How to Establish the Best Approach and Sample Size for Your Project

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General Disclaimer

The information contained in today's webinar presentation is intended to be used for educational purposes only. The comments, statements, views and opinions expressed in this webinar reflect the view of the presenter. Coding and compliance guidelines are always changing; however, the information contained in this presentation is accurate as of **March 2023**.

Agenda

1. **Audit objectives**
   - ✔ How much do we already know?
   - ✔ What do we want to know?
   - ✔ Validation, monitoring, measuring
2. **Audit types**
   - ✔ Targeted audits
   - ✔ General/random audits
   - ✔ Prospective vs. retrospective audits
3. **Audit sizes and costs**
   - ✔ Sample size, audit frequency, audit consequences
   - ✔ Resource considerations
4. **Audit sampling**
   - ✔ Statistical validity
   - ✔ Sampling tools
5. **Concluding thoughts/Q&A**

Putting things in perspective

The role of audits in an effective compliance program

Compliance program: A voluntary internal program of regular reviews of key practice areas to identify and prevent errors or fraudulent activities in record keeping, claims submission, and medical record documentation.

6 parts to an effective compliance program:

1. **Conduct internal monitoring and auditing.**
2. **Implement compliance and practice standards.**
3. **Designate a compliance officer or contact.**
4. **Respond appropriately to detected offenses and develop corrective action plan.**
5. **Develop open lines of communication.**
6. **Enforce disciplinary standards through well-publicized guidelines.**

**Based on the Compliance Program Guidance for Individual and Small Group Physician Practices, developed by the HHS Office of Inspector General (OIG) in October 2000.*

Putting things in perspective, cont'd

The process for setting up your audit

Designing the audit, setting its parameters, has a significant impact on its effectiveness. Following a logical process will ensure effective audits each time.

6 steps to setting up your audit project:

1. **Determine what is known and what we desire to know.**
2. **Set audit objectives accordingly.**
3. **Choose audit type based on objectives.**
4. **Determine audit size and resources needed.**
5. **Set sampling methodology and conduct audit sampling.**
6. **Set audit rules (e.g., policy on gray areas, scoring) and turn project over to the auditors.**

Audit objectives

What, if anything, do we already know?

- **Context.** Is this a routine audit, a first-time audit of a new provider, an escalated situation where a provider has failed previous audits, a risk-driven audit based on data we have, or a payer-driven situation?
- **Previous audit results.** An ongoing internal audit process should produce results that are stored and can be used to track provider (and auditor) performance. Thus, past results can be used to determine what type of new audit is most appropriate for a given provider.
- **Payer action.** Federal or commercial payers can drive decision-making behind a new audit, for example by issuing a memo about a particular code, service type, or other details that would incentivize provider organizations to audit themselves in response. Obviously, more targeted and aggressive payer actions such as record requests, actual audits, and overpayment demands against specific providers also provide information that informs your audit approach.
- **Indications of potential risk.** A risk-based auditing program relies on data, both internal and external to the organization, to identify potential targets for an audit (or to suggest that no specific target is indicated). Sources can be CMS data, claims clearinghouses, consultants, or software applications (e.g. CRA, MD Audit).

Audit objectives, cont'd

What do we want to know?

- **Is there a reason to look for a particular problem?** Going back to context, previous findings, identified risks, from what we already know.
- **Is there a problem?** Regardless of any priors, we want to know answers to fundamental questions. Are claims are being coded accurately? Does the documentation fully support the coding?
- **What kind of a problem is it?** If a problem (error) is validated, what is the nature of the problem? Is this a one-off issue (disagreement over E&M scoring in a specific case) or is it systematic (required attestations are missing due to the provider's workflow process).
- **How widespread is the problem?** Understanding the potential scope of the issue is critical to determining next steps. This includes whether to take drastic action (such as placing affected provider on 100% pre-bill review, seeking legal advice on self-disclosure) or more measured steps (such as placing the affected provider on an expedited review, giving them more education, escalated consequences in terms of performance reviews, compensation impact, etc.).

Audit objectives, cont'd

What are the objectives of the audit?

