CORRECTIVE ACTION PLAN
(sample*)

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CORRECTIVE ACTION PLAN

Incident to and Split/Shared Service

Outside reviews of incident to and split/shared services were conducted for _____ by DoctorsManagement, Partner and Vice President of Compliance, Sean M. Weiss _____, 20__.

The purpose of this review was to identify any areas of risk for non-compliance with Medicare and Medicaid policies for incident to and split/shared services, as well as state policies for services rendered by nonphysician practitioners and to recommend education or a shift in how the services were being performed and billed.

_____ has inconsistently applied application of incident to and split/shared policies. However, due to a "Capped" rate by The CMS for services, there is no financial loss to the government.

Overall Recommendation:
Sean M. Weiss, Partner and Vice President of Compliance, developed a model policy for _____ that will give the organization a roadmap that includes CMS policy, as well as compliance best practices to address vague wording in CMS and Medicare Administrative Contractor regulations.

Incident to Services:
"Incident to a physician's professional services means that the services or supplies are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness." (Medicare IOM Publication 100-02, Chapter 15, Section 60.1).

These services consist of those rendered by ancillary providers, such as injections or routine wound care services, as well as those services rendered by midlevel providers.

The following criteria must be met to remain compliant with incident to rules under CMS guidelines:

- A physician must initially see the patient and establish a plan of care.
- The services rendered by the NPP are typically offered in the office and are part of a documented treatment plan.
- A physician within the same tax identification number (TIN) is on-site, continuously - not necessarily in the same room, but in the same office suite. This physician must offer direct supervision.
- The supervising physician cannot be at the hospital or another location even if it is connected by a bridge or walkway, etc. He or she must be readily available to provide assistance if necessary.
- The physician must continue to be actively involved in the patient's plan of care and demonstrate it. There is no set parameter but it is universally believed that every 3rd or 5th visit the physician should engage with the patient to ensure the Plan of Care (POC) is still appropriate.

Auxiliary personnel, such as medical assistants, must be employees of the physician, or leased employees of the physician. Personnel may work part-time or full-time. Personnel must work under the direct supervision of a physician. Auxiliary personnel can bill only the lowest level of E/M service, code 99211. They do not have individual provider numbers and can't bill separately for their services like an NPP. Medicare will pay the claim at 100 percent of the physician fee schedule.

Split/Shared Services:
A split/shared visit is a medically necessary encounter with a patient, where the physician and a qualified NPP each personally perform a substantive portion of an E&M visit face-to-face with the same patient on the same date of service.

Additionally, IOM Publication 100-04, Chapter 12, Section 30.6.13 (H) states that, *"A split/shared E/M visit is defined by Medicare Part B payment policy as a medically necessary encounter with a patient where the physician and a qualified NPP each personally perform a substantive portion of an E/M visit face-to-face with the same patient on the same date of service. A substantive portion of an E/M visit involves all or some portion of the history, exam or medical decision making key components of an E/M service."*

Both the physician and the NPP must each ***personally*** perform part of the visit, and ***both*** the physician and the NPP must document the part(s) that he or she personally performed. When the supporting documentation does not demonstrate that the physician "performed a substantive portion of the E/M visit face-to-face with the same patient on the same date of service" as the portion of service performed by the NPP, a service billed under the physician's Provider Transaction Access Number (PTAN) will be denied.

It is of particular importance to remember that notes documented by the NPP for E/M services performed independently within a facility, and later reviewed and co-signed by the physician, depict neither a scribe situation nor an appropriate split/shared visit. Additionally, "incident to" guidelines do not apply to services in an inpatient setting. In this situation, the service should be billed under the NPP's provider number, and would be reimbursed at the established rate for that provider.

With the IOM requirements in mind, the following are examples of medical record documentation by the physician which would ***not*** be considered adequate to support a split/shared visit:

- "I have personally seen and examined the patient independently, reviewed the PA's Hx, exam and MDM and agree with the assessment and plan as written" signed by the physician
- "Patient seen" signed by the physician
- "Seen and examined" signed by the physician
- ***"Seen and examined and agree with above (or agree with plan)" signed by the physician***
- "As above" signed by the physician
- Documentation by the NPP stating "The patient was seen and examined by myself and Dr. X., who agrees with the plan" with a co-sign of the note by Dr. X
- No comment at all by the physician, or only a physician signature at the end of the note

Based on the review of _____ by DoctorsManagement, Partner and Vice President of Compliance, Sean M. Weiss _____ was determined to have heightened risk of non-compliance with either Incident to, Split/Shared or state billing rules for midlevel providers.

Recommendations:

It is recommended that all future billing for The CMS services be billed under the rendering provider. Since there is no variance between payment for NPPs or MD/DO this just eliminates any potential risks in the future.

Improvement Benchmark(s) and Timeframe

Not Applicable

This Corrective Action Plan is effective 3/15/2019 through 12/31/2019.

Certification

The undersigned have read this Corrective Action Plan and agree to its terms.

_____ _____
CEO Date

_____ _____
Compliance Date