

# Medicare and Medical Compliance Disasters – What To Do Before and After the Explosion

**Monday, February 25, 2013**  
**5:00 p.m**  
**35 Minutes**



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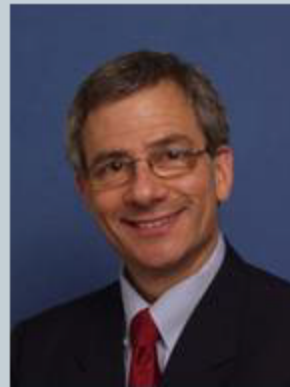
Alan S. Gassman  
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GASSMAN LAW ASSOCIATES, P.A.  
*presents*

# The Physicians Guide to the 2013 Tax Laws



Monday, February 11, 2013  
5:00 p.m.



Alan S. Gassman, Esq.  
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# Florida Law Health Traps – 4 Hypotheticals and Discussion of Important Medical Structuring and Regulatory Issues

Tuesday, February 19, 2013  
5:00 p.m.



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ALAN S. GASSMAN, J.D., LL.M.



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**KICKBACK AND  
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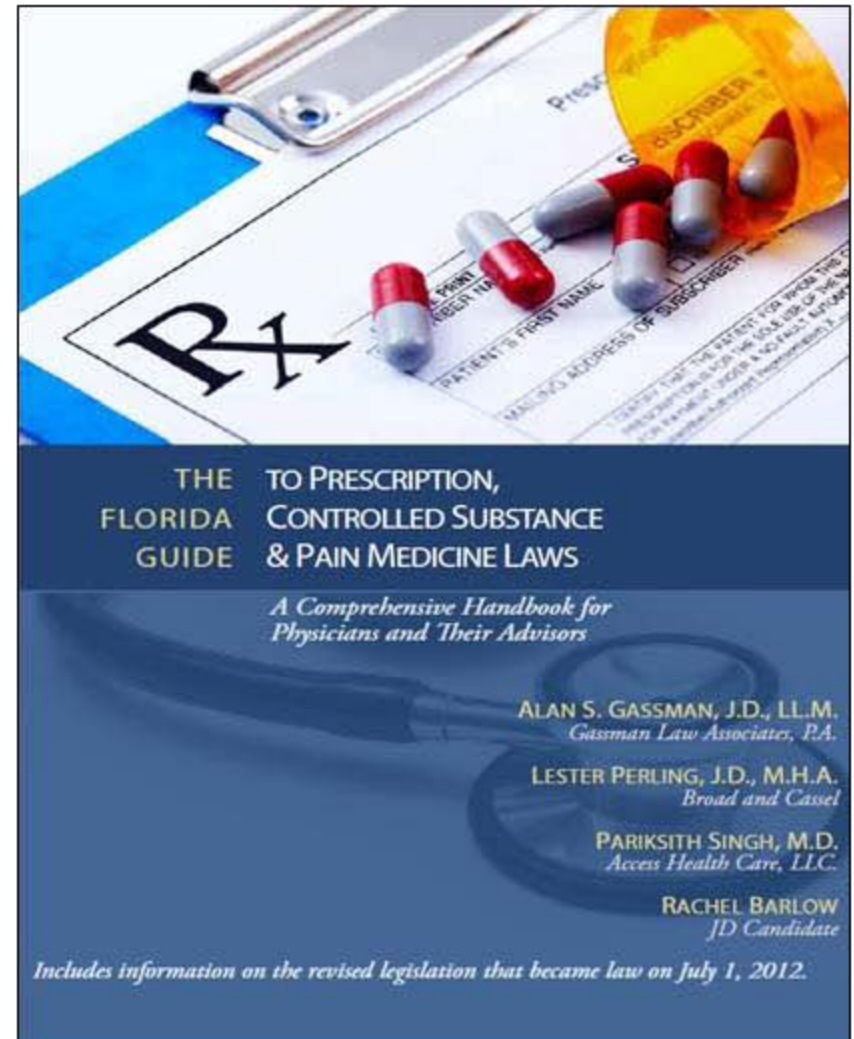
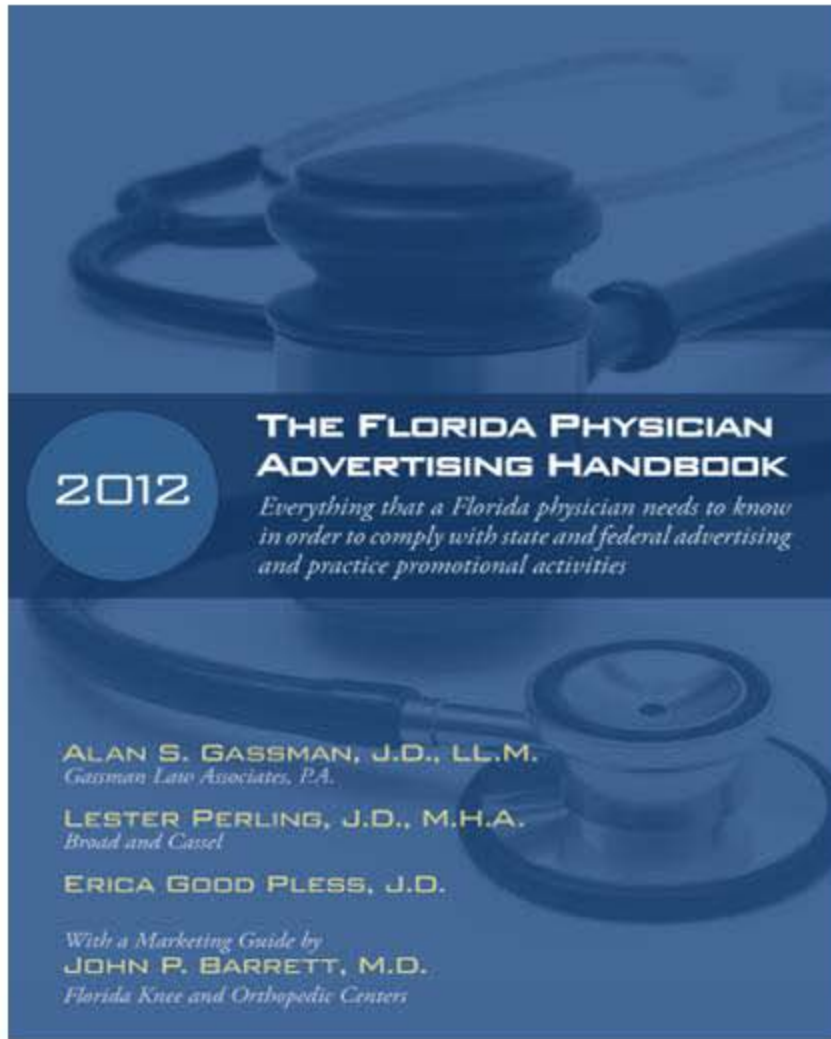
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# Medicare Registration

