

Non-compliance with third party billing requirements can result in serious financial penalties and, in extreme cases of false claims, incarceration for offenders.

Medicare Fraud enforcement is a major priority of the department of Health and Human Services Office of the Inspector General OIG the Federal Department which administers the Medicare program. The OIG has published major risk areas for physician practices and their fraud investigations have uncovered millions of dollars annually. Paper documentation of medical billing is at the core of their investigations. More recently, individual states have organized Medicaid fraud task forces to address erroneous fraudulent provider billing practices within that reimbursement program. At the same time all major insurers have strengthened their audit processor's to capture billing irregularities. Given this enforcement environment, physician practices need to periodically assess their compliance with third party billing requirements to avoid future penalties and sanctions.

## Medical Records Documentation Services

The objective of Bay Area Healthcare Advisors Medical Records Documentation services is to ensure that physician practices are in compliance with Federal, State and local regulations and third-party requirements for proper billing of services.

Medical Record documentation audits are used to review a medical record for compliance of a physician's documentation for third-party billing requirements. This service identifies risk areas for compliance within physician billing, coding and documentation.

Bay Area provides a comprehensive process involving staff experienced in all phases of physician practice operations and improvement. Our audit process involves these key elements:

- A statistical sample of patient records chosen for audit. These samples also reflect the current federal and state diagnostic categories reported in their annual work plans.
- 20 records are selected for each group (1-5 providers) representing all payers. These individual records are examined for documentation of date of services, forms and tests related to service, billing forms and EOB related to service.
- An audit of the information collected for each encounter is performed to determine the validity of the codes billed and the sufficiency of the medical records documentation.
- A draft report is prepared for discussion with physicians and staff.
- On-site education and training sessions based on reports are scheduled and delivered. A final report will be provided at the completion of the engagement. The report will identify specific areas for improvement, areas of non compliance, and corrective actions required. A detailed listing of all findings within each medical record will be included.
- Follow up telephone consulting services are available at a discounted hourly rate.



**Bay Area Healthcare Advisors, LLC**

*Specializing in healthcare reimbursement and regulatory solutions*

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The professionals at Bay Area have years of experience working for national/regional consulting firms. Our alliances throughout the country provide our clients with the most appropriate resources for their immediate needs. Our professionals and alliance networks are comprised of doctors, nurses, certified coders, pharmacists, and financial experts with decades of clinical and consulting experience. Additionally our professionals have worked with major law firms throughout the United States in representation of their client's third party disclosure purposes.

We provide professional services for the healthcare industry including but not limited to, BlueCross/Blue Shield plans, insurance companies medical groups, hospitals, home health agencies, independent laboratories, academic medical centers and independent research entities. Our professional services range from inpatient/outpatient reimbursement strategies to compliance regulatory solutions.



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