

# HFMA - MA/RI Chapter - Compliance Update



## *Future of Billing Compliance: Leveraging Data to Enhance Monitoring and Auditing Activities*

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## Agenda

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- Making the case and coming up with ideas for data mining
- Sample Risk Areas to Monitor
  - Medicare short stays (Observation and Inpatient) – Every Medicare Contractor
  - Medicare Post-Acute Transfers (Condition codes 42/43 on inpatient claims)– New OIG Work Plan Item
  - Outpatient Intensity Modulated Radiation Therapy (IMRT) – OIG Work Plan
  - Right Heart Catheter and Biopsy – OIG Work Plan
  - Outlier Payments – OIG Hospital Compliance Reviews
  - Claims with Payments Exceeding Charges – OIG Hospital Compliance Reviews
  - Drug unit billing – new challenges (JW, JG) – OIG Work Plan
  - Emergency Department E&Ms – New PEPPER Metric

# Reasons to do Data Monitoring

- Public dissemination of data by government (physician payment data, Sunshine Act, etc.) increases the importance of keeping on top of the data
- Can facilitate benchmarking and defining focused risk area reviews.
- Limited Compliance resources make more efficient monitoring important – process allows the review of only specific cases identified in data mining
- Can help identify problematic claims before the RAC does – including ones not on the radar screen as a risk
  - Makes you try to think like a MAC, RAC or OIG...if they move away from random reviews shouldn't you?
  - Sometimes you find revenue opportunities
- Provides a Dashboard to assist in the grading of effectiveness
- Can facilitate more immediate feedback to operational areas during reviews

## Data Mining/Dashboarding Ideas

### Purpose of Short-Term Acute Care Program for Evaluating Payment Patterns Electronic Report



Most Recent 12 Federal Fiscal Quarters Through Q1 FY 2018



Announced	Agency	Title	Component	Report Number(s)
August 2018	Administration for Children and Families	CMS-Funded Pediatric Efforts to Ensure Health and Safety of Unaccompanied Children	Office of Evaluation and Inspections	OIG-08-19-00430
July 2018	Centers for Medicare & Medicaid Services	Review of Outpatient 3-Dimensional Conformal Radiation Therapy Planning Services	Office of Audit Services	08-05-16-30812

**07-06-2018**

- > The Administration for Children and Families Did Not Always Resolve Audit Recommendations in Accordance With Federal Requirements (A-07-17-03225)
- > Some New York City Childcare Providers Did Not Always Comply With Health and Safety Requirements (A-02-16-02003)
- > University of Wisconsin Hospitals and Clinics Authority Incorrectly Billed Medicare Inpatient Claims With Severe Malnutrition (A-03-17-00005)
- > Updated Provider Self Disclosure Settlements

**07-05-2018**

- > Updated Civil Monetary Penalties and Affirmative Exclusions

## The Billing Data Mining Process

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- Compile and analyze claims or billing data
- Assess practice patterns and compare patterns historically or to appropriate peer group
- Identify outliers and aberrant billing practices – potential over- or under-utilization
- Review sample of claims to understand practice patterns – Identify need for further analysis
  - Identified data mining risk areas do not equate to errors
- Drill down on individual provider(s)
- Conduct traditional audits on identified problems if needed

## Other Considerations with Data Mining

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- Identify reliable data sources, trust but verify analytical data capabilities – people or computers
- Duty to complete an investigation within a reasonable period of time (6 months) and repay identified overpayments within 60 days

# Data Mining/Dashboarding Ideas

## Data Monitoring – Key Performance/Key Risk Indicators:

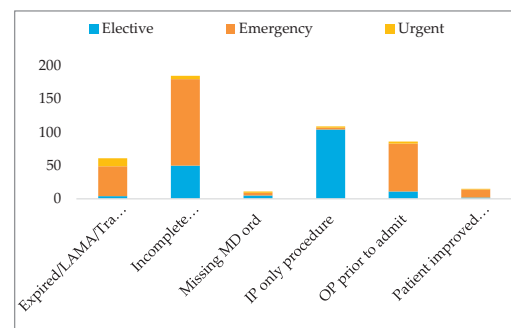
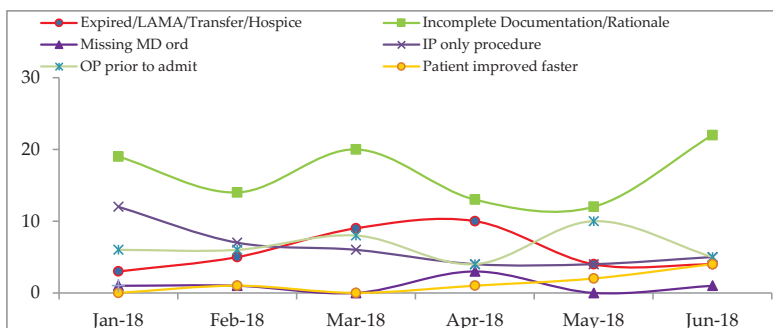
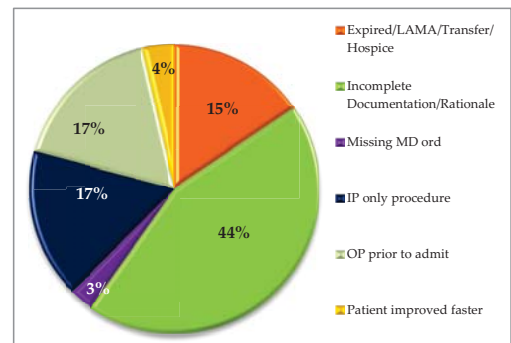
- Medicare Short Stays (inpatient and observation)
  - Volume of 1 day stays
  - A (inpatient) to B (outpatient) rebills
  - Observation units billed & Length of Stay (LOS) = 2 or more
  - Condition code 44 utilization

