Compliance:
HIPAA
OSHA/CDC
HR
ICD10
AUDITS

Joe W. DeLoach, OD, FAAO
Bj Avery
Optometric Business Solutions

Disclaimer
We both work for Optometric Business Solutions. We believe the products mentioned here are some of the smartest uses of your hard earned money and genuinely hope you will feel the same.
We are also not attorneys and do not offer legal advice.

This is VERY fast paced.
For complete training for you, your staff and everything you need to be compliant, refer to your order sheet.
Welcome to the Age of Compliance
Let's get a one thing out there right up front

*We HATE all this stuff*

What we hate worse is seeing optometrist’s hard earned money being taken away by the government, insurance companies and other regulatory agencies because evidently you don’t know any better!

Welcome to the Age of Compliance

You have plenty of “experts” trying to tell you how to MAKE more money.

Optometric Business Solutions is about KEEPING your hard earned money

The Evils Around You

- HIPAA – an absolute monster
- Human Resources – way more than meets the eye
- OSHA/CDC – the bite is definitely worse than the bark
- ICD10 – this one will change your professional life
- THE AGE OF AUDITS – this is the biggest monster of all
“Non-compliance with HIPAA regulations may be the most serious financial mistake you make in your professional career”

Joe W. DeLoach, OD, FAAO

Let’s start with a review of the HIPAA laws
1. The Privacy Rules – in effect since 2004
3. HiTech amendment – 2010
4. Omnibus amendment - 2013

Already feeling “out of date”???
How Most (I repeat…MOST) Doctors Have Handled HIPAA Compliance

WE ARE HIPAA COMPLIANT!

Really? There are HIPAA Violation Convictions???

What Changed in 2010 to Make This a Truly Scary Problem

Hi-Tech Amendments 2010

- Prior to 2010, enforcement power with Office of Civil Rights – changed to OIG and State Attorney General Offices – THIS WAS A BIGGIE!!!
- Fines increased – many States levied additional state fines
- Allowed for “unrestricted” civil penalties
- Whistleblower Act
- Elimination of the “ignorance” excuse – “has reason to know” changed to “should know”
But, most importantly…

The HIPAA Audit Project

Proved that finding HIPAA NON-compliance was going to be easy and massively profitable for the Feds and the States

The HIPAA Audit Project

- Authorized by Section 13411 of the HiTech Act - outside agency hired (“hired gun”) to conduct random audits of HIPAA compliance
- Initial results completed, and guess what???

Less than 17% of covered entities were likely to be compliant with Privacy and Security Rules!!!

Optometry is doing a bit better but some if not many of you in this room are still playing risky games with your finances

Problems in Missouri

There have been many HIPAA violations in Missouri - a few examples:
- Setara Obici Hospital
- Marshall Obstetrics and Gynecology
- Southside Regional Medical Center

Not impressed?
Another thing to know…over 150 attorneys in Missouri list “HIPAA Litigation” as a specialty in their firm. Wonder why?

Who wants to be next?
Scared? You Should Be!

Smart Data Collective: 2013

“**The average fine for a HIPAA breach has increased from $400K in 2010 to $1.4 MILLION in 2013**”

*Why? Because they can!!!*

Most Common Causes of Violations

- Lost or stolen laptops
- Lost office back up tapes / drives
- Loose mouths
- Server “hacks”
- True criminal activity
- **Stupidity**

By the way….

Federal and Missouri law allow both the Office of Civil Rights and the “harmed” individual to BOTH file suit against the individual “violator”. The “violator” can be the doctor but can also be the staff member.

To date, most all HIPAA penalties have resulted from the actions of staff.
Ways You Are Most Likely Going to Have a Date With the HIPAA Police

- Taking patient information out of the office
- Unhappy patient
- Litigious patient who is up on world events (the “Nut Principle”)
- “Concerned” patient who reads too much
- Unhappy current or former employee

So, I ask you…

- Everyone who has never had an unhappy patient, raise your hand
- Now, everyone who has never had to deal with an unhappy employee, keep your hand up
- Those of you with your hand still up - Santa Claus, the Easter Bunny, the Tooth Fairy and World Peace are likely also on your list of beliefs

Has OBS been tested?

YES!!! TWO TIMES in Texas Alone

OBS manuals have gone through a COMPLETE investigation by the HIPAA Police and given a Gold Star!!

