



GATESMOORE ANNOUNCES MERGER WITH PERSHING YOAKLEY & ASSOCIATES

In early December, we proudly announced that effective January 1, 2012 GatesMoore is merging with Pershing Yoakley & Associates (PYA), an accounting and healthcare consulting firm with offices in Knoxville, Austin, Tampa, and Atlanta. We believe that by coming together during this time of unprecedented change in the healthcare industry, we will collectively be better prepared to continue the superb client services for which both firms have been known over the last three decades.

Rest assured that you can expect the same great service and expertise that you've always received from us. **You will continue to dial the same phone number, speak to the same receptionist and generally work with the same GatesMoore team.** And, we will have even more resources available to assist YOU with adapting to this changing healthcare environment.

This is a very exciting time for all of us at GatesMoore and we invite you to share in our enthusiasm. **Thank you** for the trust you've placed in us during the past thirty years and we look forward to working with you for many more years to come. We will be known as **PYA GatesMoore** in Georgia and selected markets for the foreseeable future.

2012 OIG WORKPLAN TARGETS PHYSICIAN AND NON-PHYSICIAN PROVIDERS

In early November 2011 members of the Centers for Medicare and Medicaid Services Office of the Inspector General presented a webinar featuring highlights of the Inspector General's 2012 Workplan which was published in October 2011. The specific elements of the workplan in 2012 focus on whether or not physicians and suppliers are complying with assignment rules. The OIG representatives indicated that this has been an interest from a "balanced billing" standpoint for some time. They are looking closely at whether or not Medicare participating providers are accepting payment in full. As well, there is concern as to whether or not beneficiaries are being informed of their rights and whether they are being billed in excess of Medicare allowed amounts by non-participating providers.

High Volume Providers

In the recent past the OIG has identified physicians with unusually high payment levels as potential high risks. This may raise the question as to whether or not the services provided were reasonable and necessary. In order to further monitor this, they have requested that Medicare contractors identify high cumulative Part B payments made to physicians and other suppliers. This is where the use of Bell Curve analysis comes into play in helping to determine if you might be on the contractors' radar screen.

Place of Service/Basic Coding

The next area of focus is place of service errors on behalf of physicians. The OIG representatives indicate that their reviews continually identify overpayments made by contractors to physicians that incorrectly billed the place of service on the claim. Accordingly, they have instructed contractors to conduct a series of reviews focused on whether physicians correctly coded place of service on selected Part B claims.

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Within the OIG, the Office of Evaluation and Inspections (OEI) is looking closely at evaluation and management services on three levels. One of these is analyzing claims from 2000-2009 to review trends and potential questionable billing. Another study involves conducting medical record review for Medicare payments for E&M services. A third study involves conducting medical record review for documentation of E&M services when electronic health records (EHR) have been used.

This latter should be of significant concern since there is no certification criteria for EHRs relative to the appropriateness of their “selecting” an evaluation and management code. The OIG has expressed concern that the utilization of EHRs has the potential to create new payment vulnerabilities. Many providers have expressed this concern as well.

Accordingly, the OEI will be looking for an association of EHR use with potentially inappropriate payments that are caused for example by: cloning of data from one chart entry to another; over-documentation; and the utilization of prepopulated templates.

Diagnostic Tests Continue to be a Concern

The Office of Audit Services (OAS) within the OIG indicated that Medicare has developed a concern related to paying for sleep testing. Their initial studies indicated that selected sleep testing procedures are potentially being over-utilized. Accordingly, the focus of their audit will be to determine whether these services were reasonable and medically necessary. They will also be looking closely at whether or not licensed sleep technicians were utilized to conduct the tests and if the physicians who were interpreting the tests are properly certified.

Recent research on behalf of a GatesMoore client indicated that Medicare is moving to strictly enforce the independent diagnostic facilities regulations (IDFR) in this regard. Be aware that any supervising physician within a sleep lab must have “evidence of proficiency in the performance and interpretation of each type of diagnostic procedure being performed”. Physicians must be qualified under the American Board of Medical Specialists as either an ENT or a neurologist, or alternatively must have passed an examination by the American Board of Sleep Medicine. Technicians must be Board Registered Polysomnographic Technologists.



Excessive Payments for Diagnostic Radiology

The OIG has previously identified utilization and documentation issues related to Part B diagnostic radiology services. Accordingly, a focus of the review to take place in 2012 by the Office of Audit Services (OAS) will be to determine the medical necessity of high cost diagnostic radiology tests ordered by physicians. There is particular concern about redundancy of testing, that is, diagnostic tests ordered by primary care physicians and then the same tests ordered again by specialists.

Safety and Quality in Ambulatory Surgical Centers and Hospital Outpatient Departments

The OEI will continue its work focusing on adverse events in hospitals and preventable harm to patients by looking closely at the quality and safety of surgeries performed in ambulatory surgery centers and hospital outpatient departments. More specifically they will look at whether or not patients are properly being screened and patient risks assessed. As well, there is a desire to determine whether or not patients are experiencing adverse events in these settings, e.g., surgical site information.

According to many of our healthcare attorney friends, enforcement of all of the various regulations related to healthcare will continue at its increased pace. The burden of Medicare on our national economy is something that is mentioned nearly every day by the media. We encourage all of our clients to become familiar with the OIG Annual Workplan which can be found at www.oig.hhs.gov.

OCR's HIPAA Focus

The Office of Civil Rights, as the Federal agency with the primary responsibility for enforcement of the HIPAA Privacy and Security Rules, has indicated that they have some specific target areas with which they are concerned. They are encouraging all covered entities and their Business Associates to look closely at these areas to make sure that compliance with these is at the top of everybody's list.

