



Program & Network Integrity (PNI)

Coding and Auditing of Behavioral Health Services

February 2015

Agenda

- **Optum and Program Integrity:**
 - Why we are in place
 - What we do

- **Differences in:**
 - Prospective
 - Retrospective
 - Intelligence

- **Focus on Billing / Coding Guidelines**

- **Where to go for up-to-date information**

- **Questions**

Overview

Physicians are doing their best to provide high-quality patient care in a fragmented health system . . . Health & Human Service should target areas where fraud truly occurs to be most effective instead of adding onerous burdens on physicians. The administration should establish clearly defined goals for fraud efforts to appropriately target scarce resources and better measure success. Increasing resources for outreach and education to the medical community on anti-fraud initiatives, including a clear set of mechanisms on how to report fraud, should also be a high priority.” - AMA President Ardis Dee Hoven, MD

- **Optum believes that providers are an integral part of our program integrity work.** We work in consultation with providers to find solutions that address fraud without adding unnecessary burdens to the physicians' office that take time away from critical patient care
- Protecting clients, providers and stakeholders through the prevention, early detection, investigation and ultimate resolution of Fraud, Waste, Abuse and Error (FWAE) issues is a fundamental component of quality care and sound clinical practice.

Important to note: Optum does not determine “fraud” - only law enforcement does. Through process and technology, we focus on improving practice (ours and yours) across the array of activity defined as fraud, waste, abuse and error that we are all charged with monitoring. Our approach is fact-based only. We try to prevent and educate where possible and investigate and refer when such education has little to no impact over time

Overview (continued)

- **Difficult and necessary program.** We are all charged with ensuring the most appropriate care for those we serve with the resources at our disposal
- **Federal law** requires the establishment of “Special Investigations Units” or their equivalents and the “Effective System for Routine Monitoring, Auditing and Identification of . . . Risks” and to “carry out **appropriate corrective action.**” *CMS requirement*
- “Appropriate corrective action” is on a continuum commensurate with the range of questionable activity – simple mistakes and need for **education** to fraudulent activity and **referral** to law enforcement. There is an ever-present requirement of **corrective action** and **recoupment** of precious dollars - it is critical that dollars not appropriately directed get recovered while education and other appropriate action is under way. Different funding agencies have different standards – six (6) month look back versus five (5) years
- Between these polar extremes is an array of activity, practice and processes that can be improved upon through education in the ever-changing world of health care
- **How we do it is key.** It is essential to strike a balance between the rare fraudulent practice and the vast majority of other cases reviewed. The fundamental focus – always – is the patient/consumer. We must be vigilant and work to improve any practice that impedes care - either in our practice (aggressive, unfriendly or unduly burdensome) or a provider’s clinical practice (quality improvement and/or education)

What is Fraud, Waste, Abuse and Error (FWAE)?

Fraud

Intentional misrepresentation to gain a benefit

Example: Knowingly billing for a service(s) that were never performed

Waste

Any unnecessary consumption of health care resources

Example: Billing for services 5X per week when 1X per week would have been medically appropriate. Please note that Medical Necessity is not something monitored or managed by PNI

Abuse

Unsound business practice that can include inappropriate utilization and/or inefficient use of resources

Example: Billing for a 90792 (diagnostic evaluation) when individual therapy was performed

Error

Mistakes, inaccuracies or misunderstandings that can usually be identified and fixed quickly

Example: A billing representative transposes numbers on a claim and submits it

- U.S. health care spending growth decelerated in 2012, increasing 3.9%. Total health expenditures reached **\$2.79 trillion***, which translates to \$8,915 per person or 17.2% of the nation's GDP
- Conservatively it is estimated that **3% to 10% of all health care dollars are spent on Fraud, Waste or Abuse** annually according to the National Health Care Anti-Fraud Association (NHCAA). Which correlates to between \$70 billion and \$250 billion annually

* NHE cited by <https://cms.gov/NationalHealthExpendData/downloads/tables.pdf>

Optum's Program & Network Integrity (PNI) Department

- A dedicated group responsible for working with providers to prevent, detect, investigate and ultimately resolve potential issues
- Skilled and trained investigators, clinicians, data analysts and medical coding personnel
- The department consists of three main investigative pathways:

Prospective

- Analyze member, provider and claims data
- Identify trends, current/upcoming schemes or unusual behavior
- Stop potentially fraudulent or defective claims from being paid

Retrospective

- Analyze member, provider and claims data
- Identify trends, schemes or unusual behavior, then investigate
- Work with state and federal agencies to stop fraud, waste and abuse consistently across the industry

