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FORMS OF CODE PLEADING FOR MISSOURI AND ARKANSAS FULLY ANNOTATED

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RareBooksClub. Paperback. Book Condition: New. This item is printed on demand. Paperback. 36 pages. Original publisher: Washington, D. C. : The Office, 2001 OCLC Number: (OCoLC)48219073 Subject: Medicare. Excerpt: . . . 19 activities for a contractor. PSCs are also conducting nationwide safeguard activities. This incremental approach to assigning work to PSCs is a prudent first step that will allow the agency to test how best to integrate these specialized contractors into Medicare program integrity efforts. The agency has faced difficulties, however, in determining where its safeguard activities could be improved. The reason is that it lacked detailed information on payment accuracy by claims administration contractor and by type of provider or service. To develop a more refined understanding of how and why payment errors occur, the agency has an initiative to measure the error rate for each claims administration contractor. A PSC validation contractor has begun to randomly sample claims paid by contractors and to recheck the processing and payment decisions made. From the results, CMS will be able to target contractors whose best practices should be emulated by others and those that need improvement. Moving a larger share of program payments to methods that pay a global Revised Payment Methods fee for a set of services creates new integrity challenges. Under global Raise New Integrity Challenges payment methods, providers face the risk of financial loss if their costs exceed their payments, while those who can furnish care for less than the global fee retain the difference. This provides incentives for providers to skimp on services, which may compromise patients quality of care. For example, managed care organizations participating in Medicare Choice have incentives to inappropriately maximize the gains from their global payment by skimping on the delivery of services. Similarly, home health agencies are now paid a global...

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