- **Incident detection and response** – Every covered entity and Business Associate should be capable of reviewing system activity for the detection of impermissible and improper uses and disclosures of protected health information (PHI).

- **Staff training** – It is inexcusable for any covered entity or Business Associate not to have the appropriate training for all personnel related to what is unauthorized in the use and disclosure of PHI. We are of the opinion that annual training is the best approach.

- **Securing your wireless network** – With the high level of implementation of electronic health records, many covered entities have implemented wireless networks within their facilities. Covered entities and Business Associates should make certain that there is an authentication process that is required in order to access the wireless network. As well, there should be the ability to detect any devices that may be intruding on the network.

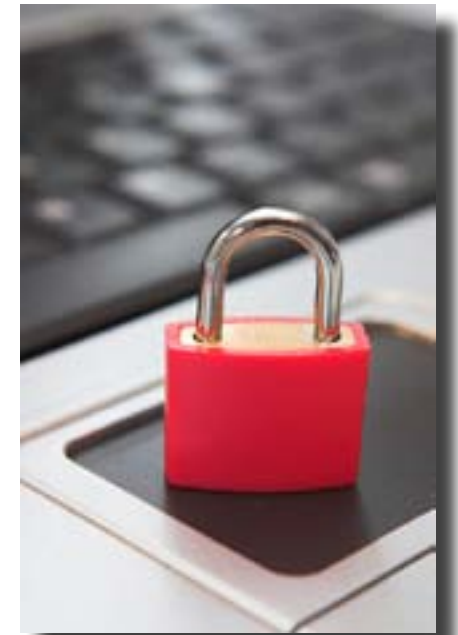
- **Access and passwords** – Covered entities and Business Associates should ensure that their systems are configured to require strong passwords when accessing high risk information. The routine changing of passwords is highly recommended.

As a rule of thumb, the longer the length of the password, and the greater mixture of characters, that is, including the full alphabet, both upper and lower case, ten digits, and common symbols (!, \$, &, etc.) and utilizing an eight character password potentially creates 7.2 quadrillion combinations. At this rate, even a “class F” attack on your computer, which would have to be conducted by a super computer generating a trillion passwords a second, would take 83.5 days to break the password combination! (Source: Lockdown.co.uk.)

- **Loss or theft of mobile devices** – No matter how many safeguards are put in place, the most common type of breach occurring of late generally involves the theft or loss of a laptop. However, utilizing Blackberries, iPads and other mobile devices present the same breach opportunities. Accordingly, we highly recommend that all of these such devices be encrypted and most certainly, password protected.

- **Basic up to date software maintenance** – Making certain that your system is supporting the latest version from your software vendor and that all of the appropriate patches are pushed out to all workstations and mobile devices on a regular basis should be routine. As well, obviously keeping anti-malware software up to date, including firewalls and other barriers, is critical.

Obviously, reviewing the above list is a simple common sense exercise for most covered entities and Business Associates. The challenge is making certain that the elements of this exercise are all carried out routinely.



Company News

MANY NEW ACHIEVEMENTS TO CELEBRATE!

Congratulations to **Tracy Pope** and **Valerie Rock**, two of our staff consultants, for becoming certified in healthcare compliance. Tracy and Valerie attended a week-long course conducted by the Health Care Compliance Association covering a wide variety of compliance issues ranging from OSHA, to HIPAA, to fraud and abuse and even including a review of the federal sentencing guidelines. Following the week of intensive training, they both took and passed a lengthy exam entitling them to the credential "CHC".

As well, during the past quarter, **Briana Gordon**, **Will Hamilton** and **Lori Foley** completed an extensive course conducted by the National Association of Certified Valuators and Analysts (NACVA). Following this course we are pleased to announce that Briana, Will and Lori all passed their certification exam. We are even more proud to announce that Will Hamilton has become an Accredited Valuation Analyst, having already submitted and received approval on a case study. Will is now entitled to the credential "AVA".

Congratulations also to **Allison Wilson** who achieved the credential of Certified Medical Practice Executive (CMPE) through the American College of Medical Practice Executives. Allison exhibited her proficiency in medical practice administration by meeting experience requirements, completing presentation and interview requirements, and passing a comprehensive objective and essay exam.

Meanwhile, **Terika Haynes** has completed the test portion towards attainment of the Fellow of American College of Healthcare Executives (FACHE) certification. This rigorous exam is one major step towards achieving certification.

Please join us in congratulating all of these employees on their major accomplishments!



Update: Practice Management is published quarterly for clients by GatesMoore
Your questions and comments may be directed to:
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GATESMOORE WELCOMES MADHAVI PERUMPALATH, CPC, CGIC, CPMA

We are excited to welcome Madhavi to our coding team. She is a Certified Professional Coder (CPC), Certified Gastroenterology Coder (CGIC) and a Certified Professional Medical Auditor (CPMA) by the American Academy of Professional Coders (AAPC). She has extensive experience with numerous specialties including family medicine, gastroenterology, orthopedics, oncology, pediatrics, and general surgery.

GATESMOORE ONCE AGAIN PASSES AICPA PEER REVIEW

In November 2011, Greg Gates, CPA and founding Principal of GatesMoore, received notification from the Georgia Society of CPAs representing the American Institute of CPAs that GatesMoore had passed a peer review exam. The company submits to these exams on a routine basis in order to maintain its designation with the AICPA.

The passing of this peer review is an indication of the continued high standard of quality maintained by GatesMoore. Congratulations to our outstanding tax and accounting department!