FORENSIC PERSPECTIVES

Healthcare providers and life sciences organizations face many compliance challenges. CRA shares practical insights gained working through challenges involving the Provider Self-Disclosure Protocol (SDP).

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Provider Self-Disclosure Protocol: The Basics

What is a "Federal" Payer?

Disclosing parties typically choose to include Medicare, TRICARE, and Medicaid in their definition of "Federal" payers. However, some disclosing parties have made the principled decision to exclude Medicare and Medicaid Advantage plans from the definition of "Federal" payers because of the capitated payment structure associated with these managed care plans.

Do I have to sample every Federal Payer?

The SDP allows a disclosing party to draw one combined sample from a combined population of all Federal paid claims of interest, and then allocate a pro rata share of the resulting consolidated damages to each payer in a systematic and rational way.

What patient groups should I include?

Given the different reimbursement methodologies used for inpatient claims (e.g., MS-DRG, or APR DRG codes billed for a specific diagnosis on a per-discharge basis under the Inpatient PPS) versus outpatient claims (i.e., a separate CPT/HCPCS code for each documented, medically-necessary service), it may be appropriate to include only outpatient claims in the study population.

How far back should I go?

Depending on what may have given rise to the potential non-compliance, or how the issue came to the attention of the institution, it may be defensible to consider various alternatives as the start date of the damages period.

Which coverage standards apply?

After the random sample of paid claims has been drawn, disclosing parties typically seek to locate the most applicable reimbursement rules to apply when reviewing each sampled paid claim for compliance.