If you want to know just how sleepless nights can get, talk to your Texas colleagues - Tony Bass or Kevin Katz
REALLY JOE? What is my likelihood of getting in trouble?

ANSWER: Not real high – but more than the risk of a malpractice suit, and everyone seems worried about that.

What am I looking at if I do get in trouble?

Low end - $25,000  High end – Over $1 million

What does it cost to protect my practice?

Depending on company you choose, anywhere from $300 to $5000 plus varying amounts of your time (from not much to massive amount)

So how much of a gambler are you?

And If I Do NOTHING?

$250,000.00

So how much of a gambler are you?

First, let’s talk about what has been in place for over a decade

(Not just September 23, 2013)
What HIPAA charged us to do. There are four main parts of the Administrative Simplification Rules

I. National Identifier Rules
II. Transaction and Code Sets
III. Privacy Rule
IV. Security Rule

The Privacy Rules

In General, What Must We Do To Comply with the Privacy Rules? SIX STEPS: 1-3

- Designate a Privacy Officer and a Public Information Officer
- Develop policies and procedures on how medical records are handled in the office and transmitted by any means (Privacy Manual, Privacy Notice, etc)
- Meet all documentation guidelines
In General, What Must We Do To Comply with the Privacy Rules? **SIX STEPS: 4-6**

- Provide initial, updated, DOCUMENTED training to all employees
- Establish systems to handle any break in privacy and establish sanctions for employees who violate policy
- **EDUCATE YOUR PATIENTS!** *(thank you government, may I have another please…)*

How Must We Inform Patients Of Their Privacy Rights?

1. It is the responsibility of each provider to formulate a written Privacy Manual and a Notice of Privacy Practices (NPP)
2. The NPP must be posted in the office in a visible and accessible location and you must have copies available to any patient who requests one *(only if they request it!)*.
3. The provider must attempt to get verification that the patient understands the office policies – this is called an Acknowledgement of Notice Of Privacy Practices (ANPP)

How Are Patients Informed Of Their Privacy Issues (con’t)?

4. The ANPP must inform the patient of their right to view your Notice of Privacy Practices (NPP)

**YOU ARE LEGALLY OBLIGATED TO COMPLETE ALL THESE STEPS AND ANSWER YOUR PATIENTS QUESTIONS ABOUT ALL THEIR RIGHTS** *(There are more? Oh yeah….more coming!)*
What Specific Rights Does The Patient Have Regarding Your Privacy Policies?

✓ The patient may refuse to verify and agree to the ANPP/NPP and seek care from another provider
✓ The patient may inspect and/or ask for a copy their health care information
✓ The patient may request amendments to their health care information
✓ The patient may make a reasonable request for individual confidentiality accommodations

More Patient Rights

✓ The patient has a right to an accounting of all disclosures by the provider (only non-traditional disclosures and only once a year)
✓ The patient who feels their privacy has been violated may file a complaint with your Privacy Official, the Office of Civil Rights, or now the Missouri Attorney General's office (NEW!!)
✓ The patient has to right to be notified if your policies substantially (NEW!) change

Can You Do All This Yourself? Sure, You Can Read All About It – 1192 Pages

Or Risk Being Sued
Or Risk Losing Your License
Or Risk Your Business

Optometric Business Solutions

There is a far better, less expensive way customized to your practice, your profession and your state
Now, Privacy’s Evil Twin…
The Security Rules

Security Rules

Security Rule Requirements
- Appoint a Security Officer
- Conduct a risk analysis and risk management plan to determine threats or risks in your operational systems
- Complete the Organizational Requirements
- Documented policies and procedures for all applicable Security Standards – Security Manual

And that is how involved? Another 1,000 pages of legal mumbo jumbo

THEN…you must complete the remaining 42 Security Standards

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total Number</th>
<th>Required or Addressable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Requirements</td>
<td>4</td>
<td>All Required</td>
</tr>
<tr>
<td>Administrative Safeguards</td>
<td>23</td>
<td>11 Required, 12 Addressable</td>
</tr>
<tr>
<td>Physical Safeguards</td>
<td>10</td>
<td>5 Required, 5 Addressable</td>
</tr>
<tr>
<td>Technical Safeguards</td>
<td>9</td>
<td>4 Required, 5 Addressable</td>
</tr>
</tbody>
</table>
What Do Security Standards Look Like?

