TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Office *of* Institutional Compliance

Compliance Newsletter

December 2017

Texas Tech University Health Sciences Center

Inpatient Split/Shared Services

The following information is provided to assist physicians/Non-Physician Practitioners (NPPs) in the appropriate documentation of split/shared E/M services. When a service is performed in the hospital inpatient/hospital outpatient or emergency department and is shared between a physician and a NPP from the same group practice, the service may be billed as a split/shared E/M service. The split/shared service may be reported to Medicare using either the physician's or the NPP's Unique Physician Identification Number (UPIN), Provider Identification Number (PIN), and National Provider Identifier (NPI) number.

In order to report the split/shared services under the physician's UPIN/PIN/NPI number, the physician must meet multiple requirements:

- physician must provide a face-to-face encounter with the patient;
- physician must document at least one element of the history, exam and/or medical decision making component of the E/M service; **Note**: <u>It is not sufficient for the physician to simply document "seen and agree" or simply countersign. The physician must document what he/she personally performed during the E/M service.</u>
- physician must legibly sign the medical record to justify his involvement in the patient care; and
- physician and the NPP must be actively involved in the Medicare Program and have a valid UPIN/PIN/NPI number for reporting purposes.

If any of the above are lacking in the patient's medical record, then the service may only be reported using the NPP's UPIN/PIN/NPI. Please keep in mind that the following services may not be billed as split/shared services:

- Critical Care services;
- Procedures; and
- E/M services performed in the skilled nursing facility/nursing facility.

Department Update

The Office of Institutional Compliance welcomes a new staff member to the Compliance Team. **Shannon Gray** RN, MSN, MBA is the new Billing Compliance Director for Institutional Compliance starting in October 2017. Her background includes 10 years of patient care experience in the NICU and PICU. Most recently Shannon has worked in Case Management and Quality. As the Quality Director in 2 different hospitals she was responsible for all areas of quality assurance and regulatory compliance. Her education includes a BA in Psychology, a degree in Nursing and two master's degrees, MBA-HCA and MSN.

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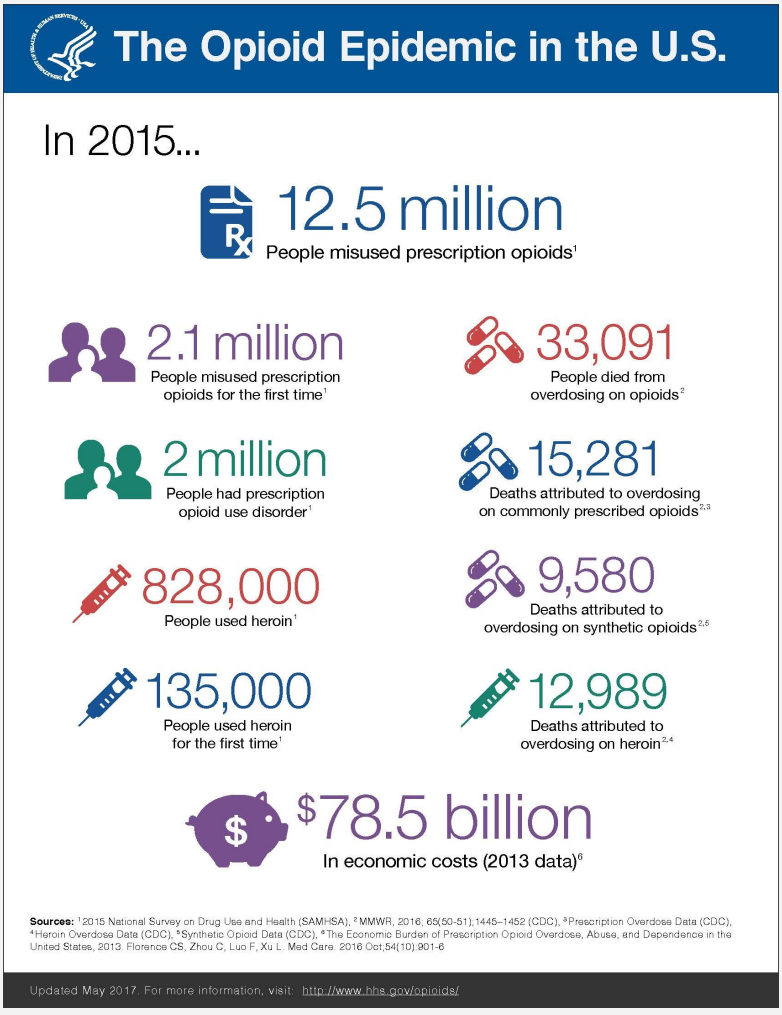
The Opioid Epidemic

The opioid epidemic has been declared a **national public health emergency**. The opioid epidemic is being called the worst public health crisis in American history, with its lethal consequences exacting a toll on users, families, and law enforcement nationwide.