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## Billing Compliance Data Mining & Monitoring Activities Two Midnight Dashboard – Medicare Utilization

■ Risk Level 1  
■ Risk Level 2  
■ Value in Red Volume is higher than the Benchmark

Billing Indicator	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	Bench mark
Expired/LAMA/Transfer/Hospice	3	5	9	10	4	4	35	6
Incomplete Documentation/Rationale	19	14	20	13	12	22	100	17
Missing MD Order	1	1	0	3	0	1	6	1
IP only procedure	12	7	6	4	4	5	38	6
OP prior to admit	6	6	8	4	10	5	39	7
Patient improved faster	0	1	0	1	2	4	8	1
<b>Two Midnight Total</b>	<b>41</b>	<b>34</b>	<b>43</b>	<b>35</b>	<b>32</b>	<b>41</b>	<b>226</b>	<b>38</b>
<b>Total Inpatient Discharges</b>	<b>332</b>	<b>333</b>	<b>309</b>	<b>335</b>	<b>329</b>	<b>330</b>	<b>1968</b>	<b>328</b>
<b>Two Midnight % of Total Inpatient Discharges</b>	<b>12%</b>	<b>10%</b>	<b>14%</b>	<b>10%</b>	<b>10%</b>	<b>12%</b>	<b>11%</b>	<b>11%</b>



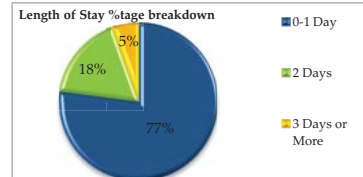
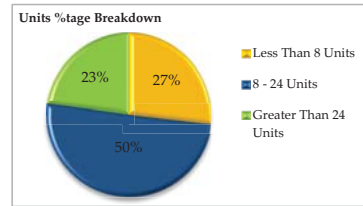
# Billing Compliance Data Mining & Monitoring Activities

## Observation Hours Dashboard – Medicare Utilization

### Observation Units (Hours)

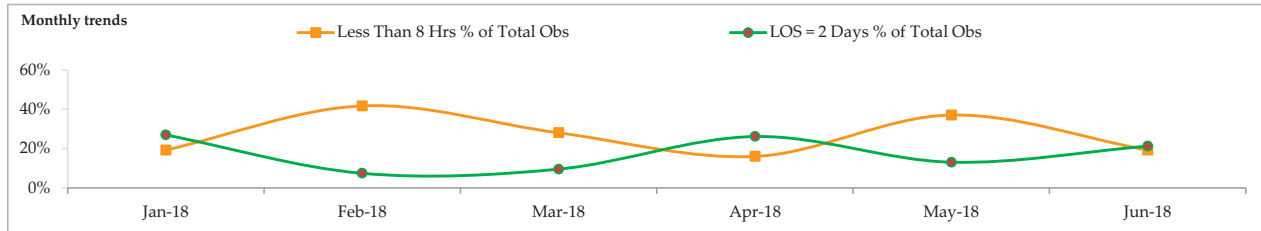
Unit Description	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	Bench mark	%
Less Than 8 Units	5	10	7	4	10	5	41	7	27%
8 - 24 Units	12	10	10	16	12	17	77	13	50%
Greater Than 24 Units	9	4	8	5	5	4	35	6	23%
<b>Total</b>	<b>26</b>	<b>24</b>	<b>25</b>	<b>25</b>	<b>27</b>	<b>26</b>	<b>153</b>	<b>26</b>	<b>100%</b>
<b>Total Inpatient Discharges</b>	<b>332</b>	<b>333</b>	<b>309</b>	<b>335</b>	<b>329</b>	<b>330</b>	<b>1968</b>	<b>328</b>	
Obs % of IP+Obs Discharges	7%	7%	7%	7%	8%	7%	7%		

■ Unbillable Risk  
■ Revenue opportunity  
■ Value in Red  
■ Volume is higher than the Benchmark



### Observation Length of Stay

LOS Description	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	Bench mark	%
0-1 Day	18	24	18	16	17	25	118	20	77%
2 Days	7	2	2	6	3	7	27	5	18%
3 Days or More	1	1	1	1	3	1	8	1	5%
<b>Total</b>	<b>26</b>	<b>27</b>	<b>21</b>	<b>23</b>	<b>23</b>	<b>33</b>	<b>153</b>	<b>26</b>	<b>100%</b>



