A majority of group practices of 10 or more physicians (68 percent) said they would seek advice from an outside party to transform their operations financially and clinically before the second quarter of 2019.¹

CASE STUDY NO. 6
FORMAL REGULATORY AUDIT

Practice: Mental and behavioral health clinic in a large metropolitan market

• CHALLENGE: This clinic was under formal investigation by a government regulatory agency for possible inappropriate reporting of time-based codes and the corresponding number of units. It was required to obtain a third-party audit of randomly selected encounters that took place during a specified two-year timeframe.

• OUTCOME: TMA’s consultant (who is certified as a professional coder and professional medical auditor by the American Academy of Professional Coders) performed an audit of more than 200 encounters. The consultant matched time documentation to system-generated reports, CMS-1500 claim form reprints, and claims remittance reports. It was determined that the clinic had only a 1-percent error rate. The findings of this audit were submitted to the investigating agency; the result was favorable for the clinic, with minimal financial impact.

The U.S. Department of Justice and the U.S. Department of Health and Human Services brought in $2.6 BILLION from judgments and settlements in 2017.

$1.6 BILLION of that total was paid back to the Medicare Trust Funds.²

Nearly $407 MILLION in federal Medicaid money transferred back to the U.S. Treasury.

The recovered amount is down nearly 21% from 2016.³

Find out how TMA practice management consultants can work for your practice. Contact TMA Practice Consulting at (800) 523-8776, or email practice.consulting@texmed.org today! texmed.org/Consulting

² Health Care Fraud and Abuse Control program annual report for fiscal year 2017.
³ FierceHealthcare.com, HHS Recovered $2.6B from Healthcare Fraud in 2017, Down 21% from the Previous Year, by Mike Stankiewicz, April 9, 2018.