

Meeting E/M Compliance and Quality Care Standards with the Next Generation of EHRs

Part I: Auditors' Perspective on EHR Compliance

Prepared and Presented by:

Robin Linker, CPC, CPC-H, CCS-P, MCS-P, CPC-P, CHC
CEO / President, Robin Linker & Associates, Inc.

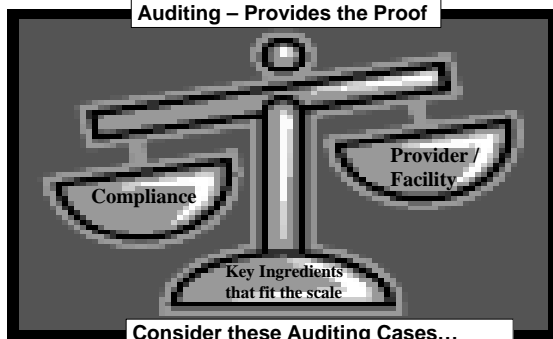
Just What are Auditors and the OIG Looking For?

- Compliance is exercised within the Federal / Medicare and Medicaid programs
- That only legitimate claims are being paid
 - Fraud and Abuse Issues
- Quality care and medically necessary services being delivered to the patient
- Avoidance of excessive spending and preservation of the Medicare and Medicaid program

©Robin Linker & Associates, Inc.

Compliance Understanding Promotes Healthcare Balance

Auditing – Provides the Proof



Consider these Auditing Cases...

©Robin Linker & Associates, Inc.

EHR and Patient Quality Care

● Patient Complaints to State Boards

- Patients questioning documentation after receiving medical record copies
- Patients brought witnesses in the exam room
- In a few instances, patient never disrobed or was examined, however documentation revealed a comprehensive history and exam
- Encounter time was less than 5 minutes in one instance and less than 10 in another
- Provider admitted to pre-canned EHR template language
- Sample audit revealed documentation of actual services rendered, were difficult to determine due to extensive duplication of the records

©Robin Linker & Associates, Inc.

EHR and Compliance

Cloning / "Cut and Paste" Documentation Case...

- The provider submitted high levels 98% of the time
- Audit results proved record cloning (cut and paste) in the majority of records
- Nature of presenting problem appeared irrelevant in comparison to the comprehensive documentation in every instance
- Medical necessity for comprehensive ROS and Exam was non-existent and sometimes conflicted with the HPI
- No difference in patient notes other than the HPI and parts of the plan / medical decision making
- EHR parameters proved the pre-canned documentation almost verbatim
- Payback resulted in approximately \$157,000

©Robin Linker & Associates, Inc.

Medical Necessity –MCM 30.6.1 A

- Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code.
- It would not be medically necessary or appropriate to bill a higher level of E/M service when a lower level of service is warranted.
- The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported.
- The service should be documented during, or as soon as practicable after it is provided in order to maintain an accurate medical record.

©Robin Linker & Associates, Inc.

EMR: Friend or Foe? Medical Necessity Caution

● EMR Friend:

- Legibility
- Faster turn around for the provider
- More complete record availability
- Ease to cut and paste or pull previous information in when applicable or relevant
- Ease of duplication /copying or transmittal to other providers for continuity of care

© Robin Linker & Associates, Inc.

EMR: Friend or Foe? Medical Necessity Caution

● EMR Foe:

- Doesn't understand "Nature of the Presenting Problem"
- Record cloning is problematic
- Increase in error rates on auditing or inconclusive
 - Conflicting information
 - Easy to upcode E/M and potentially falsify the medical record without realization of participation or the consequences of false claims

© Robin Linker & Associates, Inc.

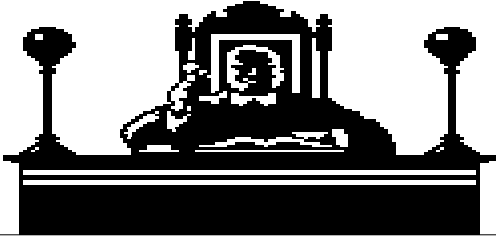
EHR Compliance to Consider

- Select the level of service you provided. The service must be rendered and justified in the documentation. Don't base it on bullet points, base it on medical necessity.
- The EHR may contain elements you provided, but don't allow it to prompt for additional elements to achieve a higher level
- Remove all fraudulent documentation features. Ensure templates contain only structure but not substance (pre-loaded clinical information)
- Be aware that auditors may look at the base system parameters of your EHR as part of the review
- Documentation is an inherent requirement to proving medical necessity and deliverance of quality of care. It should always start with the nature of the presenting problem as the foundation

© Robin Linker & Associates, Inc.

The Bottom Line is:

Can You Defend
Your Medical Record?



When using an EMR – remember it must be the truth and nothing but the truth. So help your medical record!

Thank you!

For more information on auditing, consulting, educational services or products, please contact :

Robin Linker & Associates, Inc.

22629 E Ida Circle

Aurora, CO 80015

Phone: (303) 905-2357

Email: RLAcode@aol.com

© Robin Linker & Associates, Inc.