1. How bad is it?

It's the deadliest drug crisis in American history. Drug overdoses are the leading cause of death for Americans under 50, and deaths are rising faster than ever, primarily because of opioids. Overdoses killed more people last year than guns or car accidents, and are doing so at a pace faster than the H.I.V. epidemic at its peak. In 2015, roughly 2 percent of deaths — one in 50 — in the United States were drug-related. According to the latest survey data, 12.5 million people misused prescription opioids in 2015.



2. What is an "Opioid"?

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others. These drugs are chemically related and interact with opioid receptors on nerve cells in the body and brain. Opioid pain relievers are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused (taken in a different way or in a larger quantity than prescribed, or taken without a doctor's prescription). Regular use—even as prescribed by a doctor—can lead to dependence and, when misused, opioid pain relievers can lead to overdose incidents and deaths.

For more information, please visit https://www.hhs.gov/opioids/index.html

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Reporting Compliance Concerns at TTUHSC

What if I have a question or concern?

A core element of the Institutional Compliance Program at TTUHSC is providing an environment where individuals feel comfortable raising and discussing compliance problems and concerns, no matter how big or small. If you see something you don't think is right or encounter a situation in which you're not sure what to do, you should raise your concerns or ask questions. Asking a question or raising a concern is the right thing to do and benefits both you and the Institution because early identification can help to prevent a small problem from becoming big.

Sample compliance concerns include:

- A situation that feels wrong or makes you uncomfortable.
- Concern about conduct that you believe may violate TTUHSC policies.
- Concerns about conduct that poses a threat to the health and safety of our patients or employees.
- Concerns that you have raised with appropriate people, but which have not been corrected.

Where to report?

Compliance concerns or suspected violations may be reported to a number of TTUHSC offices. When possible, employees are encouraged to report violations to their supervisor or the Department Administrator with oversight responsibility where the violation arises. If you don't feel comfortable raising a concern with your supervisor or Department Administrator (or if your concern relates to them, or if you have previously told them but the concern has not been remedied), you can report your concerns to TTUHSC Institutional Compliance Officer (1-806-743-3950). You may also report your concerns through the Compliance Hotline by submitting an online report at www.ethicspoint.com or by calling the toll-free number of 1-866-294-9352. Remember, even minor issues are worth discussing – only through open discussion can we improve our way of doing things and ensure we meet our compliance obligations.

Retaliation?

TTUHSC OP 52.04, Report & TTUHSC Internal Investigation of Alleged Violations, Non-Retaliation provides that no employee or TTUHSC affiliate shall be retaliated against for reporting, in Good Faith, concerns and potential violations of policies, federal or state law. You should never experience harassment or retribution if you act responsibly and report what you believe to be a legitimate concern or a violation.

Open-Door Practice

The rules governing the health care industry are complicated and it is not always easy to make the right choices when it comes to compliance. If you have questions or concerns with any area of compliance, please ask for help. It is always better to ask before taking an action that might be improper. The Office of Institutional Compliance maintains an open-door policy and is willing to listen to any concerns, questions, and suggestions.

Department Update Lubbock Senior Billing Analyst **Sylvia Riojas**, CPC, CEMA has earned a new credential: CPMA (Certified Professional Medical Auditor) from AAPC. Congratulations to Sylvia!

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Risk Adjustment Coding

What is Medicare Risk Adjustment?

Medicare risk adjustment (MRA) is a payment system that allows the Centers for Medicare & Medicaid Services (CMS) to adjust its premium payments to Medicare Advantage (MA) plans based on the expected health care costs of its members.

Diagnosis data from physicians and other health care providers is used to determine whether an individual member suffers from certain diseases that are expected to lead to higher health care costs for that member. Then the Centers for Medicare & Medicaid Services (CMS) uses that demographic and disease data for each member to determine the individual premium paid to the MA Plan.

The role of physicians and other health care providers for Medicare Advantage Patients:

- Make sure problem lists are kept up to date. The problem list should show the status of each condition (e.g., active, chronic, or resolved). It should not be a laundry list of every condition the patient has ever experienced. When updating the problem list, make sure the highest level of specificity known to the provider is captured in the diagnosis codes. Problem lists should not contain only default unspecified codes: these codes do not accurately show the true severity of illness.
- All problems need to be in the assessment. All problems assessed during the visit should be noted in the assessment portion of the record and coded accordingly. Don't limit the diagnosis codes on the claim to only what brought the patient into the office that day.
- All diagnoses should be documented. All diagnoses that were part of the provider's medical decision-making process should be documented. An example is a patient who is being treated with a medication that may affect the treatment of the current, presenting issue. If it affects how the current condition is treated, it should be documented and coded.
- All chronic conditions documented at least once, annually. All of the patient's chronic conditions should be assessed during a face-to-face encounter, at least annually, and submitted on a claim. This includes status codes such as amputations, transplant status, ostomies, etc.

Risk adjustment does not consider CPT or ICD10. Codes are assigned that are **M**easured, **E**valuated, **A**ddressed and **T**reated. Risk adjustment coders refer to this as **MEAT**. Your coding staff should be trained specifically to what is necessary for MA plan documentation.