

Chiropractic Office Managers

November 18, 2011

Dear Doctor,

Question: I have been audited 3 times and hoping this is going to lighten up a little. What do you see for the future for post payment audits?

Answer: Well, this was recently released by CMS. WE can expect more and more Post payment audits. It will be even further expanded for pre payment reviews. Please read the following and then get ready in order before it hits you even harder. Medicare expects the following from you to combat fraud.

1. Documentation
2. Coding that matches the documentation
3. Conduct your own audits for compliance (compliance program is becoming mandatory but is explained by HHS (Health and Human Services) as to what is expected of you. It is coming.

This part of the article that follows is what you as a chiropractor will be facing. A link is provided at the end of this article for you to read the entire article.

We have much to do. But it does not have to be difficult. Just has to be done.

Email me with any questions. I will help and can you.

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For Immediate Release:

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Contact:

CMS Office of Public Affairs
202-690-6145

CMS ANNOUNCES NEW DEMONSTRATIONS TO HELP CURB IMPROPER MEDICARE, MEDICAID PAYMENTS

Efforts will Build on 2011 Decreases in Medicare, Medicaid Improper Payments

In 2010, the President announced three goals for cutting improper payments by 2012: reducing overall payment errors by \$50 billion, cutting the Medicare fee-for-service error rate in half, and recovering \$2 billion in improper payments.

To help achieve these goals, the Centers for Medicare & Medicaid Services (CMS) has announced it will launch demonstration programs beginning in January 2012 targeting some of the most common factors that lead to improper payments.

Cost Saving Projects will Help Protect Medicare and Medicaid

Beginning on January 1, 2012, CMS will conduct demonstration projects that will strengthen Medicare by aiming at eliminating fraud, waste, and abuse. Reductions in improper payments will help ensure the sound future of the Medicare Trust Fund and protect Medicare beneficiaries who depend upon it.

· *Recovery Audit Prepayment Review:* The Recovery Audit Prepayment Review demonstration will allow Medicare Recovery Auditors (RACs) to review claims before they are paid to ensure that the provider complied with all Medicare payment rules. The RACs will conduct prepayment reviews on certain types of claims that historically result in high rates of improper payments. These reviews will focus on seven states with high populations of fraud- and error-prone providers (FL, CA, MI, TX, NY, LA, IL) and four states with high claims volumes of short inpatient hospital stays (PA, OH, NC, MO) for a total of 11 states. This demonstration will also help lower the error rate by preventing improper payments rather than the traditional “pay and chase” methods of looking for improper payments after they have been made.

Read more of this article ... <https://www.cms.gov/apps/media/press/factsheet.asp?Counter=4116>

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