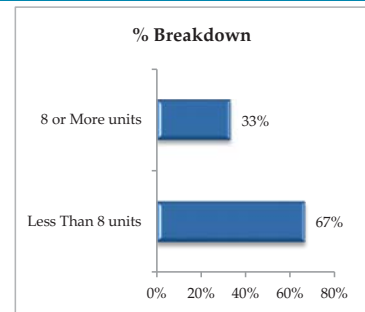
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# Billing Compliance Data Mining & Monitoring Activities

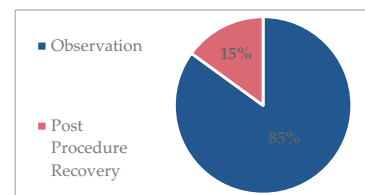
## Condition Code 44 – Medicare Utilization

Category	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	Bench mark
All Cases	5	4	10	7	9	5	40	7
CC44 with Obs Hours	4	3	7	6	9	5	34	6
CC44 w Obs Hours % of CC44 Universe	80%	75%	70%	86%	100%	100%	85%	
<b>Total Inpatient Discharges</b>	<b>332</b>	<b>333</b>	<b>309</b>	<b>335</b>	<b>329</b>	<b>330</b>	<b>1968</b>	
CC44 Universe % of IP+CC44	1%	1%	3%	2%	3%	1%	2%	



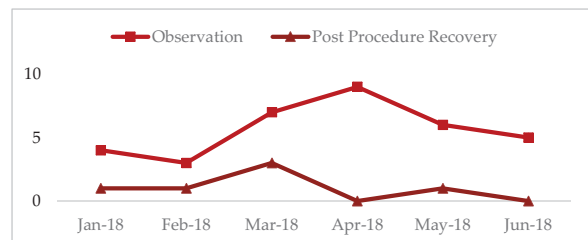
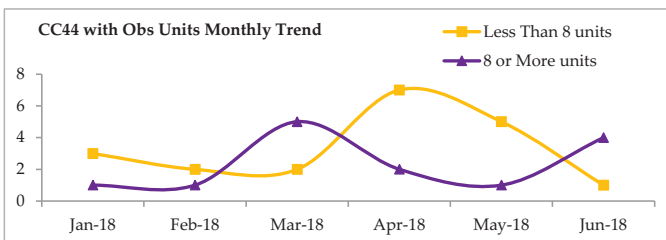
### Condition Code 44 with Observation Hours Breakdown

Category	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	Bench mark
Less Than 8 units	3	2	2	7	5	1	20	3
8 or More units	1	1	5	2	1	4	14	2
<b>Total</b>	<b>4</b>	<b>3</b>	<b>7</b>	<b>9</b>	<b>6</b>	<b>5</b>	<b>34</b>	<b>6</b>



### CC44 Universe breakdown by Account Class

Category	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	Bench mark
Observation	4	3	7	9	6	5	34	6
Post-Procedure Recovery	1	1	3	0	1	0	6	1
<b>Total</b>	<b>5</b>	<b>4</b>	<b>10</b>	<b>9</b>	<b>7</b>	<b>5</b>	<b>40</b>	<b>7</b>



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## PHS Billing Compliance Investigation – Medicare Post Acute Transfers – New OIG Work Plan Item

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- Office of Inspector General (OIG) Work Plan updated in August and added Post Acute Transfers to home health care and the use of specific condition codes which impact inpatient DRG payments under certain conditions
- Preliminary assessment of data to determine whether utilization of these codes (42/43) exist within PHS
- Try to make the majority of work in spreadsheets assessing DRG (Transfer or Special Transfer), comparing geometric mean length of stay to actual length of stay and calculating DRG adjustment amount
- Assessment of related medical record documentation to determine potential overpayments
- Ensure that any inaccurate code assignment processes resulting in potential overpayments are discontinued immediately
- Further data analysis to identify and quantify potential overpayments
- Take necessary corrective actions (i.e., self disclosure, claims reprocessing, education)
- Routine ongoing monitoring of billing data to ensure that any claims with use of these codes going forward are evaluated

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## PHS Billing Compliance Investigation – Intensive Modulation Radiation Therapy (IMRT)

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- Office of Inspector General (OIG) Work Plan updated and added IMRT to the audit plan, identifying specific services that are considered to be bundled into the IMRT planning reimbursement.
- Conducted a preliminary assessment of data to determine whether utilization of these codes scenarios existed – at first glance, not a problem of multiple codes on one claim.
- After further review, it was determined that there was some risk associated with services being provided on a prior date of service.
- Assessment of related documentation, coding and processes to determine the likelihood of potential overpayments.
- Ensured that any incorrect charging processes resulting in potential overpayments were no longer occurring.
- Claims identified and reprocessed.
- OIG inquiry on a sample of claims, which had or were in the process of being adjusted.
- Ongoing monitoring of billing data to detect any claims with use of these codes going forward are evaluated.

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## Billing Compliance Risk Areas – Intensive Modulation Radiation Therapy (IMRT)

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- Office of Inspector General (OIG) Work Plan updated and added IMRT to the audit plan, identifying specific services that are considered to be bundled into the IMRT planning reimbursement.
  - 77301 – Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
- When IMRT is furnished to beneficiaries in a hospital outpatient department that is paid under the hospital OPPS, hospitals must remember that CPT codes 77014, 77280, 77285, 77290, 77295, 77306 through 77321, 77331, and 77370 are included in the Ambulatory Payment Classification (APC) payment for CPT code 77301 (IMRT planning). You should not report these codes in addition to CPT code 77301, when provided prior to, or as part of, the development of the IMRT plan. The charges for these services should be included in the charge associated with CPT code 77301, even if the individual services associated with IMRT planning are performed on dates of service other than the date on which CPT code 77301 is reported.

