

A Lean Approach to Compliance and Audits

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SSM STL Demographics

- SSM Health Care-St. Louis includes:
 - Seven hospitals
 - 6 Adult Acute Care
 - 1 Pediatric Acute Care
 - SSM Managed Care Organization
 - Physicians' Organization
 - Organization restructure in 2008



SSM St. Louis



RAC Preparations

- Began audit risk inventory end of 2008
- Conferred with other providers who were in the demonstration RAC project.
- Reviewed PEPPER reports
- Identified main access points
- Mapped ADR request process and TAT
- Educated key stakeholders
- Began search for tracking system

Issues Identified

- Number of departments receiving ADR request
- Delay in response time
- Lack of learning from audit outcomes
- Identification of potential compliance risks from audit outcomes

Where does the letter go?



855 Form contacts

Pilot

- Began pilot project for RAC with QIO requests 2009
- Created an Access tracking dbase
- Designated a single point of contact for all STL hospitals.
- Developed and electronic communication plan with HIM for ADR requests and approvals.
- Established a process for results review and appeals.

Key successes

- Records were submitted timely (no technical denials)
- Able to quantify the number of requests and reasons for requests
- Hospital staff able to focus on day to day activities
- Appeals submitted and tracked.

Ready, Set, Go

- First RAC request received February 2010
- Hard to quantify dedicated FTE (multiple hats)



Initial staff dedicated ~ 1.5 FTE for 7 hospitals

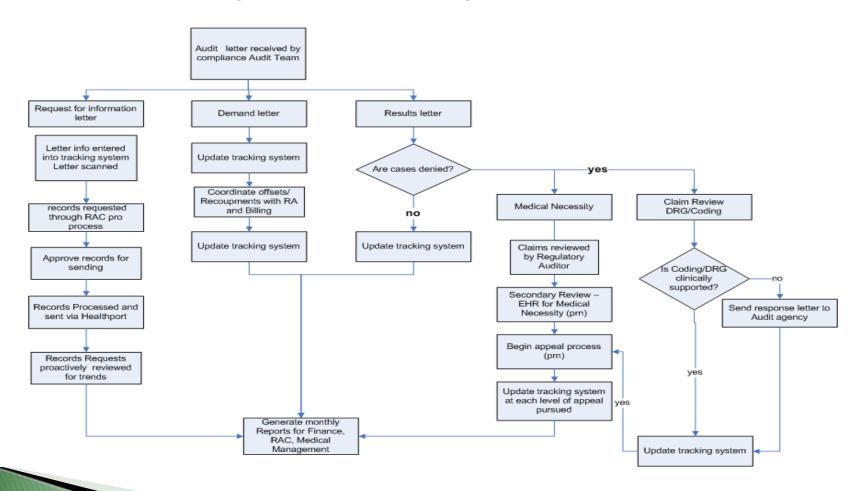
Current Lean Approach

- Single point of contact for all STL hospitals
- Regional RAC Audit team and Corporate RAC team
- Integrated with HIM, Case Management, Compliance, Finance
- Tracking RACs, MAC's, CERTs, PROBE, Medicaid, and beginning Medicare Advantage plans

