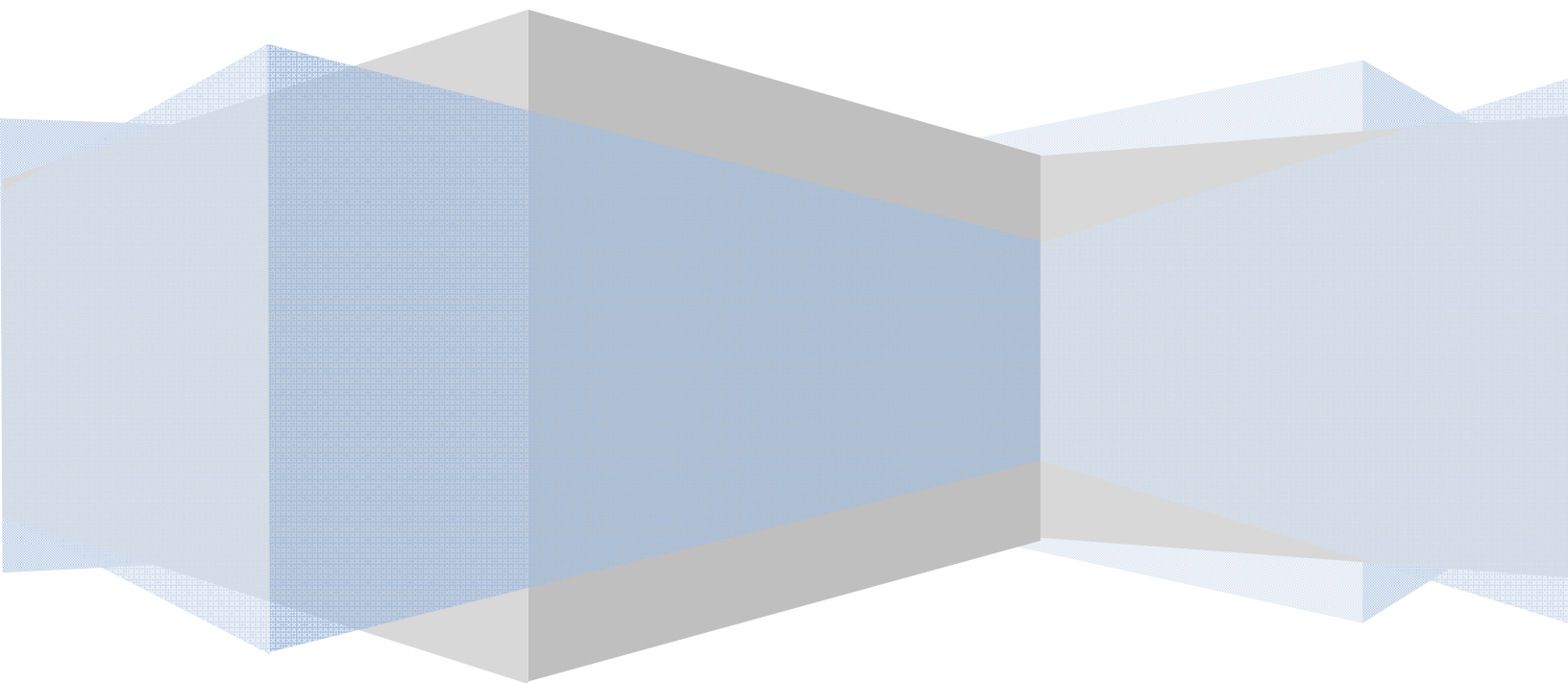


# **Finding and Fighting Fraud, Waste and Abuse within Managed Care Programs**

2018 HCCA Managed Care Compliance  
Conference Presentation Handouts



# SAMPLE DATA MINING EXAMPLES: PROVIDER PROFILING

## Provider Profile: Percent of Practice

- Utilization peer comparison shows potential up-coding of E&M codes:

| RANK | PROC CODE | PROCEDURE CODE DESCRIPTION     | PCT PATS | PROV UNITS | PROV % OF PRAC - UNITS | SPEC346 % OF PRAC - UNITS | PAID AMT FOR PROV | PROV % OF PRAC - PAID | SPEC346 % OF PRAC - PAID |
|------|-----------|--------------------------------|----------|------------|------------------------|---------------------------|-------------------|-----------------------|--------------------------|
| 1    | 99214     | OFFICE OR OTHER OUTPATIENT VIS | 55.59    | 1,009      | 22.10                  | 15.61                     | \$61,710.17       | 29.70                 | 35.61                    |
| 2    | 99245     | OFFICE CONSULTATION FOR A NEW  | 26.70    | 296        | 6.48                   | 0.32                      | \$48,307.78       | 23.25                 | 1.69                     |
| 3    | 99215     | OFFICE OR OTHER OUTPATIENT VIS | 28.25    | 412        | 9.02                   | 0.76                      | \$37,584.74       | 18.09                 | 2.26                     |
| 4    | 76942     | ULTRASONIC GUIDANCE FOR NEEDLE | 8.08     | 113        | 2.47                   | 0.62                      | \$13,800.08       | 6.64                  | 2.40                     |
| 5    | 99244     | OFFICE CONSULTATION FOR A NEW  | 7.81     | 88         | 1.93                   | 1.20                      | \$9,601.51        | 4.62                  | 5.80                     |

