In the Shark Tank: When Coding Compliance Goes on Attack

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About the Presenter

Stephanie Cecchini, CPC, CEMC, CHISP, is VP of Products at AAPC. Her passion is providing solutions that allow coders to help physicians to best pursue their hard-earned art in the practice of medicine. She is an executive level healthcare sales, operations, and public speaking expert with significant & broad ambulatory healthcare business experience with emphasis on multi-specialty physician groups and payers. She has served as a senior executive for over 15 years. In prior roles: as VP of Coding Operations with Aviacode, overseeing the coding operation of more than 30 million claims per year. As Chief Audit Officer for Parses, Inc, she assured physician medical coding audit accuracy & quality control for payer driven recovery audits of professional fees and was responsible for driving sales & managing new coding audit programs. Stephanie lives in Salt Lake City, Utah with her husband Jim and their three children. Stephanie is LION (Linked In Open Network).
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Coding Compliance

- Preventing the submission of erroneous or unlawful healthcare claims
  - FEDERAL SENTENCING GUIDELINES
    1. Implementing written policies, procedures and standards of conduct.
    2. Designating a compliance officer and (or) compliance committee.
    3. Conducting effective training and education.
    4. Developing effective lines of communication.
    5. Conducting internal monitoring and auditing.
    7. Responding promptly to detected offenses and undertaking corrective action.
Disruptive Innovation

- Objectives: In each of the 7 areas of compliance
- GOAL: Create a culture that invites conflict and debate and argument
  - Get creative
  - Better solve the problems
  - Smarter

- Whistleblower
  - 2016 Vibra Healthcare paid $32.7M
  - 2014 All Children’s Hospital paid $7M
  - 2013 Shands Health Care System $3M
  - 2013 Halifax Health $108M
  - 2012 Brevard doctor $90M
Creating a Movement

- Get their attention
- Challenge their thinking
- Develop some rapport
  - Help them believe in your ideas
    - First Followers
      - Get them to agree on a next step.
      - Get them to commit to something.

What’s Our Movement About?

- Respect the law
  - We don’t lie, steal, cheat
  - We don’t defraud a payer
  - We don’t intentionally cause false information in a medical record
  - We don’t intentionally leave out pertinent facts about treatment and dx
  - We don’t miscode to avoid conflict with others
- Patient comes first
  - We make doing the right thing EASY for physicians
GOAL: Create a culture that invites conflict and debate and argument

Inspire Me

✓ Provide a clear vision
  o What makes your heart sing?
✓ Energy, Energize, Edge, and Execution
  o Dopamine
    • Be memorable
      • Work in emotionally charged moments
        o Teach something new, in a new way, or an unusual place
    • Be novel
      • Fresh, new and unexpected twist
      • Tell a story
      • Tell someone else’s story

GOAL: Create a culture that invites conflict and debate and argument

1. Written P&P and Standards of Conduct

➢ What should we do?
  ✓ Polices that protect against errors
  ✓ Policies to do the ethical thing
  ✓ Policies that can be understood and followed

➢ How should we do it?
  ✓ Procedures consistently support policies
    ✓ Motivated to read it
    ✓ Simple to follow
    ✓ Adaptable to temperature of providers
    ✓ Living document
Benefits of Being Informal

- Wanting To vs. Being Forced
  - Be Less Formal
    - Corporate informality encourages communication
    - People like to do what they are not told to do
    - More personal and less intimidating
    - It’s more comfortable
    - Less likely to resist
  - What is the risk of formality without buy-in?
    - Fraud

GOAL: Create a culture that invites conflict and debate and argument

2. The Compliance Officer or Committee

- An expert/s to mediate - Guide to the High Road
  - Respected and Authoritative
  - Active, Questioning, and Committed to Improvement
    - Concerned with legal and ethical appropriateness
      - can vs. should
    - Able to interpret the rules
    - Able to manage investigation audits
    - Able to navigate self-disclosure protocols
    - Communicate unrestrictedly up, laterally, & down
  - Many practices instead employ:
    - An internal “advocate”
    - Outside consultation
      - Coding and Legal
Simplify

- Simple messages
  - Travel faster
  - Need less thinking and experience
  - Are easier to remember
  - Focus on what is imperative

3. Conduct Effective Training and Education

- Invoke conflict and debate and argument
  - Give the documenting provider their controls back
    - Make all education clinically relevant
    - Ask questions
    - Provide the right training person/s
Create a Learning Culture

- That which is clinically relevant
  - How sick is sick?
- Don’t try to be a peer
  - Ask questions….

