

Report on Medicare Compliance Volume 29, Number 32. September 14, 2020 Unusual MAC Audit Raises Red Flags for Compliance Specialist; 'Is This Letter Legit?'

By Nina Youngstrom

Two audit letters that came across her desk from the Medicare administrative contractor (MAC) in late August raised red flags for Vera Phillips, compliance specialist at Olympic Medical Center in Port Angeles, Washington. Because these are strange times as it is, between the COVID-19 pandemic generally and subsequent regulatory and audit changes, her antennae are up more than usual, and Phillips decided not to produce the requested records without additional due diligence.

For one thing, the audit letters from the MAC, Noridian Healthcare Solutions, were written by a department she'd never heard from before: the Benefit Protection Team. For another, although they requested the usual stuff, including medical records, the MAC letters also wanted something that made Phillips uncomfortable: a copy of the driver's license and Medicare card of the two patients whose services are the subject of the audits.

Her first thought was, "With all the fraud and COVID-19 fraud, is this letter legit? I'm not sending that unless I find out." The letters also were a little vague, simply saying, "Due to an audit of Medicare files, we are requesting additional information regarding services provided to the following Medicare patient ..." The pressure was on for an answer, because the letters gave the hospital 15 days to send the records back, which is half the time providers usually have in Medicare audits.

This document is only available to subscribers. Please log in or purchase access.

Purchase Login

Copyright © 2024 by Society of Corporate Compliance and Ethics (SCCE) & Health Care Compliance Association (HCCA). No claim to original US Government works. All rights reserved. Usage is governed under this website's <u>Terms of Use</u>.