



University of California
San Francisco

Government Regulatory Billing Audits: Requests and Acronyms

Clinical Enterprise Compliance Program

December 2015



Overview

- **The Center for Medicare & Medicaid Services (CMS) works with various entities (Audit Contractors) to review cases and validate:**
 - The coding used for financial reimbursement
 - The medical record documentation supports the coding and claim information
 - No improper payments have been made nor incorrect claims submitted for payment

Overview

- **The CMS initiatives are intended to:**
 - Prevent or identify and recover improper payments before the claim is processed
 - Recover improper payments after claims processing
- **What does this mean to us?**
 - There are strict turnaround times associated with these audits and requests for information
 - UCSF wants to comply with these timeframes and ensure that no funds are recouped due to lost letters



If you receive letters or requests from an Audit Contractor:

Please forward to the CECP as soon as possible



Types of Audits

- **Prepayment Review**
 - Review of claims prior to payment which may result in an initial determination
- **Postpayment Review**
 - Review of claims after payment which may result in either no change to the initial determination or a revised determination, indicating an underpayment or overpayment

Types of incorrect payment types

- **Underpayment:**
 - A payment a provider receives under the amount due for services
- **Overpayment**
 - A payment a provider received over the amount due for services furnished. Common reasons:
 - Duplicate submission and subsequent payment of the same service or claim
 - Payment to an incorrect payor
 - Payment for excluded or medically unnecessary services
 - Payment for services that were furnished in a setting that was inappropriate for the patient's condition
 - Billing for excessive or non-covered services

What if I get a letter?



- **Contact Compliance!**
 - Call us @ 415-502-2790
 - Or email us at clincompliance@ucsf.edu
 - Or fax the letter to 415-502-4020
- **We will provide you with information on what needs to happen next**



Audit Contractors

Federal Audit Entities

- **HHS OIG, Department of Health and Human Services Office of Inspector General**

- Arm of the U.S. Department of Health & Human Services that conducts audits, investigations, and evaluations to protect the integrity of HHS programs and the welfare of program beneficiaries.

- **DOJ, Department of Justice**

- A department of the federal executive branch, headed by the attorney general, which prosecutes violations of federal law, and is responsible for enforcing all civil rights legislation

- **MAC, Medicare Administrative Contractor**

- Process claims submitted by physicians, hospitals, and other health care professionals, and submit payment to those providers according to Medicare rules and regulations. This includes identifying and correcting underpayments and overpayments



Audit Contractors

Federal Audit Entities



CERT Documentation Office
9090 Junction Drive, Suite 9
Annapolis Junction, MD 20701

- **CERT, Comprehensive Error Rate Testing**

- CMS contractor that reviews a statistically-valid random sample of Medicare fee for service claims to produce an annual improper payment rate

- **HSAG: Health Services Advisory Group**



- The Quality Improvement Organization (QIO) is a group of health quality experts, clinicians, and consumers contracted by CMS to improve care delivery and assist providers with quality improvement. “2 Midnight Rule” cases now being reviewed by HSAG

- **RA, Recovery Audit contractor**

- Primary contractor to retrospectively and prospectively identify and correct underpayments and overpayments, as part of the Recovery Audit Program



Audit Contractors

Federal Audit Entities

- **SMRC, Supplemental Medical Review Contractor**
 - Conduct nationwide medical review as directed by CMS and this includes identifying underpayments and overpayments
- **ZPIC Zone Program Integrity Contractors**
 - ZPIC has oversight of Medicare A and Part B services. The primary goal of a ZPIC audit is to identify fraud, and cases are selected based on sample data analysis.



Mailing address/Return address can be any of the following

SafeGuard Services, LLC ZPIC Zone 1
PO Box 2806
Chico, CA 95927

SafeGuard Services, LLC ZPIC Zone 1
8000 Foothills Blvd. MS 5661
Roseville, CA 98747

SafeGuard Services, LLC ZPIC Zone 1
Suite 100
12610 Park Plaza Drive
Cerritos, CA 90703

Audit Contractors

Medi-Cal/State Audit Entities



- **DHCS Department of Health Care Services**

- A letter might be sent directly to you as a provider, or to your department requesting documentation. The letter may refer to the MPES (Medi-Cal Payment Error Study)

- **Medicaid RAC**

- Medi-Cal's Recovery Audit Contractor performs the same services as CMS' RAC contractor.



Questions?

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