is extremely knowledgeable about the documentation guidelines and an active participant in compliance training sessions. He recently attended a Medicare meeting and provided his minutes of the meeting to the Compliance Department in order to keep us abreast of the new Medicare Medical Director's interpretation of several billing issues. Kathleen Bartolotta, Clinical Practice Specialist III, was

selected for her proactive approach in seeking Compliance Department input at the start of all new billing initiatives and for her role in strengthening our billing relationship with Yale New Haven Hospital. The recipients received a gift certificate to a popular local restaurant.

Bill Nemit, Materials Handler for Materials, YNHH, received an honorable mention for his diligence in getting correspondence that signifies external audits to the Compliance Department in an expeditious manner. Howard Bibbins, Team, Leader in PFS, received an honorable mention for his spirit of cooperation in working with the Compliance Department. Both honorable mention recipients received gift cards for free gas. Congratulations to all!

Increased Scrutiny for Medicaid Fraud

A recent report by the Center for Medicare and Medicaid Services (CMS) stated:

"The Deficit Reduction Act of 2005 (DRA) takes the partnership between CMS and the States to a new level. [The creation of] The Medicaid Integrity Program (MIP) offers a unique opportunity to identify, recover and prevent inappropriate Medicaid payments."

MIP represents CMS' first national strategy to detect and prevent Medicaid fraud and abuse in the program's history. The two main operational goals of the MIP are:

- 1) Reviewing the actions of those providing Medicaid services.
- 2) Providing support and assistance to the States to combat Medicaid fraud, waste, and abuse.

The Medicaid MIP program is expected to mirror the medical review and fraud and abuse activities which Medicare has employed for several years. Stay tuned as more details are released about the implementation of DRA.

Sign Up Now For Medical Billing Training

All faculty and non-physician practitioners must complete one hour of medical billing compliance training by 12/31/06. Since we are more than half way through 2006, it's time to get your department to schedule a specialty specific session by the Compliance Department for your faculty. Your administrator, billing compliance leader or clinical practice specialist can assist with arranging these sessions. These sessions are designed to focus on the compliance issues surrounding your particular specialty. Please contact Judy Harris at 785-3868 or judy.harris@yale.edu to schedule a session. A minimum of 10 faculty members need to be present for these sessions.

The Medicare Senior Patrol Keeps on 'Truckin'

The Senior Medicare Patrol Project recruits retired professionals to serve as educators and resources in assisting beneficiaries to detect and report fraud, waste, and abuse in the Medicare program. A total of 64 projects operated from July through December 2005. During this period 64 projects were undertaken which included educating 290,532 beneficiaries in group training sessions and one-on-one sessions.



The projects racked up \$102,868 in recoupments to the Medicare program. The projects also reported \$59,324 in savings to beneficiaries. The projects resulted in savings to the Medicare program as well as returning out-of-pocket expenses paid by beneficiaries that were incorrectly collected by providers. Additionally, one project's referral led to the removal of 11 providers from the Medicare program. Given these types of results, it is likely that the Medicare Senior Patrol will continue to receive funding for their activities.

In the News

Connecticut Chiropractor Guilty of Health Care Fraud

A Norwalk chiropractor, Richard Fogel, pled guilty to one count of health care fraud for creating and submitting false medical records for patients involved in personal injury claims, settlements and lawsuits. Richard Fogel admitted that the records he created or caused to be created, falsely stated the patient's health conditions and that he submitted the false records in order to be paid by the insurance company or as part of the patient's personal injury claim. Two other chiropractors also pled guilty to falsifying medical records when they were employed by Fogel. He faces up to 10 years in prison and a fine of up to \$250,000.

Operation Free Shot Nabs two More Connecticut Practices

A Bridgeport, CT pediatrics practice agreed to pay more than \$450,000 to federal and private healthcare payers in the wake of allegations that it billed for vaccines it received for free, according to the *Connecticut Post*.

The practice, Main Street Pediatrics, will pay roughly \$230,000 in restitution to private insurers and roughly an additional \$230,000 settlement to Medicare as a result of the deal. The settlement helped the practice to avoid a civil suit under the False Claims Act.

Mohammad Khera, MD and Winsted Pediatrics entered into a civil settlement agreement with the Government to resolve allegations that they violated the False Claims Act by submitting false claims to the Medicaid program. In addition to billing for vaccines that were provided to the practice by the government at no cost, it is alleged that Winsted Pediatrics also submitted claims for office visits that were coded at a higher level of service than was actually rendered. This practice is also known as "upcoding".

The group will pay approximately \$233,274 for fines and overpayments and had to enter into an Integrity Agreement with the U.S. Department of Health and Human Services.

OIG Settles Largest Ever Civil Monetary Penalty Case

Lincare, one of the largest durable medical equipment suppliers in the U.S., has agreed to pay \$10 million dollars and sign a five year Corporate Integrity Agreement to resolve allegations that Lincare paid illegal kickbacks and violated the Physician Self-Referral, or Stark Law, the OIG said.

Lincare engaged in a nationwide scheme to pay physicians illegal kickbacks to refer patients to the company, the OIG alleged. The company rewarded referring physicians with sporting and entertainment tickets, gift certificates, golf outings and equipment, fishing trips, meals, advertising expenses, and office and medical equipment, the OIG said. The kickbacks were disguised as consulting fees.

COMPLIANCE PROGRAMS-PREVENTATIVE MEDICINE FOR HEALTH CARE PROVIDERS

Find the Alert at <http://yalemedicalgroup.org/comply>

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