

1. Compliance is following the rules and auditing is making sure that you follow the rules.
  - a. You cannot say you have compliant billing practices without auditing
  - b. Compliant means you are following guidelines by AMA, CMS, and OIG [Office of Inspector General]
  - c. Radiation--CBCT has to be signed off within 24 hours or before next treatment
  - d. Time stamped, cannot bill CBCT past the billing mark
  - e. The only way to know is to audit
2. What are the foundational elements of a compliance program? How does an organization build a compliance protocol?
  - a. OIG and CMS--have published guidelines
  - b. How to build your compliance program? Link
  - c. #1 have a compliance plan, documented updated plan
  - d. Have policies in place, who is doing billing? Supporting documentation
  - e. Have therapists signed policies and procedures stating they know about compliance standards
  - f. Have scheduled audits
  - g. Talk about compliance often, foster safe environment so that things can be brought forward
  - h. Have someone qualified---coding or auditing certified
  - i. Auditing by a 3rd party
  - j. You do not want someone to audit their own, or departmental, work
  - k. Who will review results and who will be communicated to, who is responsible for taking lead on actionable items?
3. Confidence or security to report? Annual training? What is importance of education or training in compliance?
  - a. Does not show that it is a priority, does not foster safe environment
  - b. Will have to self report inaccurate documentation etc
  - c. Better documentation leads to better care
  - d. More frequent reviews will result in less impact
4. Organizational or dept responsibilities for training? What does that look like?
  - a. CEUs are not enough--should give feedback and provide adequate training
  - b. Big change--2017 77290 [CT sim and set-up] this bundles with IMRT now.
  - c. ASTRO disputed, then retracted, then change decisions
  - d. Ultimately it is bundled; you can't charge separately
  - e. If staff are not adequately trained or educated, cannot keep up with changes
5. Audit denials are based on insufficient clinical documentation, incorrect coding, and unnecessary medical procedures. How do these things happen? How to fix it?
  - a. Frequent and thorough audits--to sweep all charts and give feedback
  - b. See if codes don't have support or necessity
  - c. Coding rules change every year--need expert to communicate changes--without will have continuous errors
  - d. Incorrect documentation--EMR clones give same answer for every single patient
  - e. Templated in and no one reviewed it--negates entire document

- f. Not just missing documentation, but POOR documentation
  - g. Authorization--insurance won't approve if not medically necessary
  - h. Align with NCCN
  - i. Insurance that does not require authorization [Medicare], makes it easy to move forward with treatment that pays more but may not be medically necessary
6. Therapists focus should be on patient and care, how do compliance and audit affect patient care?
- a. Clinical team may say that compliance and audit are not positive because takes time away from patient
  - b. Poor documentation may lead to errors
  - c. Auto population moves forward with errors
  - d. Waste time and resources---affects bottom line, cannot bill for clinical error
  - e. Impacts patient experience and quality of care
  - f. Impacts billing and success
  - g. Will take time--no shortcuts
7. Productivity over patient care...as long as we work, we have to know that we have responsibility in financial matters? Does correct documentation lead to financial gains?
- a. Clinical errors are not billable
  - b. Ensuring that all is correct on the front end streamlines whole process
  - c. Clinically correct, but wrong ICB10 code---if it gets billed out, then will need to send corrective claims within timeline
  - d. If you are outside of timeline--no payment from insurance
  - e. 1 error can have domino effect---for patient and for practice
8. External auditor: more corrective, no preconceived notions, an expert in the field...Internal auditor: cost effective, engage staff
- a. Not really cost effective---over burdening current staff
  - b. Does engage staff, involve them in process, foster environment of security and audit
  - c. 3rd party are going to be experts in the field--have technology built for audits
  - d. Scan can large amounts of documents and see errors
  - e. External auditors may be more direct, will not face repercussions for finding errors
  - f. To close circle ... continued education, meeting with departments, engage staff
9. How often codes change, huge need for continued education and training. Where do you see compliance, auditing, and CE
- a. OIG is looking at radiation
  - b. Looking at huge data sets, can identify errors
  - c. Increase in scrutiny
  - d. Positive impact, doing things accurately is not a bad thing
  - e. Need for auditing--very important
  - f. Quarterly audits to scan for information
  - g. Historically, audits have looked at 10-20 charts, manual review
    - i. That will change to match auditing power of large entities

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- ii. Or you are a sitting duck
- iii. Moving towards more data auditing
- iv. More incorporation of technology in this area
- v. Communication between coders and clinical staff
  - 1. Understand each other's jobs
  - 2. Understand how you impact each other
  - 3. It Fosters open environment