

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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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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*A Comprehensive Guide
for Physicians and Their Advisors*

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



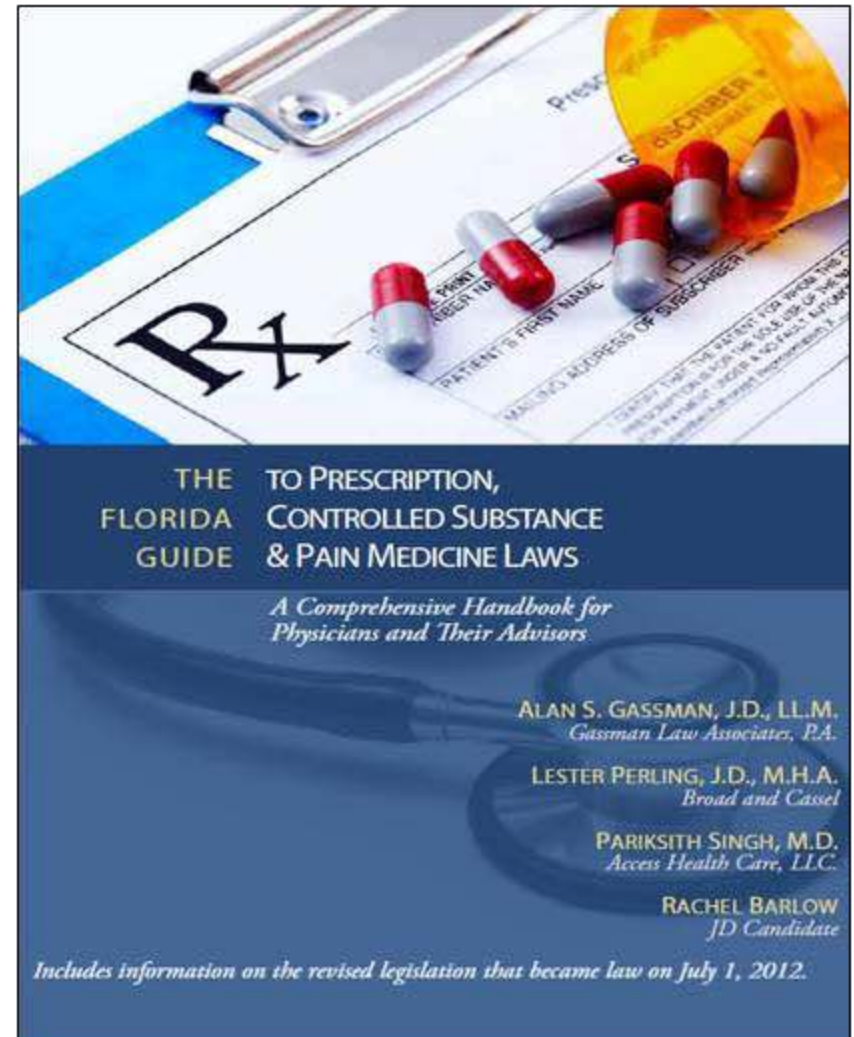
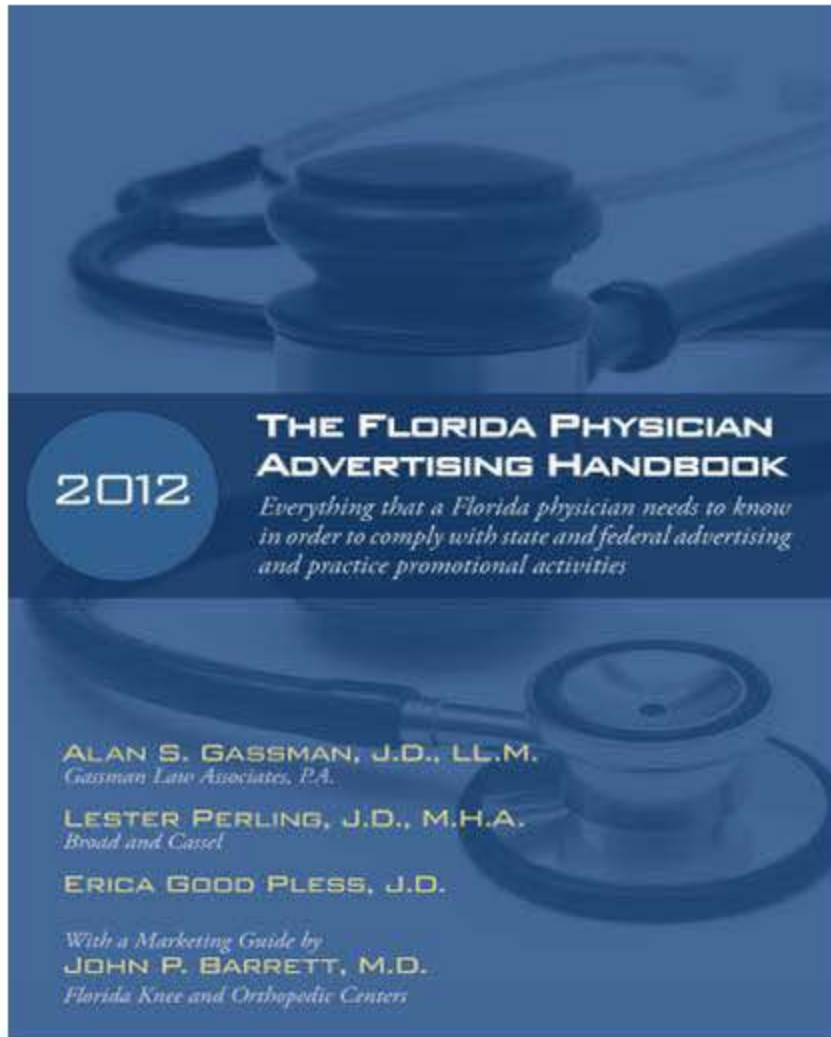
A Practical Guide To
**KICKBACK AND
SELF-REFERRAL LAWS**
FOR FLORIDA PHYSICIANS

LESTER J. PERLING, J.D., M.H.A.
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ALAN S. GASSMAN, J.D., LL.M.
