


DATA MATTERS
Are you a target for an E/M audit?

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**WHO IS LOOKING ...
WHO'S NOT LOOKING?**



Entities that Conduct Chart Audits

- Commercial payers
- Department of Justice (DOJ)
- Office of Inspector General (OIG)
- Zone Program Integrity Contractors (ZPIC)
- Medicare Administrative Contractors (MAC)
- Comprehensive Error Rate Testing Contractor (CERT)
- Medicare and Medicaid Recovery Audit Contractors (RAC)
- Medicaid Integrity Contractors (MIC)
- Medicaid Payment Contractors (MPC)

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WHY SHOULD YOU KNOW WHAT THEY KNOW?

<p>Fact #1</p> <ul style="list-style-type: none"> • The majority of the work of some providers is E&M visits. • The stakes are high for these providers and it is extremely important (A MUST) to get the appropriate reimbursement every time. 	<p>Fact #2</p> <ul style="list-style-type: none"> • If the stakes are high for your health care organization/ providers – how do you think the payers see E&M services? • These services are a huge portion of insurance reimbursement. 	<p>Fact #3</p> <ul style="list-style-type: none"> • Being in the know will help to reduce your risk of an audit as well as help you defend your practice should an audit occur.
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FACTORS CONTRIBUTING TO RISK OF AUDIT

- With the implementation of the EHR, physicians are now able to easily document more information for each visit.
- Electronic note configuration settings cause information to be pulled into a note that is not relevant.
- A shift in documentation patterns frequently correlates with a shift in billing practices.



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BENCHMARKING- BEST PLACE TO START

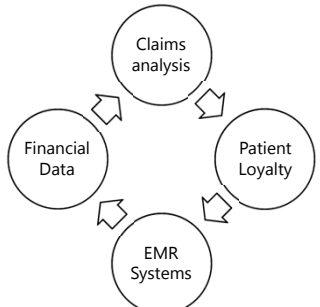


- Evaluating or checking (something) by comparison with a standard or comparing one's performance metrics to industry bests.
- **IF** your physician's E/M coding profiles were compared to their peers would they be considered an "outlier"?

• Would they stand out numerically from their peers?

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BIG DATA EXAMPLES IN HEALTHCARE



Healthcare has been slow to move in analyzing data!

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BIG DATA TELLS THE STORY

What can be determined by your data?

This data can be interpreted with analytics

Provides feedback on trends/patterns

Outside agencies can gain insight and reach conclusions based on your data

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TWO GREAT METRICS TO BENCHMARK

E/M Acuity Distribution (Bell Curve)

By specialty

Peer comparisonS

Service Volumes

Visit per day analysis

Modifier usage

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WHY TRACK YOUR E/M DISTRIBUTION?

Bell Curves

- Expected use of the E/M code range should be a bell-shaped curve.
- Indicating the highest occurrence of level assignment should be moderate levels with a taper down effect on occurrence for the highest and lowest level assignments.
- Some organizations request from CMS a "provider specific bell curve." This bell curve will compare a provider to their peers in their area.

Low Performers Average Performers High Performers

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WHAT CAN YOU LEARN FROM BELL CURVE DATA?

- If the curve is "right shifted," to the higher end of scale
 - Could signal potential over-utilization of the higher codes

- If the curve is "left shifted," to the lower end of the scale
 - Could signal potential under-utilization of the higher codes

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WHAT IF...

FAMILY PRACTICE	PROCEDURE	ACTUAL UTILIZATION	%	BENCHMARK %	POINT SHIFT
	99201	0	0%	0.61%	-0.6
	99202	50	4.22%	12.67%	-8.7
	99203	200	16.88%	50.10%	-33.1
	99204	560	47.26%	32.18%	14.8
	99205	375	31.65%	4.43%	27.6
TOTAL		1185			

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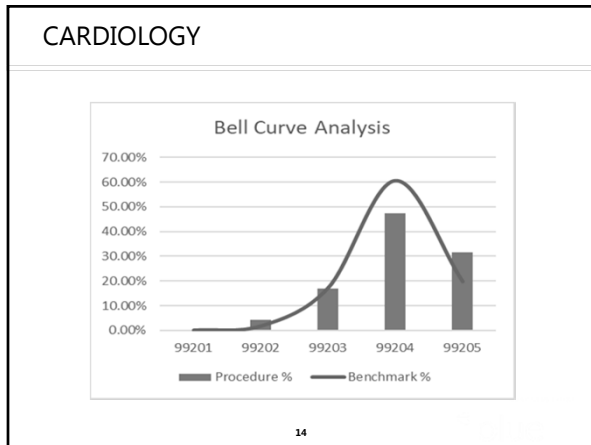
FAMILY PRACTICE

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BUT WHAT IF...