- Revalidation request
  - Must respond within 60 days
  - If no response, provider will be deactivated
- Adding additional locations
  - Each office address must be added

# Medicare Registration

- Updating physician information
  - Report Adverse Legal Actions
  - Update address change

# Medical Documentation

- 95 vs. 97 E&M Guidelines
  - 95 more as SOAP format
  - 97 more as EMR format
    - Auditor should use version more reflective of provider documentation



# Medical Documentation

- Be cautious in bringing old data forward
  - May contradict other sections of chart
  - Prohibited by many carriers
  - Ensure licensed provider documents the services

# Medical Documentation

- High volume procedures more likely to be audited
  - Ensure medical necessity is documented
  - Ensure services are documented
  - Ensure results are reviewed with patient

# Medical Documentation

- High volume billers
  - Ensure clear documentation
  - Time not a factor unless counseling is involved
  - Obtain comparative billing report through FCSO

# Audits

- Pre-payment & Post-payment
  - Ensure documentation is appropriate
  - If records need correction, follow appropriate guidelines
  - Provide overview for clarification purposes only

# Data Loss

- Ensure data is backed-up offsite
- Have back-up plan for EHR malfunction
- Document any data loss
  - Send notification to appropriate parties

# HIPPA Violations

- Must document any breaches
- Must notify patient
- Must notify appropriate agency
- Protocol to prevent future breaches?



# Accreditation

- Advanced Diagnostic Imaging
  - MRI
  - CT
  - PET
  - Nuclear

# Accreditation

- Medicare Contractors may require accreditation in Local Carrier Determinations (LCD)
- Some payers require more stringent accreditation for payment

# Timely Filing of Claims

- Medicare must be filed within 1 year
  - Reviews must be filed within 120 days
    - Ensure documentation supports the claim
    - Have physician provide clarification

# Timely Filing of Claims

- Commercial
  - Must file within 6 months
  - Florida Statute 627.6131 Non HMO
  - Florida Statute 641.3155 HMO
  - Refund Request must be made within 12 months