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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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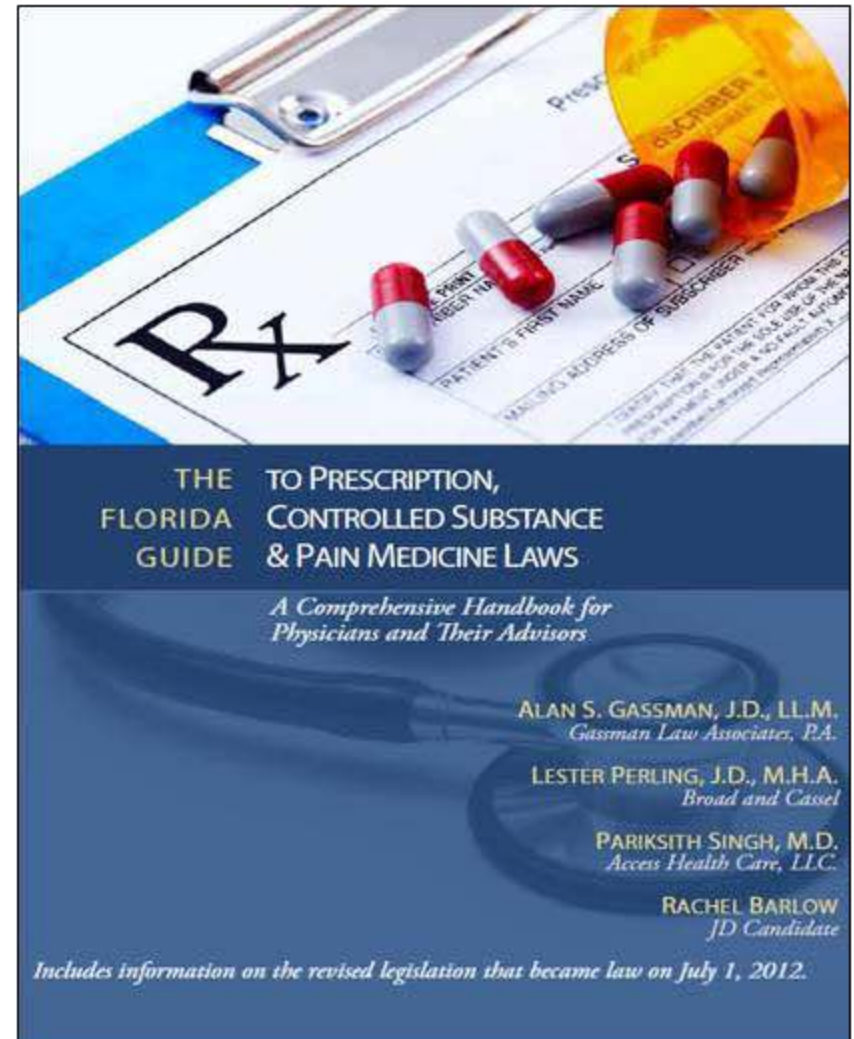
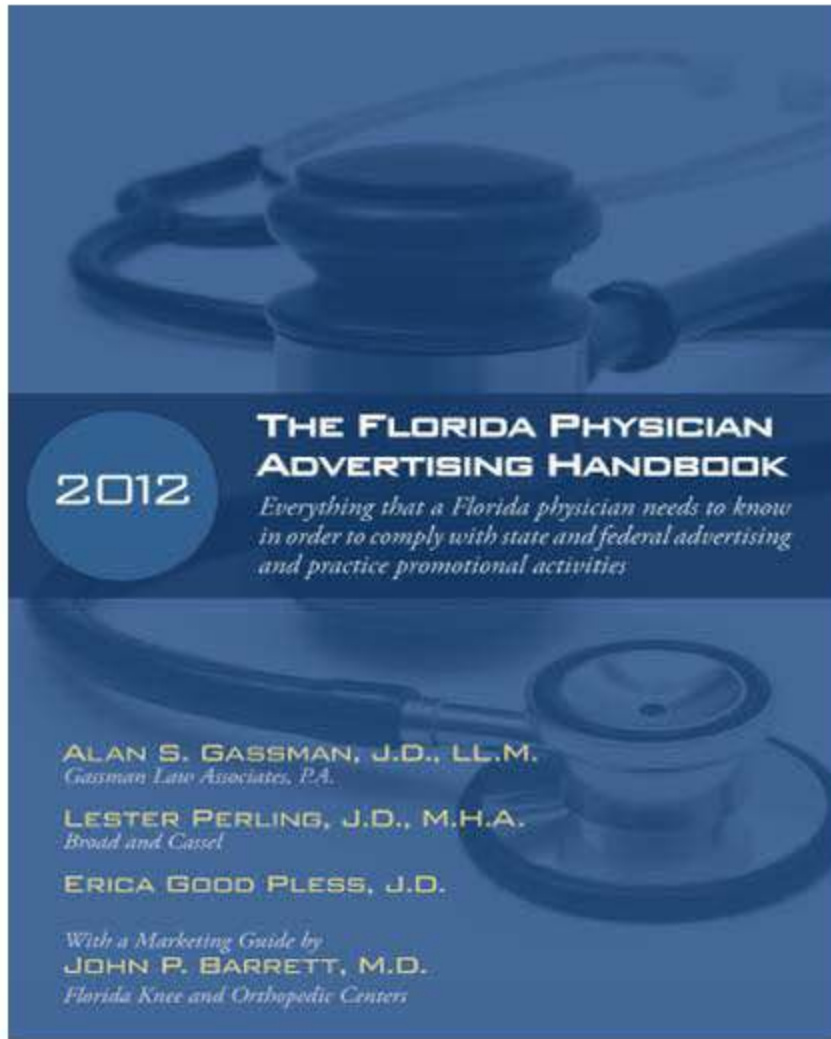
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