Intelligence

- Anonymous TIP line
- Email / P.O. Box
- Internal and external training

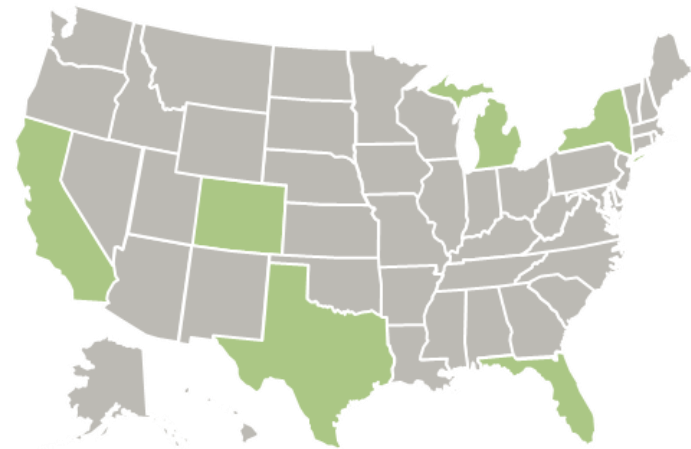
Who is accountable ?

- **All of us:**
 - Members
 - Family members of consumers
 - Providers
 - Independent physician associations
 - Billing companies
 - Pharmaceutical companies
 - Sales agents
 - Health plans

“Fraud is committed by health care providers, owners of medical facilities and laboratories, suppliers of medical equipment, organized crime groups, corporations, and even sometimes by the beneficiaries themselves.”

Federal Bureau of Investigation (FBI)

Where is FWAE Generally Most Prevalent?



Source: <http://www.fbi.gov/news/stories/2010/june/health-care-fraud/health-care-trends>



The **FWAE** Detection Process

Coding and Auditing of Behavioral Health Services

Behavioral Health: Fraud, Waste, Abuse & Error Program

Flagging

- Monitor activity flagged for compliance
- This may include, but not limited to sanctioned, excluded and/or otherwise potentially suspicious individuals