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## PHS Billing Compliance Investigation – Right Heart Cath and Biopsy

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- Office of Inspector General (OIG) Work Plan updated and added Right Heart Cath and Biopsy to the audit plan. There are limited instances when both can be reimbursed
  - 93451 – right heart catheterization, with modifier 59
  - 93505 – endomyocardial biopsy
- Preliminary assessment of data to determine whether utilization of these code scenarios existed.
- Assessment of related documentation, coding and processes to determine the likelihood of potential overpayments.
- Ensure that any inaccurate code assignment processes resulting in potential overpayments are discontinued immediately
- Further data analysis to identify and quantify potential overpayments
- Take necessary corrective actions (i.e., self disclosure, claims reprocessing, education)
- Routine ongoing monitoring of billing data to ensure that any claims with use of these codes going forward are evaluated

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# Billing Compliance Data Monitoring & Auditing

## Example of Outlier Payment Observation

- Identified a trend of outlier payments associated with leadless pacemakers. Early in 2017, CMS was only approving coverage of insertion of this device if the care was performed in conjunction with a patient enrolled in a clinical trial. If covered, Medicare payment would be approximately \$18,000.
- A number of claims were rejected by Medicare and were appealed with no success as these patients were not enrolled in a clinical trial.
- After failing to overturn on appeal, claims were submitted to be reimbursed for ancillary services (approx. \$200). The non-covered procedure code and related operating room charges were removed from the claim. However, the charges associated with the inserted device were left on the claim.
- As a result of the high charges (from the device) and low ancillary service payment, Medicare processed an outlier payment of approximately \$3,300.
- Medicare rules state that services and supplies related to non-covered services are therefore also considered non-covered. The outlier payments therefore needed to be returned.
- In late 2017, Medicare began to cover this service for beneficiaries not enrolled in a clinical trial and the problem went away.

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# Billing Compliance Data Monitoring & Auditing

- Example of Dashboard Data – Payments > Charges

Group Name	Count	Source File	Total Charges	Total Paid
Facility:	44		872,944.23	-1,141,651.49
Facility:	232		8,767,847.79	-11,967,889.73
Facility:	235		9,804,513.40	-13,573,290.76
Facility:	26		465,031.79	-793,202.31
Facility:	11		102,326.76	-143,621.65
Facility:	39		833,011.78	-1,031,135.26
Facility:	146		2,159,238.85	-3,050,147.43
<b>Query totals: 733</b>			<b>23,004,914.60</b>	<b>-31,700,938.63</b>
<b>Report totals: 94,110</b>			<b>193,759,378.23</b>	<b>-584,109,038.36</b>

Show All

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# Billing Compliance Data Monitoring & Auditing

- Example of Dashboard Data – Payments > Charges

Group Name	Count	Source File	Total Charges	Total Paid	Payments - Charges Amount	Payments - Charges %	Account
Facility	44		872,944.23	-1,141,651.49			
Facility	232		8,767,847.79	-11,967,889.73			
Facility	335		9,804,513.40	-13,573,290.76			
Facility	26		465,031.79	-793,202.31			
Facility	11						
			6,105.12	-14,793.28	8,688.16	58.73%	
			10,906.94	-14,624.45	3,717.52	25.42%	
			9,056.93	-11,042.36	1,985.43	17.98%	
			20,542.39	-29,517.55	8,975.16	30.41%	
			7,461.32	-8,426.11	963.79	11.68%	
			10,185.82	-11,055.40	869.58	7.87%	
			8,048.45	-7,025.79	922.66	13.91%	
			7,166.00	-10,348.01	3,182.01	30.75%	
			14,351.38	-21,069.55	6,718.17	31.89%	
			5,630.87	-7,543.26	1,912.39	25.95%	
			4,871.54	-8,176.88	3,305.34	40.42%	
Subtotal Facility			103,326.76	-143,621.65			
Facility	39		833,011.78	-1,031,135.26			
Facility	140		2,159,238.85	-3,050,147.43			
Query totals: 733			23,004,914.60	-31,700,938.63			
Report totals: 94,110			193,759,378.23	-284,109,938.36			

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# Billing Compliance Data Monitoring & Auditing

## Example of Observation: Payment Greater than Charges

- Identified a population of claim where claim payment was greater than the charges submitted on the claim

Total Charge	Payment Total	Pay as %age of Charge
\$129	\$163	126%

- After inquiry, it was identified that a procedure (CPT 29580) was being performed bilaterally and billed with modifier 50
- After further inquiry, it was identified that the charging routine was not working as intended (bilateral procedure for this procedure should have doubled the charge)
- If the charge had doubled, the payment, which was appropriate, would have been less than the charges submitted (\$258 vs. \$163)

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# Billing Compliance Data Monitoring & Auditing

