

OIG Audit Protocols

By

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Types of Reviews and Audits

- Overall, Medicare has increased the reviews and audits of chiropractors across the country.
- This is the result of a terrible error rate that chiropractors have had for years.
- In 2015 our error rate was 51.7 %.
- Not all reviews and Audits are created equally.
- Some are routine.
- Some are a very serious investigation.
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Routine Reviews

- Routine reviews are happening all of the time.
- Routine reviews can happen for a number of reasons.
 - Something may not be right on a single claim and they want to look deeper.
 - You may have a billing pattern that raises questions and they want more details about what you are doing.
 - Or you may be selected for a random review.
- Routine reviews may also be called Probe Reviews.
- Routine reviews are usually conducted by you Medicare Administrative Contractor (MAC).
- They may also be conducted by the Comprehensive Error Rate Testing (CERT) contractor.
- They could also be performed by a specialized review contractor hired for a special round of reviews.
- Routine reviews usually only involve a request for records received by mail or fax.
- Usually the worst that happens is a request to pay back money but there may be additional reviews too.
- Routine reviews are not to be ignored.
- You need to respond within the time limit specified.
- If you need to you can request additional time.
- Provide the materials requested plus additional materials that may be needed to prove medical necessity.
- If the review determination is against you, appeal that determination.

Serious Reviews

- Serious reviews usually occur when there are questions of fraud or some other illegality.
- Sometimes they are the result of a complaint or tip to Medicare.
- These reviews can start with a records request by mail, a hand delivered written records request, or a visit by an audit team.
- There are two entities that will be involved with a review that you should take seriously.
 - The Office of Inspector General for Health and Human Services (OIG)
 - The Zone Program Integrity Contractor (ZPIC)

The Zone Program Integrity Contractor

- There are seven ZPIC zones covered by contractors across the country.
- The ZPIC can initiate an investigation into a doctor.
- This can be in response to:
 - A referral from a MAC,
 - A telephone tip or complaint, or
 - A computer review of your billing pattern.
- If the ZPIC finds anything suspicious they usually refer the case to the OIG for follow-up.
- A request for records from a ZPIC is something that you should take very seriously.
- You should get some help either from an attorney specializing in healthcare issues and/or from a consultant specializing in Medicare.

The Office of Inspector General

- The OIG is the most serious of all possible reviews or audits.
- Their stated purpose is to protect the integrity of the Medicare program.
- They can refer cases to the Department of Justice for prosecution.
- They usually investigate cases of suspected fraud after the ZPIC has gathered information.
- They can also investigate cases resulting from tips containing actionable information.
- What can the OIG do?
 - They have the right to inspect your Medicare patient records any time without a warrant.
 - They have the right to and will interview your Medicare patients.
 - They have the right to and will interview your staff.

- What the OIG does is not so much a review as an investigation.
- They can bring the U.S. Attorney’s office in to file criminal charges.
- What do you do?
 - If you receive any notification from the OIG, get help.
 - Understand that this is specialized work and you need a consultant with experience and an attorney specializing in regulatory healthcare matters.
 - If you have someone that you want to work with contact the attorney or consultant first.
 - Contact your malpractice carrier to determine if you have audit protection coverage.
 - If the OIG is coming to your office many times they will give you advanced notice.
 - This gives you some time to get your consultant (acting as your compliance officer) and/or your attorney on sight.
 - Your first impulse will be to explain to the OIG agents, DON’T.
 - Your consultant should serve as a buffer between you and the OIG.
 - When you do talk to them give simple direct answers to direct questions.
 - Always cooperate with the OIG.
 - Have your consultant communicate with the OIG.
 - The consultant should determine when the OIG will be in the office, how long they will be in the office, how long they will want to talk to the doctor, what they are investigating, etc.
 - Close your office for that amount of time with only your consultant and one staff member present.
- You should perform a shadow audit after the OIG has taken the records.
- This involves having your consultant review the records that the OIG copied.
- A shadow audit will tell you what the worst case is with your records.
- The OIG often extrapolates the results of a review or audit to include all claims with the time period reviewed.
- Also, you can expect a follow-up review to determine if you have corrected the errors found in the initial review.
- As with all other reviews in Medicare you have a right to appeal and you should do so.

Summary

- Reviews occur all of the time in Medicare.
- It is important to know which reviews are routine and which are a serious threat to you.
- Reviews by your local MAC and specialized review contractors are mostly routine.
- Reviews by ZPICs and the OIG are not routine and require help from outside specialists.
- The ideal situation is a consultant with Medicare experience paired with an attorney specializing in healthcare regulatory issues.
- Do not hesitate to get help and listen to and act on the advice they provide.
