

Teaching Physician Compliance

March 2015

100th Anniversary Issue

ALERT!

A Message from Ronald Vender, MD, CMO



CREDIT: Michael Krager; Members of the Medical Billing Compliance Department, pictured (l-r): Nicole Shields, Kathy Bartolotta, Kathy Engle, Terry Turcio, Brenda Dombkowski, Pat Waleski, Lucy Wozdusiewicz, Judy Guay (Director), Maggie Pires, Mabel Goessinger, Judy Farkas and Menchu Rubin. Not pictured: Deborah Lyman

Dear Faculty and Staff:

The March 2015 *Alert!* newsletter marks the 100th issue of the Yale Medical Group compliance newsletter. This newsletter was created as a way to educate faculty and staff about medical billing compliance issues, and to provide documentation and coding guidance when billing clinical care services. As some may recall, YMG signed a settlement agreement with the Office of the Inspector General in September 1998, which spawned the creation of our compliance program. Since education was a key requirement of our compliance program, the *Alert!* was created to help fill this gap. YMG remains committed to our medical billing compliance efforts as demonstrated by our recent expansion and the continuation of the newsletter. As always, your suggestions and feedback about the content in the *Alert!* are always welcome and can be sent to Judy (Harris) Guay at (203) 785-3868 or judy.guay@yale.edu.

A brief history of YMG compliance

YMG hired its first medical billing compliance officer in May 1997 as a condition of a settlement agreement with the Office of Inspector General and paying a \$5.6 million fine for improper financial practices. The cornerstones of the compliance program, that were implemented then and remain in place today, were training and auditing of faculty documentation and billing.

In October 1998, the department added two employees. After attempting to run a decentralized audit program utilizing clinical department staff, YMG recognized that compliance would

need to be managed centrally to have a consistent, quality-focused audit program. A revamped compliance office was staffed with six auditors for approximately 700 faculty members. This model existed until 2014, when the department was restructured in response to the significant growth of the clinical practice and the implementation of the Epic electronic medical record.

The compliance office currently has nine auditors, one compliance manager, and one administrative assistant for approximately 2,000 providers. In addition, the office has been funded for several years for two research compliance auditors.

The current group's resume adds up to 295 years of health care and/or insurance company experience. Some designations held by the staff include certified procedural coder, certified clinical research coordinator, and certified professional auditor along with ICD.10 certification. Members of the team have degrees in economics, nursing, and organizational leadership among other things. Some of the hobbies enjoyed by the staff include ice skating, crafts, gardening, cooking, spending time with family and friends, reading, and outdoor activities.

Compliance reminders

The clinical departments frequently email the Compliance Office with issues involving documentation and billing that come into their claims work queues. Based on the referrals, we are offering the following reminders.

1. In order to bill for an encounter, an attending physician working with a resident must include

a personalized note that supports that the physician saw and evaluated the patient and what his/her role was in the plan. Each note must be personalized to the patient. Generic attestations via dot phrases are insufficient.

2. Medical students are often involved in the care of our patients. For documentation purposes, only the review of systems and past, family, social history obtained by a student may be utilized to determine the level of billing by the provider.

3. Physicians working in collaboration with an APRN or PA must document the exact services they provided. If the physician examined the patient and discussed treatment options, he/she must document the exam and discussions. Attestations such as those mentioned in #1 are insufficient. If used, the APRN or PA should bill.

Training 2015 UPDATE

The 2014 medical billing compliance training requirement for faculty was to complete the Precyse University ICD.10 modules assigned by their clinical department ICD.10 leads. We are happy to report that faculty compliance with this requirement was outstanding! We have a 99% compliance rate and expect to achieve 100% by the end of March. Precyse University has been one of the most popular training content vendors, and we are keeping the Precyse modules available for faculty and staff through 2016 in the event a refresher is desired. Clinical departments may require practitioners new to YMG to take applicable ICD.10 modules. At this stage, we expect ICD.10 will go into effect in October 2015 based on the current data available to us.

Our regular compliance training is in effect for 2015. All faculty must take one hour of medical billing compliance training by December 31. The Compliance Department is already starting to get requests from departments for specialty-specific trainings, and we encourage all departments to consider this option as it is the most personalized. You can arrange for a special department seminar for six or more clinical billing practitioners by contacting: Judy Guay, Director, Medical Billing Compliance, 203-785-3868 or judy.guay@yale.edu.

Other ways to complete the training include attending a general seminar or taking the online module(s) listed on our training page. You can check the TMS training site for courses and to register yourself under the medical billing compliance link.

In regards to the online courses, the link for physician training is: <http://learn.med.yale.edu/cms/index.asp>. The link for advanced practice providers is: <http://comply.yale.edu/about/app/index.aspx>.