- Comparative Data: Drug Unit Billing

Medicare
Medicaid/CHIP
Medicare-Medicaid Coordination
Private Insurance
Innovation Center
Regulations & Guidance
Research, Statistics, Data & Systems
Outreach & Education

Home > Research, Statistics, Data and Systems > CMS Drug Spending > Medicare Part B Drug Spending Dashboard

**CMS Drug Spending**

- Medicare Part D Drug Spending Dashboard
- Medicare Part B Drug Spending Dashboard
- Medicaid Drug Spending Dashboard
- Part D Manufacturer Rebate Summary Report



### Medicare Part B Drug Spending Dashboard

The Medicare Part B Drug Spending Dashboard is an interactive, web-based tool that presents spending information for Medicare Part B drugs - drugs administered in doctors' offices and other outpatient settings and paid through the Medicare Part B program. Analyses of Part B drugs are possible for all Part B fee-for-service Medicare beneficiaries, but exclude any beneficiaries in the Medicare Advantage program (which represents approximately 30% of the Medicare population).

The Dashboard focuses on average spending per dosage unit and change in average spending per dosage unit over time. For Part B, the quantity of a drug in a dosage unit is the same as the quantity of the drug in a HCPCS billing unit. The tool also includes consumer-friendly descriptions of the drug uses, clinical indications, and manufacturer(s).

Drug spending metrics for Part B drugs represent the full value of the product, including the Medicare payment and beneficiary liability. All Part B drug spending metrics are calculated at the Healthcare Common Procedure Coding System (HCPCS) level.

Additional drug metrics and the most recent five years of data are available for download in Excel.

Access the Medicare Part B Drug Spending Dashboard
Download the full underlying data in Excel

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# Billing Compliance Data Monitoring & Auditing

- Comparative Data: Drug Unit Billing

## MEDICARE PART B DRUGS

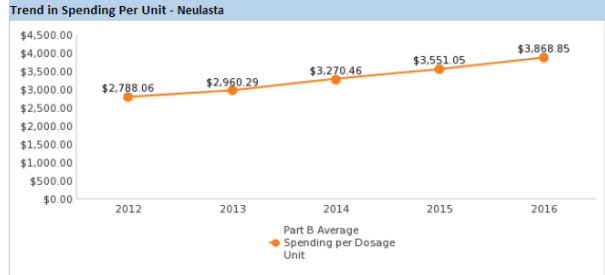
Search		Average Spending per Dosage Unit 2015	Average Spending per Dosage Unit 2016	Change in Average Spending per Dosage Unit (2015-2016)	Annual Growth Rate in Average Spending per Dosage Unit (2012-2016)	Total Spending 2016	Total Beneficiaries 2016	Average Spending per Beneficiary 2016	Average Sales Price (ASP) 2016
Eylea	Aflibercept	\$962.85	\$963.10	0.0%	-0.1%	\$2,208,730,191	210,411	\$10,497	\$980.49
Rituxan	Rituximab	\$724.73	\$765.45	5.6%	5.6%	\$1,665,667,928	69,941	\$23,815	\$780.81
Neulasta	Pegfilgrastim	\$3,551.05	\$3,868.85	8.9%	8.5%	\$1,375,670,105	95,960	\$14,336	\$3,938.12
Remicade	Infliximab	\$75.21	\$80.18	6.6%	6.0%	\$1,338,726,191	58,397	\$22,925	\$81.66
Avastin	Bevacizumab	\$67.50	\$70.04	3.8%	3.5%	\$1,111,678,356	207,422	\$5,360	\$71.58
Prolia*	Denosumab*	\$14.68	\$15.57	6.1%	2.1%	\$1,086,664,413	419,196	\$2,592	\$15.86
Lucentis	Ranibizumab	\$387.25	\$378.23	-2.3%	-1.4%	\$1,044,324,411	106,408	\$9,814	\$384.95
Herceptin	Trastuzumab	\$84.57	\$89.12	5.4%	4.8%	\$703,556,745	20,693	\$34,000	\$90.75
Orencia*	Abatacept*	\$34.36	\$40.80	18.7%	17.2%	\$586,532,893	22,879	\$25,636	\$41.81
Alimta	Pemetrexed Disodium	\$59.95	\$61.19	2.1%	2.6%	\$511,822,425	20,312	\$25,198	\$62.29
Velcade	Bortezomib	\$45.84	\$45.82	-0.0%	1.8%	\$490,438,057	20,668	\$23,729	\$46.68

\*Indicates multiple brand and/or generic names for a specific HCPCS code. See "Brand, Generic & Manufacturers" table for additional names.  
 \*\*Indicates brand/generic names unavailable. Name reflects the HCPCS short description.