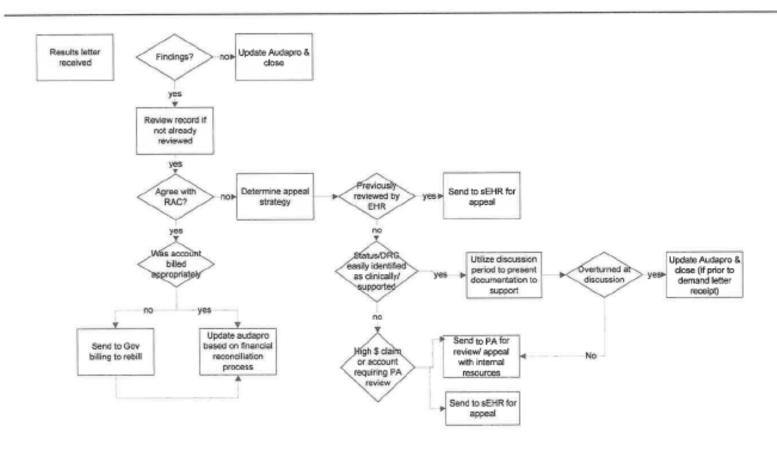
Current Lean Approach

- System wide tracking system for multiple government audits
 - Dispute tracking
 - Increased data on audit risk
- Dedicated auditors for review and appeals (Case manager, RN and Coder, Physician Advisor)
- Use of discussion period with RAC

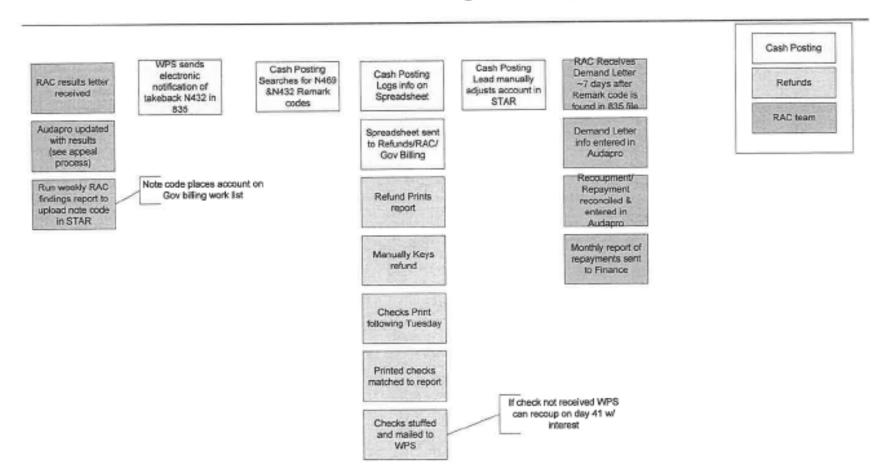
SSM St. Louis Compliance Audit Response Team Process flow



RAC Appeal Decision Tree



RAC Financial tracking of Recoupments



Standard Reports Tracking only or Data Management?

- ▶ TAT for ADR request letter (48h or less)
- # of requests by DRG & Hospital
- # of denials, \$ of denials
- » % Denials by type and Hospital
- # and \$ of denials by discharge year

Challenges

- Multiple audit time lines expectations
- Medicare 855 file Correspondence
- Pre-Payment reviews
- Remit Advice N432 billers and follow up
- Refunds, recoupments or immediate offsets

To refund or allow recoupment

- Immediate offset
 - Challenges identifying account details on RA
 - Multiple offsets grouped on RA
- Recoupment do the math
 - Cost of 30 days interest?
 - 1 mos interest on \$15,000 claim = \$134
 - 75 denials at \$134 = \$10,078.....
- Refund
 - check's cut within 5-7 days of receiving remittance advice
 - Better able to reconcile

Learning opportunities

If you bill it they will come!

- Align with denials team use outcomes for all payors
 - Process improvement teams on top risk areas
 - Surgery
 - Conversion log
- Technology
 - •Use EMR to your benefit
 - User friendly and intuitive
 - Address any type of audit
 - •Email alerts
 - •Create your own reports
 - Store and track the data that's important to you
 - Billing data
 - Coding data

Compliance Integration

- Balancing Internal Audits and external audits
 - Action plans
 - Probe Audit with 30 day turn around before reaudit
- Assimilate with Coding Compliance and Clinical Documentation Specialist, and Charge Master
- Education OIG risk, PEPPER, Operational changes that impact Compliance

Continious Opportunities for Improvement

- Financial Reconciliation process
- ROI electronic submission
- Appeals
- Reporting to show trends for improvement

Questions??