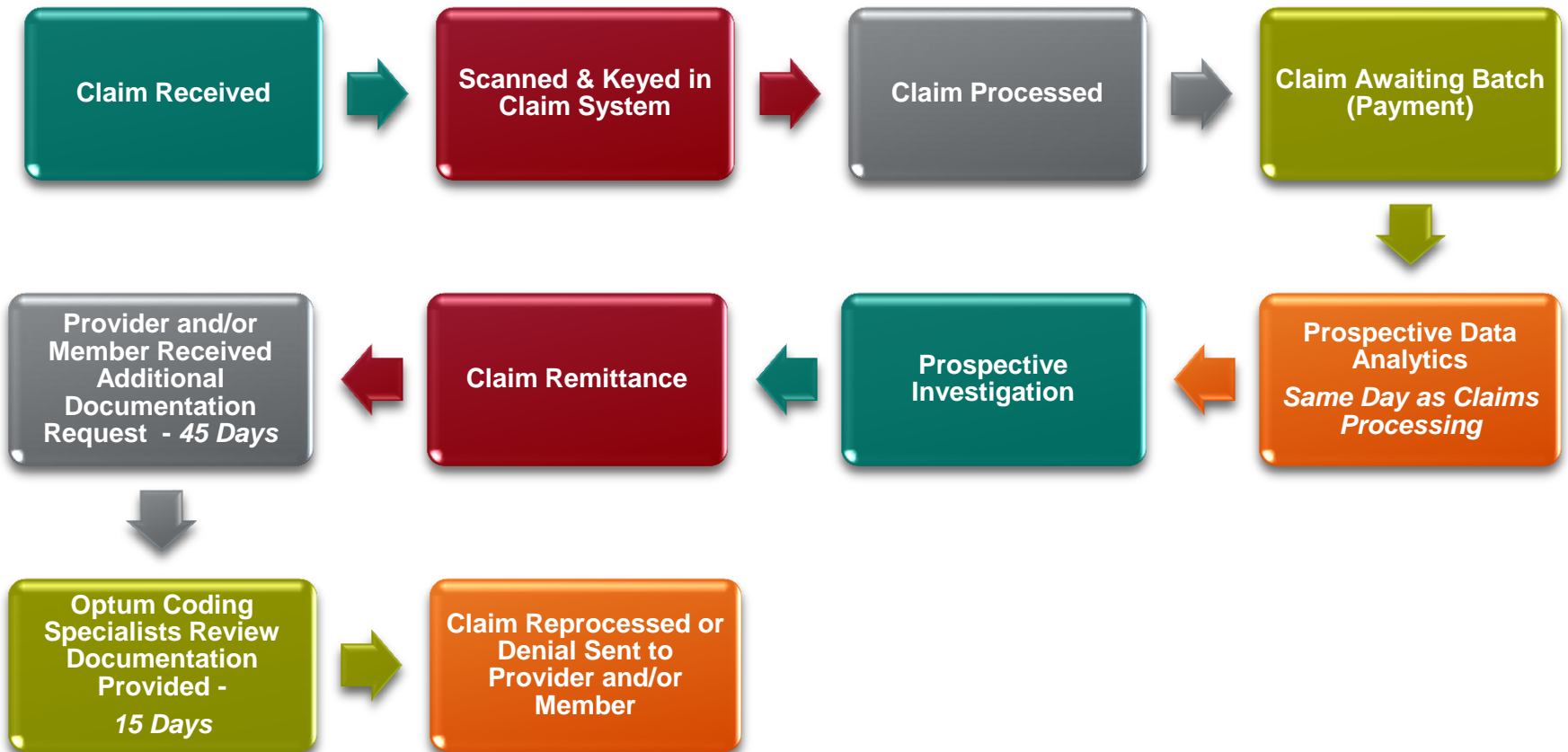
Prospective Investigations

- Identifies potential outlier claims – those aberrant in relation to norms
- Review claim after processing and prior to payment

Retrospective Investigations

- Complete due diligence and data analysis
- Audit and record review
- Provider education followed by potential overpayment and/or settlement

Prospective Detection Program Workflow



Retrospective Investigative Program Workflow



This is an example of a retrospective plan, items within the plan may vary depending on need.

Focus on Billing / Coding Guidelines

- Audit tools are created using industry and internal guidelines
 - Resources for Evaluation and Management Audit tools:
 - American Medical Association (AMA) Current Procedural Terminology (CPT) for guidelines, definitions and requirements. Updated annually
 - Centers for Medicare & Medicaid Services (CMS) [1995/1997 Documentation Guidelines](#)
 - [Optum Network Manual](#) including [Treatment Record Requirements](#)
- Evaluation and Management Resources:
 - [E/M Service Guide](#)
 - [CMS 1995 Documentation Guidelines](#)
 - [CMS 1997 Documentation Guidelines](#)
 - [CMS FAQs on Documentation Guidelines](#)
 - [APA 2013 CPT Code Changes](#)
 - [APA E/M Documentation Template](#)
 - [APA E/M Services Guide: Coding by Key Components](#)
 - [APA E/M Webinar Presentations](#)
- PNI Audit Tools

Evaluation and Management with Psychotherapy

Optum has developed a Provider Alert for E/M Codes with Psychotherapy on *Provider Express*.



Optum EM and Psychotherapy



APA Coding Summary Guide

Highlighted requirements of these services:

- Patients with psychiatric diagnoses may receive a medical evaluation and management (E/M) service on the same day as a psychotherapy service by the same physician (or other qualified health care professional). To report both E/M and psychotherapy, the two services must be **significant and separately identifiable** (within the same progress note is acceptable)
- Time parameters should be documented to denote the approximate time developed to the psychotherapy service. These services are reported by using both the appropriate E/M code and add-on codes specific for psychotherapy when performed with evaluation and management services (90833, 90836, 90838)
- When psychotherapy is provided in conjunction with an E/M service, the standalone psychotherapy codes (90832, 90834, 90837) should *not* be used. See the CPT code book for descriptions and additional information

ONE EXAMPLE - New Patient
OF AN E/M PLUS PSYCHOTHERAPY PROGRESS NOTE

Patient Identifier

Date

Diagnosis

E/M:

History

[Include required number of elements based on E/M level billed]

Examination

[Include required number of bullets based on E/M level billed]

Medical Decision Making

[Include required documentation based on E/M level billed]

Psychotherapy:

Time spent on psychotherapy services only _____

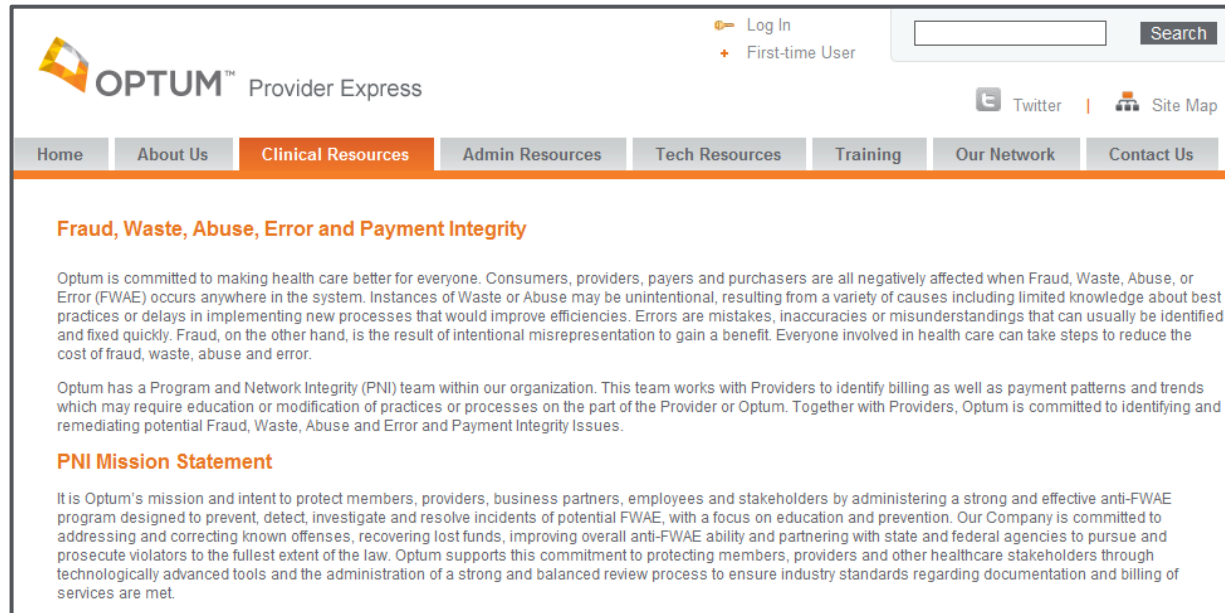
[Include description of type and content of psychotherapy provided]

List additional attendees, if any:

Legible Signature of Practitioner, Degree , Licensure

Where to go for up-to-date information

- [Provider Express: Fraud, Waste and Abuse page](#)



The screenshot shows the Optum Provider Express website. At the top right, there are links for "Log In" and "First-time User" next to a search bar. The main navigation menu includes "Home", "About Us", "Clinical Resources" (highlighted), "Admin Resources", "Tech Resources", "Training", "Our Network", and "Contact Us". The page content is titled "Fraud, Waste, Abuse, Error and Payment Integrity" and contains two paragraphs of text. The first paragraph explains that Optum is committed to making health care better for everyone and that instances of Fraud, Waste, Abuse, or Error (FWAE) can be unintentional. The second paragraph mentions the Program and Network Integrity (PNI) team. Below the text is a "PNI Mission Statement" section.

Fraud, Waste, Abuse, Error and Payment Integrity

Optum is committed to making health care better for everyone. Consumers, providers, payers and purchasers are all negatively affected when Fraud, Waste, Abuse, or Error (FWAE) occurs anywhere in the system. Instances of Waste or Abuse may be unintentional, resulting from a variety of causes including limited knowledge about best practices or delays in implementing new processes that would improve efficiencies. Errors are mistakes, inaccuracies or misunderstandings that can usually be identified and fixed quickly. Fraud, on the other hand, is the result of intentional misrepresentation to gain a benefit. Everyone involved in health care can take steps to reduce the cost of fraud, waste, abuse and error.

Optum has a Program and Network Integrity (PNI) team within our organization. This team works with Providers to identify billing as well as payment patterns and trends which may require education or modification of practices or processes on the part of the Provider or Optum. Together with Providers, Optum is committed to identifying and remediating potential Fraud, Waste, Abuse and Error and Payment Integrity Issues.

PNI Mission Statement

It is Optum's mission and intent to protect members, providers, business partners, employees and stakeholders by administering a strong and effective anti-FWAE program designed to prevent, detect, investigate and resolve incidents of potential FWAE, with a focus on education and prevention. Our Company is committed to addressing and correcting known offenses, recovering lost funds, improving overall anti-FWAE ability and partnering with state and federal agencies to pursue and prosecute violators to the fullest extent of the law. Optum supports this commitment to protecting members, providers and other healthcare stakeholders through technologically advanced tools and the administration of a strong and balanced review process to ensure industry standards regarding documentation and billing of services are met.

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Questions?