Implement policies and procedures to review and follow the access and authorization process granted to workforce members.

Questions
1. Is a policy in place to routinely monitor the procedures for granting access to PHI?
2. Who is responsible for monitoring this process?
3. Are workforce member roles routinely reviewed to see who does and does not have access granted?

Administrative Safeguards
Information Access Management
Access Establishment and Modification

Are we having fun yet?
That is all OLD news, Most is VERY old now

What's new?

ONLY ANOTHER 712 PAGES OF FEDERAL LEGISLATION!!!

GIFTS FROM D.C.!

Omnibus Rule 2013

Actually, this is just final implementation of the provisions set forth in the HITECH legislation under the American Recovery and Reinvestment Act of 2009 (fancy name for a bunch of nonsense!)

Described by head of Office of Civil Rights as “the most sweeping changes to the HIPAA Privacy and Security Rules since they were first implemented”

Not much of an exaggeration....

Federal Changes

(all went into effect September 23, 2013)

- Breaches
- Business Associates
- Requests for medical records
- Restricted disclosures to health plans
- Marketing communication exceptions
- Established violation penalty “tiers”
- Other minor issues
Federal Changes - Breaches

Bottom line on a breach has not changed.
If one occurs, contact Jeff Drummond at jdrummond@jw.com (our recommended HIPAA attorney)

Federal Changes – Business Associates

- Business Associates now include any entity “sub-contracted” by the main Business Associate. But compliance of the sub-contractor is the responsibility of the main Business Associate
- Entities are NOT liable for the actions of a Business Associate as long as they are an independent contractor
- Business Associates defined to include health information organizations (ex. e-prescribing gateways and health information organizations)

Federal Changes

Release of Medical Records

Patients may request their medical records be provided in “electronic format” (flash drive, email, EHI, laptop, iPad, Dropbox, etc). Physician is not REQUIRED to comply if they feel the introduction of an outside drive could compromise the security of their network. BUT - law further states that hard copies are permitted “only when the individual rejects all readily reproducible e-formats”. OBS recommends you restrict release only to secured email, registered EHIs and media you supply to the patient – but your decision.
Federal Changes – Restricted Disclosure to Health Plans

At the patient's request, physicians may not disclose PHI if the care is for services the patient has totally paid for out of pocket. This only applies to those encounters related to the care the patient wants information restricted on (and paid for).

A big issue here is when releasing medical records at any point in the future, this information must be removed.

Federal Changes Marketing Communications

Oh you’re gonna love this….

New law further restricts a physician providing marketing communications to patients when it involves a third party product.

To provide this communication, the physician must have a signed authorization from the patient and the communication must have an “opt-out” clause.

There are exceptions….

Federal Changes Marketing Communications

Exceptions:

- When the physician receives no compensation of any kind for the communication
- The promotion provides general health information without mention of a specific third party product
- The communication involves government or government sponsored programs
Federal Changes
Marketing Communications

Exceptions:

- The communication is face-to-face
- The communication involves a drug the patient is currently being prescribed and any payment for the communication is limited to only the actual costs of the communication. **BUT...be very careful as this could VERY EASILY violate other privacy standards**

Let’s Boil It Down

Three questions....
1. Does the communication contain patient information?
2. Does the communication contain information about a third party product?
3. Did you receive compensation of any kind for the communication?

If yes to all three...VIOLATION

VERY complex....
Here are a few examples of what you “for sure” CANNOT do (and some not so sure!)
Examples
A company funds your recall or newsletter that is mailed to the patient – they pay for the notices or pay you money to advertise on it. The communication has information about their new contact lens, frame line, treatment…etc.

VIOLATION

Examples
You send out recall notices or newsletters that are mailed to the patient – a company pays part or all the costs of this mailing. The communication has information about their new contact lens, frame line, treatment…etc.

VIOLATION

Examples
A company provides your recall or newsletter that is mailed to the patient – they provide you a discount on their services, free or reduced fee products in return for this work. The communication has information about their new contact lens, frame line, treatment…etc.

VERY SHAKEY
HIPAA provides some exception for “in kind” reimbursement but doesn’t define what that is. Our attorney says slippery ground.
Examples
A data mining company sends out an information piece containing information about a new contact lens, medication, etc. They are paid by the company that makes that contact lens, medication, etc.