Brand, Generic, & Manufacturers - Neulasta		
Brand Name	Generic Name	Manufacturer
Neulasta	Pegfilgrastim	Amgen

Additional Drug Information - Neulasta	
Medicare Billing Code	Drug Description
J2505	Injection, pegfilgrastim, 6 mg



Calendar Year 2016												
Medicare Billing Code (HCPCS Code)	Drug Description	Brand Name	Generic Name	Total Spending	Total Dosage Units	Total Claims	Avg Units Per Claim	Total Beneficiaries	Avg Claims Per Beneficiary	Average Spending Per Dosage Unit	Average Spending Per Claim	Average Spending Per Beneficiary
J2505	Injection, pegfilgrastim, 6 mg	Neulasta	Pegfilgrastim	\$1,375,670,105	355,576	339,146	1	95,960	3.53	\$3,868.85	\$4,056.28	\$14,335.87

# Billing Compliance Data Monitoring & Auditing

## • Comparative Data: Drug Unit Billing

Medicare Part B Drug Spending and Utilization, Calendar Years 2012 - 2016

Medicare Billing Code (HCPCS Code)	Drug Description	Brand Name	Generic Name	Calendar Year 2016								
				Total Spending	Upper Unit Threshold	Avg Units Per Claim	Lower Unit Threshold	Total Beneficiari	Avg Claims Per Beneficiai	Average Spending Per Dosage Unit	Average Spending Per Claim	Average Spending Per Beneficiai
J0129	Injection, abatacept, 10 mg	Orencia*	Abatacept*	\$586,532,893	100.00	75.21	50.00	22,879	8.35	\$40.80	\$3,068.59	\$25,636.30
J0475	Injection, baclofen, 10 mg	Gablofen (J0475)*	Baclofen*	\$27,363,217	8.00	4.82	2.00	10,094	3.10	\$181.26	\$873.19	\$2,710.84
J0480	Injection, basiliximab, 20 mg	Simulect	Basiliximab	\$1,025,318	1.00	1.04	1.00	202	1.61	\$3,042.49	\$3,154.83	\$5,075.83
J0485	Injection, belatacept, 1 mg	Nulojix	Belatacept	\$30,619,170	1,130.00	922.11	225.00	1,986	7.86	\$3.76	\$1,962.01	\$15,417.51
J0897	Injection, denosumab, 1 mg	Prolia*	Denosumab*	\$1,086,664,413	120.00	80.27	60.00	419,196	2.07	\$15.57	\$1,250.05	\$2,592.26
J1442	Injection, filgrastim (g-csf), excludes	Neupogen	Filgrastim	\$88,924,603	1,130.00	498.01	225.00	29,878	6.05	\$0.99	\$492.17	\$2,976.26
J1459	Injection, immune globulin (prigen)	Privigen	Immun Glob G(lgg)	\$237,597,848	226.00	89.11	36.00	10,215	6.95	\$37.54	\$3,344.89	\$23,259.70
J1561	Injection, immune globulin, (gamune)	Gammaked*	Immune Globul G/c	\$299,752,135	226.00	90.89	36.00	10,838	7.58	\$40.15	\$3,649.02	\$27,657.51
J1566	Injection, immune globulin, intraven	Carimune NF Nanofiltere	Immun Glob(gg)/	\$53,635,764	115.00	81.81	12.00	2,825	6.93	\$33.51	\$2,741.27	\$18,986.11
J1568	Injection, immune globulin, (octagam)	Octagam	Immun Glob(gg)/	\$229,545,084	226.00	77.28	36.00	10,676	6.91	\$40.29	\$3,113.36	\$21,501.04
J1569	Injection, immune globulin, (gamma)	Gammagard Liquid	Immun Glob G(lgg)	\$282,939,575	136.00	82.53	27.00	12,029	7.20	\$39.61	\$3,268.94	\$23,521.45
J1745	Injection infliximab, 10 mg	Remicade	Infliximab	\$1,338,726,191	100.00	49.09	14.00	58,397	5.82	\$80.18	\$3,935.71	\$22,924.57
J2323	Injection, natalizumab, 1 mg	Tysabri	Natalizumab	\$305,983,013	300.00	301.19	300.00	7,117	8.35	\$17.10	\$5,150.80	\$42,993.26
J2353	Injection, octreotide, depot form for	Sandostatin Lar*	Octreotide Acetate	\$411,511,774	60.00	29.41	10.00	10,711	8.15	\$160.36	\$4,716.79	\$38,419.55
J2357	Injection, omalizumab, 5 mg	Xolair	Omalizumab	\$328,046,372	75.00	67.72	30.00	15,015	10.58	\$30.49	\$2,064.65	\$21,847.91
J2505	Injection, pegfilgrastim, 6 mg	Neulasta	Pegfilgrastim	\$1,375,670,105	1.00	1.05	1.00	95,960	3.53	\$3,868.85	\$4,056.28	\$14,335.87
J2778	Injection, ranibizumab, 0.1 mg	Lucentis	Ranibizumab	\$1,044,324,411	5.00	5.26	3.00	106,408	4.94	\$378.23	\$1,988.39	\$9,814.34
J9033	Injection, bendamustine hcl, 1 mg	Treanda	Bendamustine HCL	\$263,809,310	195.00	189.41	100.00	10,631	5.30	\$24.74	\$4,685.86	\$24,815.10
J9043	Injection, cabazitaxel, 1 mg	Jevtana	Cabazitaxel	\$87,577,955	61.00	59.13	54.00	2,431	4.12	\$147.71	\$8,735.05	\$36,025.34
J9047	Injection, carfilzomib, 1 mg	Kyprolis	Carfilzomib	\$269,228,703	136.00	78.52	20.00	5,868	18.76	\$31.15	\$2,445.55	\$45,880.83
J9055	Injection, cetuximab, 10 mg	Erbixub	Cetuximab	\$224,425,822	122.00	65.77	35.00	7,892	8.03	\$53.87	\$3,543.02	\$28,437.13
J9171	Injection, docetaxel, 1 mg	Docetaxel*	Docetaxel*	\$37,075,970	200.00	120.15	50.00	29,863	4.04	\$2.56	\$307.41	\$1,241.54
J9263	Injection, oxaliplatin, 0.5 mg	Eloxatin*	Oxaliplatin*	\$18,653,131	414.00	349.21	178.00	30,638	4.90	\$0.36	\$124.36	\$608.82
J9264	Injection, paclitaxel protein-bound p	Abraxane	Paclitaxel Protein-t	\$274,334,848	632.00	238.49	137.00	17,380	6.67	\$9.92	\$2,365.20	\$15,784.51
J9266	Injection, pegaspargase, per single d	Oncaspar	Pegaspargase	\$3,020,698	2.00	1.51	1.00	81	2.38	\$10,344.85	\$15,651.28	\$37,292.56
J9305	Injection, pemetrexed, 10 mg	Alimta	Pemetrexed Disod	\$511,822,425	122.00	93.82	69.00	20,312	4.39	\$61.19	\$5,741.01	\$25,198.03
J9310	Injection, rituximab, 100 mg	Rituxan	Rituximab	\$1,665,667,928	11.00	8.32	4.00	69,941	3.74	\$765.45	\$6,369.52	\$23,815.33
J9357	Injection, valrubicin, intravesical, 200	Valstar	Valrubicin	\$11,654,663	4.00	4.05	4.00	520	4.98	\$1,109.86	\$4,499.87	\$22,412.81
J9395	Injection, fulvestrant, 25 mg	Faslodex	Fulvestrant	\$224,355,887	20.00	19.97	10.00	17,098	7.09	\$92.71	\$1,851.06	\$13,121.76
Q2043	Sipuleucel-t, minimum of 50 million	Provenge	Sipuleucel-T/Lacta	\$179,403,151	1.00	1.03	1.00	1,795	2.62	\$36,982.72	\$38,130.32	\$99,946.05
Q2050	Injection, doxorubicin hydrochloride	Doxil*	Doxorubicin HCL Pe	\$78,408,528	13.00	6.66	3.00	7,871	3.54	\$422.47	\$2,813.97	\$9,961.70