Learning Questions

- Under what circumstances would you need to see a patient in follow-up sooner than typically required? (Level Four)
- Which patient problems have you very concerned for the patient but do not pose an imminent threat to life or bodily function? (Level Four)
- Which of these can commonly be diagnosed on the first encounter and do not usually require a prompt follow-up? (Level Three)
- What conditions could pose a threat to life or bodily function within 24-48 hours? (Level Five)
- Which of these problems might you bring a patient back for a quick check, and on doing so discover no further medical management is needed? (Level Two)
- Which of these diagnoses are self-limited and require reassurance with no active medical management? (Level One)
4. Developing Effective Lines of Communication

- Embrace conflict and debate and argument
  - Most fraud cases are generated by whistleblowers
    - Listen to all concerns
    - Encourage escalation of concerns
    - Respond to them thoughtfully

- Face Reality and Adapt
  - Provider doesn’t want to?
    - Act on it for opportunity
  - Documentation related?
    - Scribes
    - Coders
  - Not paid enough?
    - Medical tourism, Self Pay only, Non-covered, Ancillaries

5. Conducting internal monitoring and auditing

- Fuel conflict and debate and argument
  - Random, Focused
  - Baseline, Periodic
    - Prospective
    - Retrospective
      - Privileged
    - Non valid sample size
  - Medically needed
  - Right codes and POS
  - Documentation to support the service and provider
External Audits

- **Administrative**
  - Comprehensive Error Rate Testing (CERT) Audits
  - Risk Adjustment Data Validation (RADV) Audits

- **Legal/Fraud**
  - Zone Program Integrity Contractors (ZPIC) Audits
  - Office of Inspector General (OIG) Audits
  - Health Care Fraud Prevention & Enforcement Action Team (HEAT)
  - Sanctions Audits

- **Compliance/Oversight**
  - Medicare Administrative Contractors (MAC) Audits
  - Medicaid Integrity Contractors (MIC) Audits
  - Commercial Payer Audits
  - Recovery Audit Contractor (RAC) Audits

6. Enforcing Standards and Disciplinary Guidelines

- Respond appropriately to audit findings and concerns
  - Work with legal and medical advisors
  - Correct overpayments
  - Corrective Action Plan
    - An oral warning
    - A written reprimand
    - Probation
    - Demotion
    - Temporary suspension without pay
    - Termination
    - Restitution of damages
    - Referral for criminal prosecution
7. Responding to Detected Offenses & CAP

- Benefit from conflict and debate and argument
  - Innocent mistakes can be fixed
    - Respond as appropriate
    - They are an opportunity for improvement
  - Prevention is the best cure
    - know applicable rules & regulations
    - Does everyone do (only) what we think they do?
      - Has a way to ask questions
      - Has a way to report suspected/perceived violations
      - Is subject to corrective action
      - Knowing and following the rules
        - understanding (and choosing) the right thing to do

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Invite Everyone – Melt the Haters

- Compliance requires collective intellect to do the right thing right
  - "He that has once done you a kindness will be more ready to do you another, than he whom you yourself have obliged." – Benjamin Franklin
    - The Ben Franklin Effect
      - Franklin dealt with the animosity of a rival legislator in the 18th century
        - “Having heard that he had in his library a certain very scarce book, I wrote a note to him, expressing my desire of perusing that book, and requesting he would do me the favour of lending it to me for a few days. He sent it immediately, and I return’d it in about a week with another note, expressing strongly my sense of the favour. When we next met in the House, he spoke to me (which he had never done before), and with great civility; and he ever after manifested a readiness to serve me on all occasions, so that we became great friends, and our friendship continued to his death.”
So They Leaned In – Now What?

- Avoid Common Mistakes
  - Counting elements vs. medically necessary (up or down)
  - (In)consistent documentation to coding (cloning and clustering)
  - Misunderstanding of preventive services
  - Documentation by nurse in HPI
  - Authentication
  - Abbreviations
  - Timely documentation
  - Incident to services
  - Unbundling
  - Failure to properly use coding modifiers

Top Mistakes to Avoid

- Before Audit request:
  - Artificial code inflation by templates in EHR
  - Where’s Waldo and carry forward
  - Emotional Coding
  - Dependence on under qualified coders
  - Level 2-4 under-documentation
  - Undocumented/Services not Performed

- After Audit request:
  - Understand the scope, methods, credentials and purpose
  - Non-compliance with record request
  - Incomplete documentation sent to Auditor
  - Follow the right carrier rules
Other Mistakes

- Utilizing a contractor or employee that is:
  - Sanctioned
    - http://exclusions.oig.hhs.gov/
    - with a prior criminal conviction related to health care

Compliance Resources

- Code of Federal Regulation and the Federal Register
  - OIG Compliance Program Guidance
- CPT guidelines
- ICD-9 and 10 Official Guidelines and AHA Coding Clinic for ICD-9/10-CM
- CMS.gov Internet-Only Manuals (IOMs)
  - Medicare Claims Processing Manual
  - CMS Medicare Benefit Policy Manual
- 1995 and 1997 DGs for Evaluation and Management Services
- Medical policies by private and Medicaid payers
- Health Insurance Portability and Accountability Act (HIPAA)
- Hospital and Physician CCI National Correct Coding Initiative (NCCI)
- False Claims Act and Qui Tam
- Social Security Act (Medical Necessity)
Only the best
Can be a physician.

- There are NO concessions to excellence
- More than 80% will not make it
- 90,000-doctor shortage by 2025

Growing Numbers Need Help

The Solution
Questions?

“Medicine is the only profession that labours incessantly to destroy the reason for its own existence.” ~James Bryce, 1914

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