VIOLATION
(per my attorney, some of theirs disagree)

Examples
A company that makes a product or service assists you directly or indirectly in designing your website in return for advertising their product(s)

NOT A VIOLATION
(as long as recipient list is "de-identified")

Who Needs a Drink???
Federal Changes - Marketing

Bottom line – marketing can be tricky.

If you aren’t sure, contact OBS or Jeff Drummond at jdrummond@jw.com (our recommended HIPAA attorney)

Federal Changes
Misc Actions

- Fees for hard copy of medical records may now include reasonable labor costs associated with producing the records – assuming the state does not impose a lower fee
- Allows physicians to make disclosures of a deceased patient’s PHI to family or friends if they were involved in the providing of or payment for care of the deceased patient. Eliminates the 50 year protection rule.

Bottom line…

Most all of this is total nonsense…but non-compliance with HIPAA is just like practicing without professional liability, driving without insurance, etc…. – but the odds of losing in the HIPAA game are MUCH higher
Take it away
Bj

OSHA/CDC
(also called Hazard)

The Players
Center for Disease Control (CDC)
Occupational Safety and Health Administration (OSHA)
Clinical Laboratory Improvements Amendments (CLIA)
Really? Optometrists have to worry about this stuff???

- Do you perform ANY surgical procedures – even minor? THEY APPLY
- Do you perform any laboratory tests in your office? THEY APPLY

Getting ready to tune out???

- Do you have employees and see patients? THEY STILL APPLY

CDC

- The CDC’s main focus is prevention of the spread of blood borne disease to patients and employees
- Specific regulations standardize the way you handle wastes, sterilize/disinfect instruments and work areas, exposure incident plans
- Must keep manuals, records and train your staff
- Non-compliance – up to $10K per violation PER DAY

OSHA

- OSHA’s main focus is creating a safe environment for employees and patients
- Significant overlap with CDC
- Also requires documentation of protocols and procedures related to cleaning, dangerous chemicals, etc. (FYI – Windex is a dangerous chemical in OSHA!!)
- OSHA has significant powers and authority – penalties include significant fines and ability to close you down
CLIA

- Objective is to ensure quality laboratory testing / results
- If you perform laboratory test for the purpose of diagnosing, preventing or treating a condition – *even if provided at no charge* – CLIA applies to you
- This includes tear film testing, genetic testing, rapid pathogen testing, glucose testing (even finger stick), cultures, smears
- Have to register and pay fees – if you perform any of these tests

Your Hazard Communication Program (manual) can be designed to align you with compliance with all safety requirements of CDC, OSHA and CLIA

This requires time (your time – lots of it) or money (outsource)
Can’t I Just Expect Them To Do Their Job and Pay Them Every Two Weeks?

Actually, NO! Here are the agencies and laws that regulate your relationship with your employees:
- State Employment Commission
- State Commission on Human Rights
- State Communicable Disease Prevention and Control Act
- State Workers Compensation Act
- Equal Employment Opportunity Commission
- Americans with Disabilities Act
- Department of Labor

No...that’s not all of them

More:
- Wage and Hours Act
- Family Medical Leave Act
- Fair Labor Standards Act
- Occupational Safety and Health Administration
- Center for Disease Control
- Federal Privacy Act
- Immigration Reform and Control Act

Sorry, but...

If you think that because you’re “just an optometrist” and have a “small business” that you don’t have worry about all this, you are so, so wrong.

*Not complying with state and federal employee regulations can cost you a lot of mental anguish, your reputation, time you don’t have to waste on this, and, most importantly, A LOT OF MONEY!*
Let’s look at just a very few select HR issues
(and they vary by state law, this is specific to Missouri)

Take a breath:
race, color, creed, sex, age, national origin, disability history or status, military history or status including discharge conditions, marital status, availability of transportation*, dependents, if they speak other languages*, birthplace, residence, relationship to person they name as emergency contact, arrest record*, criminal conviction record*, workman’s compensation status or history, citizenship status
* but.....sometimes an exception

Things You Cannot Ask In An Application Or During An Interview

 You cannot discriminate based on race, color, creed, sex, national origin, disability status or history, military service status or history – but in reality it is dangerous to discriminate on basis of ANYTHING
 Discrimination applies to hiring, promotion, compensation, benefits, days off, training, approved education or social activities

Discrimination
Job Classifications

The concept of an exempt (salaried) vs a non-exempt (hourly) employee is one of the most misunderstood concepts in HR and one that can be the most damaging to your savings account.