## Provider Profile: Distribution



# Provider Profile: Busiest Month

| RANK | PROC CODE | PROCEDURE CODE DESCRIPTION     | PCT PATS | PROV UNITS | PROV % OF PRAC - UNITS | SPEC % OF PRAC - UNITS | PAID AMT FOR PROV | PROV % OF PRAC - PAID | SPEC % OF PRAC - PAID |
|------|-----------|--------------------------------|----------|------------|------------------------|------------------------|-------------------|-----------------------|-----------------------|
| 1    | 96152     | HEALTH AND BEHAVIOR INTERVENTI | 100.00   | 120.653    | 95.65                  | 17.26                  | \$2,225,766.03    | 95.01                 | 5.86                  |
| 2    | 96151     | HEALTH AND BEHAVIOR ASSESSMENT | 97.14    | 4,586      | 3.64                   | 0.37                   | \$85,971.35       | 3.67                  | 0.13                  |
| 3    | 96111     | DEVELOPMENTAL TESTING; EXTENDE | 94.29    | 357        | 0.28                   | 0.19                   | \$20,419.29       | 0.87                  | 0.42                  |
| 4    | 96155     | HEALTH AND BEHAVIOR INTERVENTI | 94.29    | 439        | 0.35                   | 0.08                   | \$8,496.74        | 0.36                  | 0.03                  |
| 5    | 96154     | HEALTH AND BEHAVIOR INTERVENTI | 31.43    | 65         | 0.05                   | 0.19                   | \$1,056.80        | 0.05                  | 0.06                  |
| 6    | 96150     | HEALTH AND BEHAVIOR ASSESSMENT | 11.43    | 44         | 0.03                   | 1.06                   | \$889.80          | 0.04                  | 0.39                  |

CPT® 96152: Health and behavior intervention, each 15 minutes, *face-to-face; individual.*

# Provider Profile: Busiest Month

| Sunday | Monday                           | Tuesday                         | Wednesday                        | Thursday                        | Friday                           | Saturday                       |
|--------|----------------------------------|---------------------------------|----------------------------------|---------------------------------|----------------------------------|--------------------------------|
|        |                                  | 1<br>HOURS: 157<br>UNITS: 62    | 2<br>HOURS: 151<br>UNITS: 60     | 3<br>HOURS: 171.5<br>UNITS: 68  | 4<br>HOURS: 160.75<br>UNITS: 64  | 5                              |
| 6      | 7<br>HOURS: 177.25<br>UNITS: 70  | 8<br>HOURS: 173.75<br>UNITS: 69 | 9<br>HOURS: 164.75<br>UNITS: 65  | 10<br>HOURS: 183<br>UNITS: 73   | 11<br>HOURS: 174<br>UNITS: 70    | 12                             |
| 13     | 14<br>HOURS: 61.5<br>UNITS: 24   | 15<br>HOURS: 128.5<br>UNITS: 51 | 16<br>HOURS: 131<br>UNITS: 52    | 17<br>HOURS: 126<br>UNITS: 50   | 18<br>HOURS: 120.25<br>UNITS: 48 | 19                             |
| 20     | 21<br>HOURS: 173.75<br>UNITS: 69 | 22<br>HOURS: 172.5<br>UNITS: 69 | 23<br>HOURS: 160.75<br>UNITS: 64 | 24<br>HOURS: 175.5<br>UNITS: 70 | 25<br>HOURS: 148<br>UNITS: 59    | 26<br>HOURS: 8.75<br>UNITS: 35 |
| 27     | 28<br>HOURS: 178.25<br>UNITS: 71 | 29<br>HOURS: 175<br>UNITS: 70   | 30<br>HOURS: 172.5<br>UNITS: 69  | 31<br>HOURS: 175<br>UNITS: 70   |                                  |                                |

# SAMPLE FWA REFERRAL INTAKE FORM:

Date:

Care Coordinator:

Telephone Number:

Plan Name:

Provider Name:

Tax Identification Number:

NPI Number:

Address:

Telephone Number:

Member Name:

Address:

Telephone number:

Subscriber/Member ID:

Description of potential fraud, waste or abuse scheme (if possible please include CPT codes, dates of scheme, how you learned of scheme, and if you have any documentation):

Please send your FWA referral to: