



# COMPLIANCE E-NEWS

## Recent Fraud Headlines

### **Former Chair of Temple University's Ophthalmology Department Convicted of Health Care Fraud**

A federal jury convicted Dr. Joseph J. Kubacki of 150 counts of health care fraud, wire fraud, and making false statements in health care matters. Dr. Kubacki was the Chairperson of the Ophthalmology Department of the Temple University School of Medicine and also served as the Assistant Dean for Medical Affairs when, between 2002 and 2007, he caused thousands of false claims to be submitted with false charges totaling more than \$4.5 million for services rendered to patients whom he did not personally see or evaluate. As a result, Medicare and private health insurers, made payments on fraudulent claims in excess of \$1.5 million. He faces in excess of 87 months in prison and a fine of up to \$36 million.

### **UTSW and Parkland Resolve Allegation of Improper Physician Supervision of Surgical Residents**

The University of Texas Southwestern Health Systems (UTSW) agreed to pay the U.S. and Texas \$1.4 million to resolve whistleblower allegations that it, along with Parkland Health System, violated the civil False Claims Act and Texas Medicaid Fraud Prevention Act by submitting improper claims primarily due to its teaching physicians' inadequate supervision of residents during certain key portions of pre-, intra-, and post-operative care of surgeries. By affixing modifier GC to claims the organizations falsely represented that the residents were supervised when there was no documentation by the physicians that they were present for the critical portion of the resident's surgical care.

### **Jury Convicts Miami Man for Stealing Identity Information from DCF Computers for Use in Medicare Fraud Scam**

A former employee at the Miami Department of Children and Families' call center, accessed the organization's computer system on two separate occasions to steal names and other identification information, including Medicare numbers of more than 400 beneficiaries. The names and information were given to a former supervisor and then sold. The defendants face a maximum of ten years in prison for health care fraud, five years on authentication fraud charges, and two years each for the aggravated identity theft charges.

## RAC Update

The Center of Medicare and Medicaid (CMS) Recovery Audit Contractor (RAC) program was created through the Medicare Modernization Act made permanent by the Tax Relief and Health Care Act of 2006. The purpose of the RAC program is to identify and recover improper Medicare payments-both overpayments and underpayments-made to providers under fee-for-service Medicare plans. Potential payment errors are identified through software programs and medical record reviews.

In preparation for demand letters and denials a SLUCare Response Team was organized well beforehand. The team, with representation from the SLUCare Practice Management Organization, Health Information Management and the University Compliance Department, focuses their combined efforts on early detection, review and rapid response in order to mitigate financial penalties to the SLUCare organization. Every request for repayment, along with the associated medical record documentation, is thoroughly reviewed. If the RAC denial was deemed appropriate or there was inadequate documentation to support the charge, the offset was not appealed.

The first SLUCare RAC demand letter was received in May of 2010. To date, the team has reviewed 128 RAC demand letters. The predominant reasons for over payment challenge and or denials were: 1) incorrect E&M category, specifically, New versus Established patient services (51%); 2) services inappropriately billed related to absence of appropriate modifier in circumstances global to a procedure (33%).

The SLUCare RAC review team has successfully appealed a number of demand letters. Careful monitoring of all future RAC communication will continue and updates will be provided.



# Compliance Academy

## Schedule of Classes

### Fall 2011

#### 2011 Annual Compliance Update

*Registration not required* (Mandatory completion by 12/31/11)

October 6	12:00 – 1:00 p.m.	Anheuser Busch Institute, 3 <sup>rd</sup> Floor Auditorium
October 10	3:30 – 4:30 p.m.	Cardinal Glennon Hospital, Hussman Room, First Floor
October 26	4:30 – 5:30 p.m.	Bordley Tower SLUH, 7 <sup>th</sup> Floor Hanlon Conference Room
November 22	8:30 – 9:30 a.m.	Cardinal Glennon Hospital, Hussman Room, First Floor
November 28	12:00 – 1:00 p.m.	Learning Resource Center, Room #110

#### Health Insurance Portability & Accountability Act (HIPAA) General Session

*Registration not required*

October 20	3:00 – 4:00 p.m.	Compliance Academy Classroom, Schwitalla Hall M229H
November 17	3:00 – 4:00 p.m.	Compliance Academy Classroom, Schwitalla Hall M229H
December 15	3:00 – 4:00 p.m.	Compliance Academy Classroom, Schwitalla Hall M229H

#### Special Topics in Documentation, Coding and Reimbursement

*Registration Required*

**Preventive Medicine Services** – Medicare Annual Wellness Visits, Preventive Services (physicals, new and established patient preventive visits), Screening Diagnostics, Preventive Services and E & M Visits at the Same Session

November 17	8:30 – 9:30 a.m.	Learning Resource Center (LRC), Room 110
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#### Compliance Topics in Billing, Coding and Reimbursement (Billers Meeting)

*Registration not required*

November 15	10:00- 11:30 a.m.	Learning Resource Center (LRC), Auditorium C
Topic: Preventive Services    AAPC CEU's: 1.5		

#### New Faculty Orientation

*Registration Required*

October 27	4:00 – 5:00 p.m.	Compliance Academy Classroom, Schwitalla Hall M229H
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