CARDIO	PROCEDURE	ACTUAL UTILIZATION	%	BENCHMARK %	POINT SHIFT
	99201	0	0%	0.17%	-0.17
	99202	50	4.22%	1.85%	2.15
	99203	200	16.88%	17.36%	-0.36
	99204	560	47.26%	60.77%	-13.77
	99205	375	31.65%	19.86%	12.14
TOTAL		1185			

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WHAT COULD OUR DATA SAY ABOUT THIS PROVIDER?

FP	CPT	ACTUAL UTILIZATION	%	BENCHMARK %	FEE	BILLED \$	POTENTIAL \$
	99201	0	0%	0.61%	\$42.11	\$0	\$304.39
	99202	50	4.22%	12.67%	\$71.29	\$3,564.50	\$10,703.44
	99203	200	16.88%	50.10%	\$102.13	\$20,426.00	\$60,633.05
	99204	560	47.26%	32.18%	\$156.65	\$87,724.00	\$59,735.81
	99205	375	31.65%	4.43%	\$197.15	\$73,931.25	\$10,349.49
TOTAL		1185				\$185,645.75	\$141,726.18

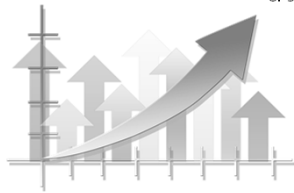
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WHAT COULD OUR DATA SAY ABOUT THIS PROVIDER?

CARDIO	CPT	ACTUAL UTILIZATION	%	BENCHMARK %	FEE	BILLED \$	POTENTIAL \$
	99201	0	0%	0.17%	\$42.11	\$0	\$84.83
	99202	50	4%	1.85%	\$71.29	\$3,564.50	\$1,562.86
	99203	200	17%	17.36%	\$102.13	\$20,426.00	\$21,009.78
	99204	560	47%	60.77%	\$156.65	\$87,724.00	\$112,807.50
	99205	375	32%	19.86%	\$197.15	\$73,931.25	\$46,397.48
TOTAL		1185				\$185,645.75	\$181,862.45

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SERVICE VOLUME ANALYSIS



- The distribution of the types of services being billed is important, but equally important is the overall volume of services.
- Compare the total annual revenue to standards for the specialty. (e.g., MGMA data by specialty).
 - Where do you fall 25th, 50th, 75th or 90th percentile?
- Providers with revenue in the higher percentiles are more prone to be audited.

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VISIT PER DAY EXAMPLE

Provider Information		MGMA Percentiles		
Criteria	Actual	70th	80th	90th
Total Days Worked	265	255	255	260
Total Encounters	6,954	5,508	6,009	6,342
Avg. Encounters/Day	32	19	21	25
Total Work RVUs	9,763	5,672	6,279	7,390

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HOW DO YOU MINIMIZE YOUR EXPOSURE?

E/M Coding Benchmarks

- Providers need to be aware of and understand their utilization of all codes prone to an audit.
 - New patient office visits
 - Established patient office visits
 - Inpatient admissions
 - Subsequent hospital visits
- Comparison of his/her utilization of E/M codes against others in his/her specialty through bell curve analysis.

Code	Percentage
99211	4%
99212	6%
99213	53%
99214	36%
99215	7%

Source: Centers for Medicare & Medicaid Services, 2007 data.

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ANALYZE THE DATA AND CONSIDER THIS

- Deviations in utilization may be based on various factors:

Patient mix

Sub-specialization

Marketed service areas

Increased productivity

BUT High usage can also mean improper coding, inflated documentation, and false claims.

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THE ROAD TO RESOLUTION...VALIDATE THE DATA

Goal
To confirm compliance and justify any deviation through data analysis.

↓

Getting There
Internal/External coding audits.

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Opportunity
To analyze physician usage and improve documentation proactively.

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BE DILIGENT...BE IN THE KNOW!

Run the data	Analyze the data
Identify potential concerns	Perform regular coding audits (i.e., random and focused audits)
Track trends	Educate and re-audit

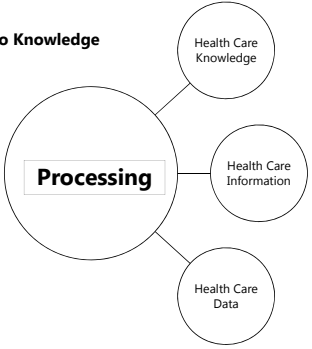
• Work with physicians on documentation improvements!



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IT'S BETTER TO KNOW...KNOWLEDGE IS POWER

From Data to Knowledge



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THINGS TO REMEMBER...



- With the EHR, we need to review template settings to align the volume of documentation with the nature of the presenting problem to improve coding accuracy and realign the provider's usage with benchmarks.
- Documentation and coding reviews by third-party payers is a reality in the current health care system.
- Medicare and other payers track where your providers fall in the spectrum of service use.
- Knowing your provider's utilization, understanding the related level of risk, and identifying problem areas in their coding is your best strategy to minimize the impact of external audits.

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