Exempt vs Non-Exempt
General Comments

- Is this really an issue? YOU BET – not getting this right can cost you massive amounts of money.
- General statement: *It is VERY unusual for staff members in a doctor's office to qualify as exempt.*
- To qualify as exempt, you have to pass a three criteria test – ALL of them:
  - Salary Level Test
  - Salary Basis Test
  - Duties Test

Cost a colleague of ours $108,000.00.
Want details - catch us later.

What Requirements Exist?
Infectious Disease / Substance Abuse

Infectious Disease Control

- As we said earlier - you are legally required to protect your employees
- CDC and OSHA require you to maintain a Hazard Manual (see OBS CDC/OSHA Compliance Manual)

Substance Abuse

- You may require drug or alcohol testing for any current employee
- You are not required to provide any treatment or rehabilitative benefits
What Requirements Exist?

Family Medical Leave Act / Unemployment

Family Medical Leave Act
- This law does not apply to employers with less than 50 employees. If it applies to you, consider consulting with health care attorney

Unemployment Compensation
- They can file if they want to... get over it
- Can only file if involuntarily terminated
- Document, document, document
- Don’t keep employees past probationary period
- Always fight the unemployment claim

What Requirements Exist?

Americans With Disabilities Act

*This law only applies to employers with 15 or more employees (combination of FT AND PT)*
- Cannot discriminate against any protected employee who meets the knowledge, experience, skill and education necessary to perform the job with or without reasonable accommodations
- Protected employees include a physical or mental impairment that limits one of life’s major functions; has a record of an impairment; is perceived as having an impairment; has an association or known relationship with a disabled person
- Violating this law can cost you DEARLY!

What Requirements Exist?

Harassment

The issue of employee harassment is possibly THE most dangerous human resource issue with absolutely the most damaging financial penalties and effects of an employee’s reputation
What Requirements Exist
Harassment – IT’S NOT JUST SEXUAL

There are two forms of harassment:
1. "quid pro quo" (this for that) – usually sexual
2. Hostile Environment – usually not sexual

Main Ways to Avoid Employee “Issues”
- Know what the law says
- Have written policy – Employee Manuals are designed to protect the GOOD employees
- Be fair
- Be consistent
- Document, document, document

What About OBS Manuals
EACH MANUAL CONTAINS
- Extensive training powerpoints for the doctors and staff
- Compliance manuals customized to optometry, to your state law and then to your practice
- All the documents and forms you need to get and remain compliant
What About OBS?

- Over 150 years of combined experience in optometry – not plastic surgery
- Road Warriors – people who learned by doing
- Endorsed by over two dozen state associations, including Missouri, and many optometric organizations including Vision Source, TSO, Today’s Vision, SNAPP
- A company that cares about optometry and shows it

Back to you
Joe

ICD10
Do I have to?

- Only if you plan to bill Medicare or Medicaid
- Or BCBS, Aetna, United, etc.
- Or VSP, Spectera, EyeMed, etc.
- Unless you are 100% cash pay…

ABSOLUTELY!!

Impact of Regulation Dates

- Single compliance date of Oct 1, 2014
  - All DOS Tuesday Sept 30: ICD-9
  - All DOS Wednesday Oct 1: ICD-10
- All covered entities are subject to that date
- There is NO TRANSITION TIME

Further delays opposed by EVERYONE except the AMA
EXPECT NO MORE DELAYS!
Why ICD-10?

- ICD-9-CM is 30 years old
- No more room to add new codes (some chapters full)
- Can’t keep pace with current classification of Medical conditions
- Not always precise – often ambiguous
- World mortality data is being reported in ICD-10 – not US
- We are the only developed country still using ICD-9.

