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Hospital

Identifying Data Sources	
External Reports	Internal Data
<ul style="list-style-type: none"> • MedPar • PEPPER • State Reports • Hospital Association <ul style="list-style-type: none"> ○ I/P ○ O/P ○ DRG specific • RAC reports (CA, NY, FL) • OIG Work plan (identify volumes specific to your institution) • Part A Provider Letters • ABN software (detail by MD and area) 	<ul style="list-style-type: none"> • CDM reviews • Condition Code 44 • Prescription Patterns - controlled by MD • January report <ul style="list-style-type: none"> ○ Usage reports ○ Deleted CPTs • Modifier -59 • D/C by Provider • IT systems • Claims scrubber • Denial data <ul style="list-style-type: none"> ○ DRG coding • Revenue & Usage Reports • Tie in systems inventory, billing and coding
Other Reports	
<ul style="list-style-type: none"> • Financial Reports <ul style="list-style-type: none"> ○ Medicare Credit Balances ○ Observation Status ○ Outlier payments as % DRG > MedPar & PEPPER (I/P & O/P) ○ ABN/Denials ○ Transfer disposition ○ 100% review of 1 day stay ○ APC billing: I/P only and status codes ○ Modifier 25 use ○ ED Type billing (urgent care vs. 24/7 ED) ○ Home health/SNF status 	
Data Integrity Checking	
<ul style="list-style-type: none"> • Multi-hospital system - cross checking • Measure outliers comparatively • Target education • Local Coverage Determination (LCD) changes • Specific provider practice issues • New Services - CDM & Payer Contracts • New Technology codes • Other areas: Research Billing - Medicare Protocols 	

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Prioritization
Risk Based Approach <ul style="list-style-type: none">• Monitoring• Try to move to "Auto-Pilot"• Get a score < or > target - Compliance (use Crystal Reports)
Identifying Data Mining Tools
<ul style="list-style-type: none">• Access database• Crystal Reports• Busn. Objects• Windows Task Manager• To launch applications<ul style="list-style-type: none">○ Data on file○ Execute/launch• Know your tools (read only v. data jeopardy)• Issue running reports vs relying on other parties (IT or 3rd party)
Competition (Size of Institution, Facility & Departments)
<ul style="list-style-type: none">• Size of hospital• Size of compliance department (# of resources)• Outsourcing audits• Budgets (~\$75-100K)• Cross check each other - multiple hospital systems• Audit plans in clinical ancillary directors
What do we do with the data?
<ul style="list-style-type: none">• PEPPER - 5 charts audited if outlier• Targets<ul style="list-style-type: none">○ RAC - 4 years back (i.e., sepsis)○ PEPPER - current year• Look at these now so "fixes" before RAC catches the slope
Summary
<ul style="list-style-type: none">• Tons of Data (Self & IT)<ul style="list-style-type: none">○ Risk Based○ Report Based (External PEPPER)○ Getting ready for the next steps - RAC○ Internal Data - denials/claims scrubber○ Not just billing/coding - financial reports (e.g., credit balances)○ Resource issues (scope and size of tasks)

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Hospital (ER Facility)

Data Sources - What Do you Look for?

- Double-billing EKGs
 - CPT code range
 - Same date of service
- Infusions/Injections
 - HCPCS Codes/Drug Codes
 - Start/Stop Times
 - Therapeutic/Initial
- Double-billing Resp/ER for CPR
- E&M Levels - Critical Care (Type A/Type B Billing)
 - Bellcurve
 - Critical care/30 minutes
 - Criteria
 - Modifier 25
 - Type A / Type B Billing (fast track 24 hour)
- Lab Panels
 - Dipstick Urine - double billing (macro/micro)
- Trauma charge
- CDM/charge form

Lab/Radiology/Ancillary Testing

Data / What Do you Look For?

- Unbundling
- Medical Necessity
- Duplicate
- Orders
- Order Match Results
- Utilization
- CDM/Charge Form (Review)

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Physician Practice

Data Sources - What Do you Review & Compare?

- Claims Dump
 - Provider to provider
 - Denial data
 - New CPT codes
 - New Providers
 - Time spent documenting in EMR (e.g., 10 seconds equals 99214)
 - ICD-9-CM codes to CPT relationship
 - # of procedures per encounter per provider
 - High level E/M codes (bellcurve analysis)
 - Physcape MGMA data
 - CMS BESS data
 - Comparative Billing Reports
 - Place of Service (Lab, I/P, O/P, etc.)
 - # of Units
 - Revenue & Usage Reports
 - Appointment Schedules (# of patients billed vs. # of hours in the day - clinic schedule and/or OR log)
 - LCDs/NCDs
 - CERT reports
 - Patients in ICU billed as Critical Care
 - Incident-to billing
- Mental Health
 - E&M Codes
 - Medical Management
 - Monitor documentation (plan of care)
 - Volumes
 - Psychotherapy
 - Denials
 - LCSWs
 - Diagnosis
 - Psychologists
 - Schedules
 - Testing
 - Evaluations
 - Psychotherapy

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Hospital Based Clinic

Data / What Do you Look For?

- E&M Levels
 - Criteria
 - Bellcurves
 - Modifiers
 - New Patient vs. Established Patient
 - Multiple visits in different clinics on same date of service
- Payroll - PAs, NPs / Physician
- Global/Facility
- OIG exclusion list
- High risk procedures
- Infusions/Injections
- Stool specimens
- Nurse ear leavage
- CDM/charge forms
- Administrative oversight
- Hospital based rules vs free standing clinic
- E&M with modifier and procedures (modifiers 25 & 59)
- Wound care

Trauma

Data / What Do you Look For?

- Team Activated
- Charge Originated
- Source: Trauma Registry