

MEDICARE FRAUD ALERT

Top Ten Ways to Avoid a Medicare Fraud Investigation

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As a follow-up to my last article “Medicare Fraud Alert – Misconceptions: The Path to Prison,” and as part of an ongoing series addressing the recent government initiatives involving Medicare Fraud, the following offers some potential avenues by which physicians can assist themselves in avoiding such actions:

10. Consider a compliance program. Be wary of what it is and what it is not. It is not a “get out of jail free card.” It may provide some future consideration of leniency; however, it may also actually create a standard higher than what Medicare required and you will be held to that higher standard.
9. Do not ignore patient complaints regarding billing issues. Medicare has instituted a \$1,000 bounty upon every incident of “fraud” which your patients can bring to Medicare’s attention and patients are being trained across the country on how to “spot Medicare fraud.”
8. Review **all** of your vendor relationships. Any physician who follows a vendor’s instructions on how to bill Medicare enjoys no protection under the law – should that advice prove to be incorrect.
7. Train your office staff. This does not mean attending courses on “maximizing Medicare billing” or other such courses. Training should include courses on what constitutes fraud, how to bill properly under the Medicare system and other vehicles to insure compliance – not simply to increase income.
6. Control and limit access to your billing operations and data base. There is **no reason** every employee (including reception and non-billing staff) should have access to the billing system.
5. Monitor the actions of your employees. “**Whistleblower claims** are increasing exponentially and with each of your employees facing a potential windfall of up to 25% of any monies recovered, the motivations are obvious and compelling.
4. Review **everything** you receive from Medicare. Apart from routine claims management, you should be reading every Medicare bulletin, audit notice or systemic claims rejection.
3. Hire **any and all** consultants through legal counsel. If carried out properly, the information should remain confidential and not discoverable by parties adverse to your interests.
2. Audit your own practice – today. You must know **as soon as possible** if you are at risk, need to make repayments or make other corrective measures (and do not forget Item number 3).
1. Become **immediately** involved in the billing operations of your practice. Neither “my office/billing manager handles all of that” or “I’m not involved in any of those issues – I’m busy just practicing medicine” constitute any form of defense and will be summarily dismissed by every investigative authority. If there is an investigation or action, you – the physician – remain the only target and potentially, the only defendant.