

Part B Insider (Multispecialty) Coding Alert

Physician Notes: ONC's Creative New Tool Keeps Providers Up-To-Date on Upcoming Quality Measures

Plus: California SNF corporation provided unnecessary treatment upwards of \$30 million.

Quality, patient-centered care is currently at the center of the Medicare bullseye. As CMS shifts from one type of delivery of care to another, advanced technologies will be a major part of the transition. Trends, measures, ideas, and products can be explored online at the new ONC offering, the electronic Clinical Quality Improvement (eCQI) Resource Center.

"CMS and the ONC are working to improve the health of our nation by transforming care from a volume-based, provider-centered system to a patient-centered, learning health system," says the eCQI Resource Center website. "The eCQI Resource Center is a joint effort to bring together stakeholders from across the eCQI community and provide a centralized location for news, information, tools and standards related to eCQI and electronic clinical quality measures (eQMs)."

With easy-to-use tools aimed at helping those interested in health IT hot topics, there's something for everyone. The site is a great tool for both providers and patients, vendors and suppliers, covering a plethora of products, rules, and measures.

Resource: To explore the ONC's handy eCQI Resource Center, visit <https://ecqi.healthit.gov/ecqm-tools-key-resources>.

In other news...

CMS beneficiaries treated at Skilled Nursing Facilities (SNFs) are among the most fragile in the Medicare system, often requiring round-the-clock care and management. In recent months, the OIG has focused on rounding up providers and businesses who seek to exploit these patients for their own personal gain.

Recently, a large corporation headquartered in California with service agreements to run 35 SNFs was found guilty under the False Claims Act

(<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/fwa-laws-factsheet.pdf>) for providing medically unnecessary rehabilitation therapy services. The U.S. Department of Justice (DOJ) determined that between Jan. 21, 2005 to Oct. 31, 2009, all of the company's SNFs engaged in fraudulent acts and that three of the group's SNFs continued these practice from Nov. 1, 2009 to Dec. 3, 2011 at SNFs in the northern California region.

"This office is committed to safeguarding the federal health care programs and the patients who are enrolled in them," said **Brian J. Stretch**, U.S. Attorney for the northern district of California in a DOJ news release on Sept. 19, 2016.

"Skilled nursing facilities treat some of the most vulnerable patients in the health care system. These facilities, and the individuals who run them, will be held accountable when they provide treatment based on financial motivations instead of the patients' needs."

With the monetary value of the false claims and civil repercussions around \$30 million, the SNFs provided unnecessary physical, occupational, and speech therapy for inpatient rehabilitation services for unnamed number of beneficiaries.

"Providing medically unnecessary services to this fragile population can be taxing both for the patient and the program,"

said **Steven Ryan**, HHS-OIG special agent in the news release. "Today's settlement should send a message to others who may be engaging in these schemes that we will pursue justice for our beneficiaries and the programs."

Resource: For a closer look at the DOJ news release, visit <https://www.justice.gov/opa/pr/north-american-health-care-inc-pay-285-million-settle-claims-medically-unnecessary>.