• 2013 Compliance Program Activities
  □ 2013 Compliance Goals
  □ Compliance Committee
  □ External Audits Committee

• Medicare Billing Audit Results

• 2014 Compliance Program Goals and Compliance Trends
LHH Compliance Program - 2013 Goals

- Continue to promote compliance awareness
- Incorporate Health at Home into the LHH Compliance Program
- Pursue Health Information Services and Minimum Data Set Consultant Evaluations
- Pursue HIS, MDS, and Provider Training
Goal: Promote Compliance Awareness

- Compliance Awareness presentation to Leadership Forum

- Observe departmental processes and attend/conduct departmental meetings.

- Annual Compliance training – 95% completion for 2013
Goal: Incorporate Health at Home into the Compliance Program

- Added the Health at Home Administrator to the Compliance Committee.
- Attended the Annual Health at Home Professional Advisory Board Meeting.
- Provided guidance for Medicare policy and ordering/referring enrollment issues.
- Technical assistance as needed.
LHH Compliance Program - 2013 Modifications

- HIS and MDS Evaluations Postponed (MDS and ICD-10 Training Conducted in 2013)

- HIS, MDS, and Provider Training – ICD-10 (HIS and Providers) and MDS Training Conducted in 2013
The LHH Compliance Committee is the program’s oversight committee that meets quarterly to review and conduct compliance activities. Members include:

- LHH Leadership
- Designated staff from Patient Financial Services, Health Information Services, and Utilization Management.
Annual Risk Assessment is a tool to identify, measure, and prioritize compliance risks that would affect the hospital’s ability to achieve its objectives.

Compliance Work Plan is developed based on the risk assessment results and includes reviewing external audit results and other pertinent information.
In response to Medicare’s change to the admission inpatient criteria, the Committee established a plan to ensure compliance which included:

A workgroup led by Utilization Management and comprised of Medicine, Nursing, HIS, and Compliance was charged with developing the physician inpatient admission certification form and providing education to physicians and other Acute Medical staff.
During the year, the Committee reviewed corrective actions that were proposed by the External Audits Committee. Areas covered by these actions included:

- Coding validation
- Acute rehabilitation preadmission screening and post admission evaluations.
The LHH External Audits Committee meets monthly to monitor external audit activity and propose corrective actions to address audit denials. Members include:

- Medicine, Nursing, Quality, and Legal Leadership
- Designated staff from Patient Financial Services, Health Information Services, Utilization Management, and Rehabilitation
Background:

- Since 2011, CMS has made multiple audit requests via their contractors.
  - Recovery Audit Contractor (RAC): Post payment audits
  - Medicare Administrative Contractor (Noridian): Pre and post payment audits
  - Audit Focus: Claims with higher error rates. Contractors can request claims back three years from the billed date of service.
# Medicare External Billing Audits – Results

<table>
<thead>
<tr>
<th></th>
<th>RAC</th>
<th>Noridian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Claims Audited in 2013</td>
<td>24</td>
<td>22</td>
<td>46</td>
</tr>
<tr>
<td>Claims with No Findings</td>
<td>15</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Claims Adjusted</td>
<td>3</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Claims Denied</td>
<td>6</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>
LHH Corrective Actions - External Audit Committee Findings

- E/M Documentation and Coding – Enhanced review and targeted physician education
- Acute Rehabilitation – Education and concurrent monitoring of Medicare admission documentation requirements
- Monthly tracking of Medicare Acute Rehabilitation admission documentation by HIS
- Focus on Medicare SNF Admissions with lower Resource Utilization Group assignment
• Compliance Program

• Provide technical assistance and trend monitoring

• Continue to monitor corrective actions and identify areas of improvement
• Compliance Trends
  • 2014 OIG Work Plan Focus:
    ✓ Medicare Part A SNF Payments – Lower 14 Resource Utilization Groups
    ✓ Home Health – Face to Face Encounter Requirement
    ✓ Evaluation and Management Coding – Audits of the Detailed and Comprehensive levels
  • Medi-Cal – Managed Care Audits