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# Billing Compliance Data Monitoring & Auditing

## Example of Observation: Waste Drug Unit Billing Data Monitoring

- Bortezomib is a single use vial drug whose vial size is 3.5 mg = 35 billable units. Normal administered range is between 15-35. So, we would expect to see billing that would equal waste (JW) and administered amounts totaling 35 units.

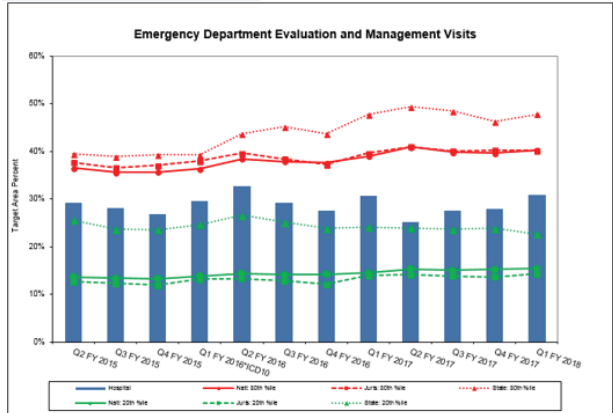
Account #	CPT Code	CPT Modifier	Revenue Code	Units	Line Payment
1	J9041	JW	0636	15	\$549
1	J9041		0636	20	\$732
2	J9041	JW	0636	15	\$544
2	J9041		0636	20	\$725
3	J9041	JW	0636	16	\$580
3	J9041		0636	19	\$689
4	J9041		0636	19	\$689
5	J9041	JW	0636	16	\$580
5	J9041		0636	19	\$689
6	J9041	JW	0636	15	\$544
6	J9041		0636	20	\$725
7	J9041		0636	19	\$689

- While confirming the accuracy of our charging during this time period, we identified 4 scenarios where we missed charging for waste (\$580 per case).

# Billing Compliance Data Monitoring & Auditing

- Comparative Data

Short-Term Acute Care PEPPER [Visit PEPPERresources.org](http://Visit.PEPPERresources.org)  
 Emergency Department Evaluation and Management Visits (new as of Q4FY17 release)  
[Link to Definitions Worksheet](#)



