

## **CMS NEWS AND UPDATES<sup>1</sup> JULY 14, 2015: FRAUD PREVENTION SYSTEM YIELDS 10:1 ROI!**

**This is great news for taxpayers and mandates diligence for providers. CMS audit scope is set to expend additional audit resources towards documentation and compliance!**

Utilization of modern predictive analytic tools and techniques enables CMS to move past “pay and chase audits!” Today the agency announced that it is able to expand its audit resources to documentation and compliance. This has direct implications for CCM claims.

In 2010, CMS implemented the Fraud Prevention System. This is one part of the efforts to protect the Medicare Trust Fund. As announced, the system uses predictive analytics and demonstrated its effectiveness by identifying or preventing \$820 million in inappropriate claims payments in the first three years of operations.

The agency is getting the most bang for taxpayer buck with this program! Using advanced analytic technology and data mining techniques similar to those at work in the commercial sectors, these resources reveal questionable billing patterns and perform border analysis to identify outlier claims for targeting further audit efforts.

“The third year results of the Fraud Prevention System demonstrate our commitment to high-yield prevention activities, and our progress in moving beyond the ‘pay and chase’ model,” said Dr. Shantanu Agrawal, CMS deputy administrator and director of the Center for Program Integrity. “We have learned a lot in the three years since the Fraud Prevention System began, and as we learn, we continue to become more sophisticated in detecting aberrant billing patterns and developing leads for investigations and action.”<sup>1</sup>

### **Dulcian Observations and Recommendations:**

Let’s be diligent in our compliance documentation for all federal programs including billing for CCM services. This News Release is clear notice that the administration is setting its sights beyond the “pay and chase” model as they drill into the detection of suspicious billing patterns. They clearly state their inclination for more investigations and action.

Moving in this direction means that CMS will pursue compliance issues as CCM billing activity increases. Any anomaly noted in patterns of claims submitted will encourage the agency to dig deeper into sample claim detail in your CEHRT, including the care plan, care delivered, and other regulatory requirements in the Rule.<sup>2</sup>

Dulcian believes that it’s great that CMS has discovered modern technology! However, we must diligently document clearly and completely, all aspects of CCM services recorded in your CERT. If the Rule is vague or gives providers leeway in decision-making, we must apply scientific, systematic and justifiable methods of patient selection, delivery of care and interactions with care plans, time logs and patients’ access to care.

See our articles and blogs detailing the requirements of the Rule and potential Audit risks “Logging CCM Services.”

Consider Outsourcing CCM Services and Documentation. CMS permits outsourcing of CCM services within the US. CMS doesn’t specify the format or content for this log or the required documentation. You are able to free your staff for patient-facing care. Outsourcing services and documentation allows your practice and patients to benefit immediately from the ability to provide and track services.

Dulcian offers credentialed staff and programmatic tools that capture and aggregate data about qualifying actions. Additionally we can integrate with any interface your EHR may accommodate now or in the future. This can be a tremendous relief to your staff as they are freed to perform patient-facing care. As an auditor, I like the traceability these services and the documentation offered. As a practice, you will like the immediate benefit of the service and the relief of the administrative burden on your staff.

**Dulcian welcomes your comments or questions on this and related subjects.**

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<sup>1</sup> CMS NEWS: CMS cutting-edge technology identifies & prevents \$820 million in improper Medicare payments in first three years

<sup>2</sup> 42 CFR Parts...410, et.al; Vol. 79 page 67718 /Nov 2014 / Rules and Regulations.....Revisions to Part B for CY 2015; Final Rule