# QUESTIONS?

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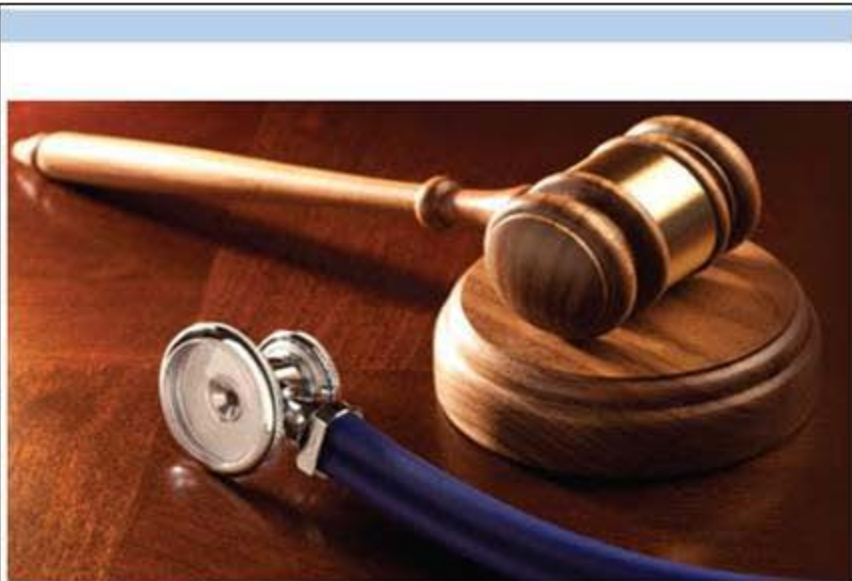


