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Medical Review Strategy

Wisconsin Physicians Service (WPS) Medicare continues to be committed to supporting the reduction of the national paid claims error rate. At the same time, WPS Medicare will do its part to protect the national trust account for the citizens of this wonderful nation. In an effort to support these goals, the WPS Medicare Medical Review (MR) Strategy will focus on initiatives that are intended to correct aberrant billing practices by the provider community. This approach will be consistent with recent mandates from the Centers for Medicare & Medicaid Services (CMS).

A WPS multi-disciplinary team comprised of management representatives from Medical Review, Claims, Policy, Medicare Central Data Unit (MCDU), Provider Outreach and Education (POE), and Quality Improvement (QI) was instrumental in the development of the new fiscal year MR Strategy. During the strategy development stages, the team utilized various sources as the impetus for the strategy. This team explores high level issues driven by data analysis, which may come from Comprehensive Error Rate Testing (CERT), the Office of the Inspector General (OIG), CMS, referrals, and other sources.

The activity of the strategy planning and development team is usually work in progress, requiring recurrent discussion, as well as ongoing review, of newly developing data. The planning team also uses a prioritization tool to rank Medical Review problem focus areas according to priority. Semi-annual BESS data, local claims data and program vulnerability issues are utilized to determine the potential for, and the extent of, a problem within our jurisdiction. After problems have been identified by the prioritization process, they are reviewed and ranked by the MR Strategy Oversight Committee. This group meets regularly to assess any new data findings and/or exchange information for reaffirmation of each problem's prioritization status.

Providers for whom data analysis indicates a potentially significant billing issue may receive communication from Medical Review identifying the potential billing problem, as well as providing a Comparative Billing Report (CBR). The CBR will compare individual provider data to jurisdictional group data. The letter will present an opportunity for the provider to review the information and conduct a self-audit to identify any coverage or coding errors that may have occurred. If errors are identified, the provider may submit a corrected claim with the appropriate billing and/or, if necessary, submit a voluntary refund to WPS Medicare.

When data analysis indicates a significant billing or post provider communication tracking reveals there has been no significant change in the individual provider's billing patterns, a provider-specific probe review may be performed. In the event that it is deemed necessary to conduct a probe review, Medical Review will implement the following actions at its completion:

- Include in the probe findings notification letter the name and contact information for a POE staff person who may be contacted for the purpose of follow-up education.
- Provide additional post-probe education through POE, if requested by the provider.

Any probe reviews initiated by out going contractors will be completed by WPS. In addition to completing initiated probes, WPS will also review data analysis to identify where providers in the J5 jurisdiction may be having billing difficulties. Once areas of concern for J5 are identified, those general issues will be published on our website.

WPS believes that providers and suppliers want to correctly bill their services, and will do so if given the opportunity and proper education. To assist with this, Medical Review will provide support in the form of clinical expertise to Provider Outreach and Education (POE) in their educational initiatives.



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Medical Review in partnership with POE looks to achieve reduction in the national claims payment error rate through a combined effort of review and education.