Changes: Overview

- 5 positions (first alphanumeric, others numeric) to 7 positions (all alphanumeric)
- From 13,000 ICD-9 codes to 68,000 ICD-10 codes
- Much greater specificity
- Full description & consistency
- Modern terminology for descriptions
- Creation of combination diagnosis/symptom codes
- Laterality added to relevant (most) codes
- Injuries grouped by anatomical site (rather than type of injury)

ICD-10-CM Specificity

- Much more specific than ICD-9:
- Hypermetropia
  - H52.00...... Hypermetropia, unspecified eye
  - H52.01...... Hypermetropia, right eye
  - H52.02...... Hypermetropia, left eye
  - H52.03...... Hypermetropia, bilateral
- Diabetes
  - E11.329...... Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema
Z63.1 Problems in relationship with in-laws

W56.01xS Bitten by dolphin, sequela

W55.3 Other encounter with a hoofed animal
Extreme Specificity at Times

V9542XA Spacecraft crash injuring occupant, initial encounter

Extreme Specificity at Times

R46.1: bizarre personal appearance

Extreme Specificity at Times

Y34
Unspecified event, undetermined intent

???
ICD-10 Impact on Records

- New codes must be supported by medical documentation
- **Some experts predict a 15% increase in documentation time (WITH an EHR!)**
- Likely to affect reimbursement
- Denials
- Additional Documentation

**FACT:** Will eliminate the ability of your insurance person to pick your codes for you!

What do I need to do

- Assess your use of ICD-9
- Assess Documentation
- Assess EHR
- Assess Intermediaries
- Assess Third Party
- Assess Workflow
- Assess Staff
- Budget
- Train

Forget That – Here’s What You Really Need to Do

1. Find a really good company putting on a one day training session with a lot of take home doctor and staff training material, workbooks, code sets. THE TRAINING MUST BE SPECIFIC TO OPTOMETRY!
2. If you aren’t electronic records yet, consider getting there fast – REAL fast
Audits

The Age of Audits
Is this the Golden Age of audits?

YES!

So, you’re broke, you need money, your system is under scrutiny because it loses more and more money – you are presented with an investment opportunity with a historical 50:1 return on investment.

What would you do???

The Age of Audits
Optometry has never been “targeted” – has that changed?

If you are filing claims, you are a target!
The Age of Audits
What Has Changed?

- First and foremost – if you hadn’t heard, the government is *broke* and looking for money!
- Health care reform – major emphasis on fraud, abuse and *WASTE*
- Change in False Claim Statute from “knows or has reason to know” to “knows or should know” (*Ignorance is no longer bliss!*)
- Qui Tam – The Whistleblower Act
- Recovery Audit Contractors – the witch hunt is ON!

The Age of Audits
General Statistics – Medicare Alone

- Estimation of improper payment from all sources in 2010 - $48 billion
- Recovery efforts total in 2008 – just over $8 billion. 2010 – $12.5 billion

*Therefore….lots of low hanging fruit left!*

- And Medicaid has a higher improper payment amount than Medicare!

And Optometry Not A Problem: *RIGHT?*

Estimated 2012 audit repayments from optometry – all payors

$28.5 MILLION

Whether you know it or not, believe it or not – most of you in this room are next in line over the next three years!
In order...culprits

1. Medicare
2. Aetna
3. VSP
4. BCBS
5. EyeMed

What Did OBS Training Audits in 2013 Reveal

▪ N: THOUSANDS of patient encounters
▪ Average payback on “mini” audit (25 records) - $1,911.00
▪ Average 5-year recoupment penalty
  $397,650.00

Take home message...

Auditing is VERY good business!

“Auditing has become one of our most profitable lines of business”
Medical Director, Aetna 2012
The Age of Audits

What Triggers an Audit

- Specialization
- Success (The “Ladder Principle”)
- Repetition
- High utilization of single codes
- Billing codes not commonly used by the majority of your colleagues
- Billing codes at a higher percentage rate than the majority of your colleagues

None inherently wrong, but…

Normal Intraprofessional Utilization Curve - Service Items

Audits and Payors

- The breadth of this topic is far too big for this course.
- WITHOUT A DOUBT, almost every payor has stepped up their audit/recovery game
- The bottom line is you need to familiarize yourself with the records documentation requirements and the audit procedures of every payor you do business with.
Audit Defense

*The best defense is always a great offense!*

- Keep exquisite medical records
- Know your payor rules and policies (remember they are REGIONAL!!)
- Keep updated by signing up for payor website listserves and newsletters

Audit Defense

Two New Tools

- “Training” audits by a professional company
- If you do not have exquisite expertise in billing, coding and payor rules, consider outsourcing billing services to professionals

Thank you for your attention

QUESTIONS??