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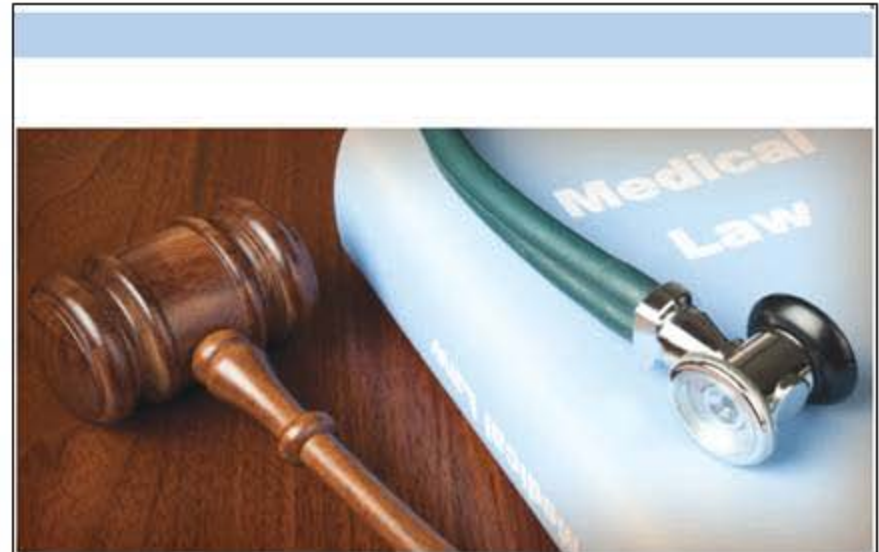
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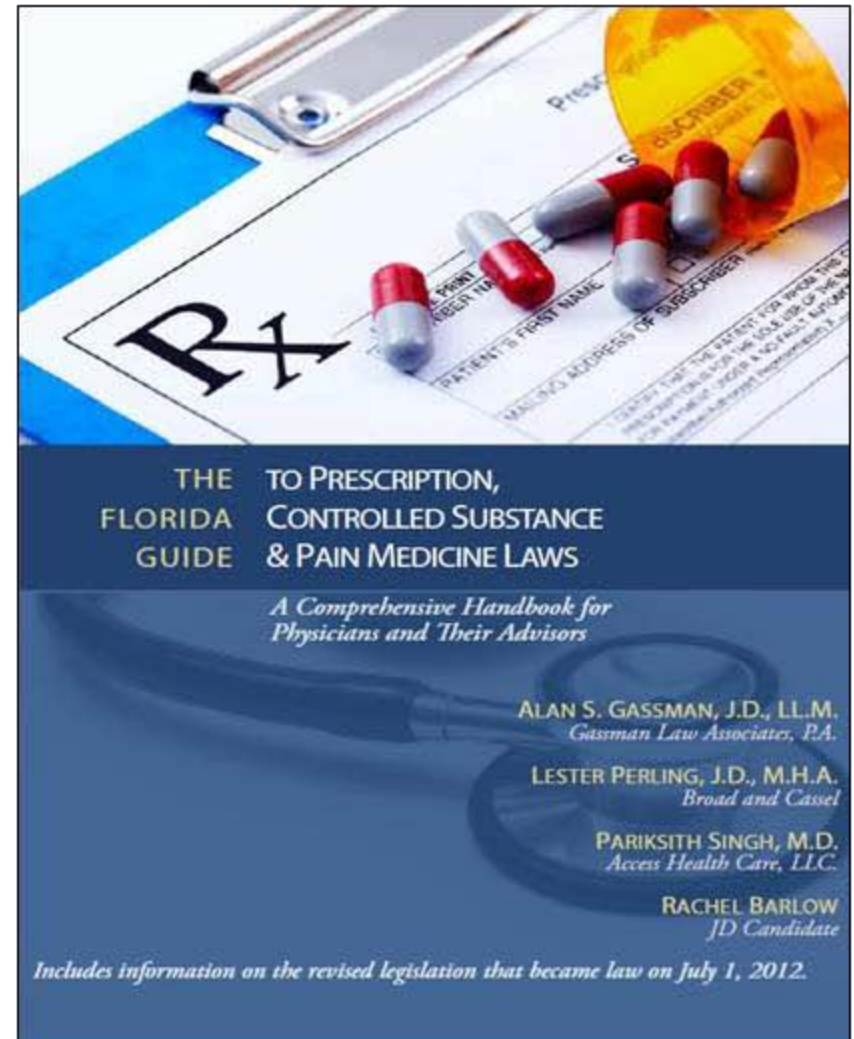
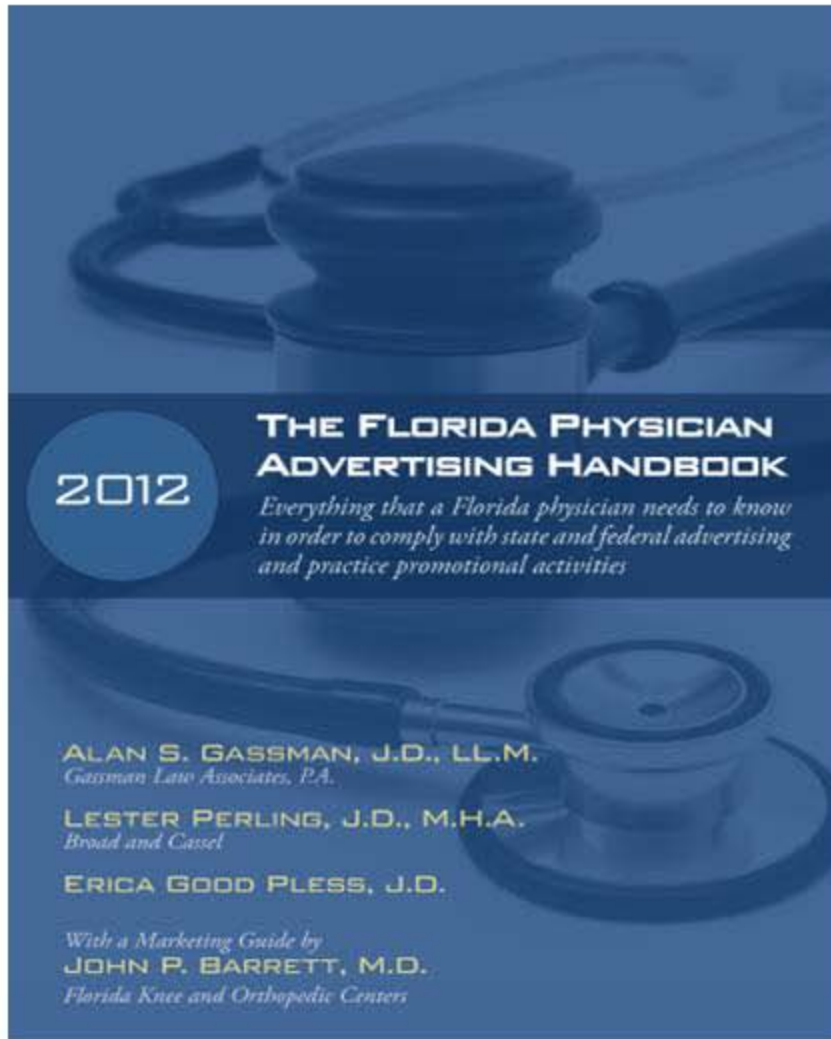
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