Comparative Data for Target Proportion:						
Time Periods	National 80th Percentile	Jurisdiction 80th Percentile	State 80th Percentile	National 20th Percentile	Jurisdiction 20th Percentile	State 20th Percentile
Q2 FY 2015	36.5%	37.7%	39.4%	13.7%	12.6%	25.6%
Q3 FY 2015	35.6%	36.6%	38.9%	13.4%	12.3%	23.6%
Q4 FY 2015	35.6%	37.1%	39.2%	13.2%	11.9%	23.6%
Q1 FY 2016/ICD10	36.3%	37.9%	39.2%	13.8%	13.2%	24.7%
Q2 FY 2016	38.4%	39.6%	43.6%	14.4%	13.3%	28.6%
Q3 FY 2016	37.8%	38.4%	43.2%	14.1%	12.8%	25.1%
Q4 FY 2016	37.6%	37.2%	43.6%	14.2%	12.1%	23.8%
Q1 FY 2017	39.0%	39.6%	47.7%	14.5%	13.8%	24.1%
Q2 FY 2017	40.9%	41.0%	49.4%	15.3%	14.1%	23.9%
Q3 FY 2017	39.8%	40.1%	48.4%	15.0%	13.8%	23.6%
Q4 FY 2017	39.6%	40.3%	46.2%	15.2%	13.7%	23.8%
Q1 FY 2018	40.2%	40.2%	47.8%	15.4%	14.3%	22.6%

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## Billing Compliance Data Mining & Monitoring Activities Outpatient Dashboard – Medicare Utilization

OP Payments > Charges Rolling 6 Months													
Facility	AVG	February 2018	February 2018 Var	March 2018	March 2018	April 2018	April 2018	May 2018	May 2018	June 2018	June 2018	July 2018	July 2018
A	34	20	-14	42	8	20	-14	44	+10	33	-1	46	+12
B	23	14	-9	27	4	28	5	27	4	27	4	14	-9
C	36	36		28	-8	42	6	52	+16	39	3	20	+16
D	138	101	-37	109	-29	105	-33	159	+21	179	41	174	+36
E	73	50	-23	57	-16	94	21	78	+5	93	20	68	-5
F	46	41	-5	37	-9	47	1	51	+5	41	-5	58	+12
<b>Total: All</b>	<b>350</b>	<b>262</b>	<b>-88</b>	<b>300</b>	<b>-50</b>	<b>336</b>	<b>-14</b>	<b>411</b>	<b>+61</b>	<b>412</b>	<b>62</b>	<b>380</b>	<b>+30</b>
OP Outlier Claims 6 Month													
Facility	AVG	February 2018	February 2018 Var	March 2018	March 2018	April 2018	April 2018	May 2018	May 2018	June 2018	June 2018	July 2018	July 2018 Var
A	6	4	-2	7	1	5	-1	10	+4	8	2	3	-3
B	72	88	16	80	8	76	4	58	-14	65	-7	66	+6
C	4	1	-3	2	-2	7	3	7	+3	2	-2	3	-1
D	12	13	1	14	2	22	10	10	-2	11	-1	4	+8
E	102	104	2	103	1	123	21	105	+3	92	-10	84	+18
F	4	4		2	-2	2	-2	8	+4	6	2	3	-1
<b>Total: All</b>	<b>200</b>	<b>214</b>	<b>14</b>	<b>208</b>	<b>8</b>	<b>235</b>	<b>35</b>	<b>198</b>	<b>-2</b>	<b>184</b>	<b>-16</b>	<b>163</b>	<b>-37</b>
Rt Heart Cath & Biopsy													
Facility	AVG	March 2018	March 2018 Var	April 2018	April 2018 Var	May 2018	May 2018 Var	June 2018	June 2018 Var	July 2018	July 2018 Var	August 2018	August 2018 Var
A	1	1				1				1		1	
B				1				1					
<b>Total: All</b>	<b>1</b>	<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>	
Condition Code 42143													
Facility	AVG	March 2018	March 2018 Var	April 2018	April 2018 Var	May 2018	May 2018 Var	June 2018	June 2018 Var	July 2018	July 2018 Var	August 2018	August 2018 Var
A				1									
B													
C													
<b>Total: All</b>				<b>1</b>									

## Billing Compliance Data Mining & Monitoring Activities Outpatient Audit Results Dashboard – Medicare Utilization

#	Target Areas	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June
		CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2
1	OP Outlier Payment	1	3	4	2	1	2
2	OP Payment>Charges	5	8	4	7	6	4
3	Cardiac Cath Biopsy w Mod 59	2	0	0	0	0	0
4	PTT/PTT Services	0	0	0	0	0	0
5	Partial Hospitalization (CC41)	3	2	3	2	0	1
6	Desensitization Charges (CPT 95180)	2	2	0	0	0	0
7	Arthroscopic Limited Shoulder Debridement	2	0	0	1	0	1
<b>Total</b>							

Key	Data did not meet risk criteria
	Reviewed, no risks were identified
	Reviewed, risks were identified and corrected
	Follow-up has been initiated
	Review in Progress

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### Billing Compliance Risk Areas: New Audits by the MAC...New areas to data mine

- IP Diagnosis Coding – Malnutrition
  - Nutritional marasmus (E41)
  - Unspecified Severe protein-calorie malnutrition (E43)
- IP Diagnosis Coding – Respiratory Heart Failure (J960.0-.2, J961.0-.2 J962.0-.2, J969.0-.2)
- OP Coding:
  - 29822 – Arthroscopy, shoulder, surgical, debridement limited
  - 71260 – CT, thorax, with contrast materials
  - 70553 – MRI brain, without contrast material, followed by with
  - 95180 – Rapid desensitization
  - J0897 – Injection, denosumab, 1 mg = 1 billable unit
  - J9035 – Injection, bevacizumab (avastin), 10 mg = 1 billable unit

## Questions / Discussion