

The Survivors Guide to Medical Review

Part 1 of 2

Presented by:

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Background...

Medicare Medicaid CHIP

PERM

Payment Error Rate Measurement

IPERA

**Improper Payments Elimination and
Recovery Act of 2010**

CERT

Comprehensive error testing rate

CMS Provider Compliance Group Goals...

1. To reduce the Medicare FFS improper payment rate to:
8.5% by Nov 2011 and 6.2% by Nov 2012.

- By Identifying past improper payments through data analysis
- Correcting past and improper payments through post pay review.
- Preventing future improper payments through provider education.

2. To reduce the Medicaid FFS improper payment rate to 6.2%
by 2012.

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Year	Error Rate	Total Dollars Paid	Total Improper Payments
1996	14.2%	\$168.1 B	\$23.8 B
1997	11.8%	\$177.9 B	\$20.9 B
1998	8.4%	\$177.0 B	\$14.9 B
1999	8.6%	\$168.9 B	\$14.5 B
2000	9.4%	\$174.6 B	\$16.4 B
2001	8.8%	\$191.3 B	\$16.8 B
2002	8.0%	\$212.8 B	\$17.1 B
2003	6.4%*	\$199.1 B	\$12.7 B*
2004	10.1%	\$213.5 B	\$21.7 B
2005	5.2%	\$234.1 B	\$12.1 B
2006	4.4%	\$246.8 B	\$10.8 B
2007	3.9%	\$276.2 B	\$10.8 B
2008	3.6%	\$288.2 B	\$10.4 B
2009	12.4%	\$308.4 B	\$35.4 B
2010	10.5%	\$326.4 B	\$34.3 B

The Acronyms...

- CERT- Comprehensive Error Rate Testing
- ZPIC - Zone Program Integrity contractor
- RHHI - Regional Home Health Intermediary
- PSC's - Program Safeguard Contractor's
- HEAT- Health Enforcement Action Team
- OIG - Office of the Inspector General
- DOJ - Department of justice
- QIO – Quality Improvement Organizations

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Team	Types of claims	How Selected	Claim Volume	Type of Review	Review Purpose	Other Functions
QIO	Inpatient claims, and Consults Other Teams	Claims adjusted for increased payment	Very Small	Prepay and Concurrent	Identify Up Coding	Quarterly reviews
CERT	All Medical Claims	Data Randomly	Small	Post Pay Only Complex Only	Measure Improper Payments	None
PERM	All Medical Claims	Data Randomly	Small	Post Pay only Automated and Complex	Measure Improper Payments	None
Medicare Recovery Auditors	All Medicare FFS Claims	Data Targeted	Determined by data edits for improper claims	Post Pay Automated and Complex	Detect and correct past improper payments	None
M R Units at MAC's	All Medicare FFS Claims	Data Targeted	Determined by data edits for improper claims	Pre-Pay Post-Pay Automated & Complex	Prevent future improper payments	Education Appeals
PSC/ZPIC	All Claims	Data Targeted	Determined by data identifying Fraudulent claims	Pre-Pay Post-Pay Automated & Complex	Identify Potential fraud	...
OIG/HEAT	All Claims	Data Targeted	Determined by data identifying Fraudulent claims	Post-Pay Complex	Identify Fraud	...

The Actions...

Probe Edit

FMR

TMR

Post Payment Review with extrapolation

ZPIC Review

HEAT Team

Payment Suspension 42 CFR 405.371

MicroData Profiles:

Triggers in Data Profiles:

ALF / Board and Care
Skilled Nursing / LTAC
Acute Care Hospital
MD Office

Thank You...

Questions???

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