CMS issues data for surgeons and APRNs

The Centers for Medicare & Medicaid Services (CMS) will issue a national provider Compara-

tive Billing Report (CBR) on specialty surgery providers' use of Modifiers 24 and 25 in February 2015. The CBR, produced by CMS contractor eGlobalTech, will focus on specialty surgeons (excluding general and orthopedic surgeons) who bill Evaluation and Management (E&M) services, 99211-99215, during the global period of a procedure and receive payment by appending Modifier 24 and/or Modifier 25 to the E&M service. The CBR will contain data-driven tables with an explanation of findings comparing these providers' billing and payment patterns to those of their peers within their specialty. Modifier 24 should be used when billing for a service that is provided during the global period but not related to the surgical procedure. Modifier 25 is appended to an E&M service when the E&M is a separate, significantly identifiable service from a procedure performed at the same time by the same provider.

CMS will also issue a CBR on nurse practitioners' use of Modifier 25 in March 2015. The CBR will focus on nurse practitioners and will compare these providers' billing and payment patterns to those of their peers in their state and across the nation.

The goal of these reports is to help providers better understand applicable Medicare billing rules. These reports are not publicly available and will be faxed to the fax number on file in PECOS for

the provider. If you receive a CBR, please provide a copy to the Compliance Department to fax number (203) 785-7955 or scan and email it to judy.guay@yale.edu.

Two new compliance auditors

As part of the YMG audit centralization process, the Compliance Department has added two new compliance auditors (see September 2014 *Alert!*).

Judy Farkas, who has worked with YMG since 2011 as a supervisor in the Accounts Receivable Department is responsible for auditing and training for the departments of Neurology, Neurosurgery, Orthopaedics, Urology, and the section of Nephrology. Prior to working for YMG, Judy worked for Healthnet for 12 years. **Maggie Pires, CPC**, has joined the Compliance Department with 15 years of medical billing experience with a strong focus in radiology from her prior position with the Radiological Associates in Bristol. Maggie has been assigned the departments of Anesthesia and Diagnostic Radiology, and the adult and pediatric emergency departments.

In The News

Justice Department sues doctor paid richly by Medicare

One of the nation's top-billing doctors, a cardiologist who collected more than \$18 million in payments from Medicare in 2012, has been accused by the federal government of performing unnecessary procedures on patients. The Justice Department has joined two whistle-blower lawsuits filed against Asad Qamar, MD, and his medical group, the Institute for Cardiovascular Excellence in Ocala, Fla.

The lawsuits accuse Dr. Qamar of billing Medicare for unnecessary operations to treat extremity arteries that were purportedly narrowed because of the buildup of plaque. Federal officials also accused Dr. Qamar of paying kickbacks to patients by waiving their portion of the bill, regardless of their ability to pay.

Dr. Qamar's billings raised questions last year when Medicare released information about how much the program paid individual physicians (see May 2014 *Alert!*). According to the government's data, Dr. Qamar received more than three times the amount given to the next highest-paid cardiologist.

In one of the whistle-blower lawsuits, a former consultant who had been engaged in 2010 to review Medicare billings for Dr. Qamar's practice said she became aware that he and others in the group routinely waived Medicare co-payments so that a patient would not question the high cost of the procedures being performed. The outside consultant also noted that Dr. Qamar and the physician practice performed a high number of procedures on vessels outside the heart and patients who were scheduled for a specific procedure would often undergo additional, unplanned diagnostic imaging. **Source: New York Times by Reed Abelson and Julie Creswell JAN. 5, 2015**

Ridgefield Osteopath pleads guilty to health care fraud

David Lester Johnston, DO, of Ridgefield, faces up to 10 years in prison for defrauding Medicare and several private insurers by submitting claims for osteopathic and physical therapy services that he did not perform, according to the U.S. Attorney's Office.

According to the U.S. Attorney's Office, Johnston "specifically admitted that he submitted claims in connection with services rendered by a massage therapist, but falsely described the ser-

vices rendered and falsely stated that he himself had rendered the services."

Johnston, an osteopathic physician, has owned and operated Osteopathic Wellness Center on Danbury Road for more than a decade. In Hartford federal court, Johnston agreed to enter into a civil settlement with the government and will pay \$270,528 to settle federal civil claims arising from his conduct. Johnston is scheduled to be sentenced April 10. **Source: newstimes.com**

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Compliance **ALERT!**

*Compliance Programs—Preventive Medicine
for Healthcare Providers*

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If you have concerns about medical billing compliance that you
are unable to report to your supervisor or to the Compliance
Officer, please call the hotline number above.

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