- **Validation.** An audit is performed in order to validate whether potential risk is real or not. More broadly, both risk (overcoding) and opportunity (undercoding) requires an audit to validate. Validation is how we know; before the audit validates something, we can only guess at the risk based on existing data.
- **Monitoring vs. measuring.** Monitoring refers to the ongoing process of routine internal audits, looking to identify any changes in coding patterns and accuracy. Measuring can broadly mean the metrics used to score audits, or when opposed to monitoring, it means identifying the baseline against which future audits will be used to monitor (for deviations).

Audit types

Targeted audits

- **A target is known or suspected.** A targeted or focused audit is one where a specific service or category of services has been identified as the target. This identification can be done by the payer (when they issue a warning), or by the provider organization itself (risk-based auditing). In the latter case, the organization has data showing that a service has been overutilized, either across the industry or by one or more providers within the organization when compared against their peers. This type of audit can also be used to review specific areas that may be problematic for specific providers.
- **Reliance on data.** Targets for focused audits are often found using production/utilization reports to identify outliers within the organization, or external data (e.g., CMS P/SPS, CRA, etc.) to identify outliers compared to their peers nationwide.
- **Limited scope.** By definition and design, a targeted audit is limited in scope. The downside is that it cannot offer an overall compliance analysis of an organization without other, broader audits. Thus, you may target an audit to look for a specific problem, validate that the problem does not exist, while missing another problem because there was no particular reason to look for it.

Audit types, cont'd

General/random audits

- **Does not require targeting.** There is no reason to prefer one type of service for such audits; the goal is to obtain a variety of claims for review.
- **Results can drive subsequent targeted audits.** Findings from a broad, general audit can suggest areas of potential risk that can be explored with subsequent targeted audits. Thus, the random, untargeted audit can do the work of targeting for a future audit.
- **Can be truly random or more representative.** A truly random audit means you are pulling claims and giving each claim an equal chance of being included in the sample. A representative audit means you are building the sample to look like the provider's overall claims population (e.g., a random audit might pull too many E&Ms and not enough surgical notes for an interventional cardiologist, a representative sample would pull E&Ms and surgical notes in a ratio that looks like the actual ratio of E&Ms to surgical notes).

Audit types, cont'd

Prospective vs. retrospective audits

- **Prospective audits (prior to claims submission).** These are performed on unbilled claims so any errors found can be corrected prior to submission. If the audit is conducted internally the process becomes more resource-intensive because the same organization is spending time and resources on the audit and on cleaning up claims for submission. Prospective audits can be both targeted and broad. A targeted prospective audit is done to check that a known problem or risk area has been "fixed" via prior audits and education. A general or random prospective audit can be done to gauge accuracy of outgoing claims, but will not be very meaningful given the resource cost and scope.
- **Retrospective audits (post-submission).** Most audits tend to be retrospective. These audits are performed on services whose claims have already been posted, filed and paid by the payer. These audits may result in discovery of errors that, if found to be significant via targeted audits and extrapolation, could lead to self-disclosure considerations. This audit will be performed by all types of practices but because they can be scaled down, they are often preferred by smaller practices. The disadvantage is that the claims are gone, and cannot be cleaned up.
- **Resource considerations.** Prospective audits happen with a ticking clock in terms of timely claims submission and organizational revenue cycle management. They also can cause a scramble to correct claims when errors are found. They tend to be resource-intensive. Retrospective audits are usually not as time-sensitive, if at all. They can be larger in scope and it's acceptable to take much more time for a larger retrospective audit. They tend to be less resource-intensive as a result.

Audit types, cont'd

Examples

- **Targeted audits**
  - **Internal benchmarking yields a clear outlier.** An internal productivity report shows Dr. Smith, an internist, bills 99205 twice as often as other primary care physicians in the group practice. He bills 99215 approximately 20% more often than his peers. It is determined to perform a focused audit of Dr. Smith's level 5 E/M services for the past year to determine whether they meet CPT requirements for the key components as well as medical necessity.
  - **Local payer sounds the alarm.** The MAC in your state publishes a bulletin stating that its internal claims data shows two main areas of improper payment. These are critical care services and inpatient prolonged services. In response, your organization launches an audit of all providers who meet a certain utilization threshold for critical care codes and a second audit of all providers who meet a certain utilization threshold for inpatient prolonged services codes.
  - **External data sources suggest areas of risk.** A benchmarking analysis that pits your providers coding and utilization patterns against others of their same specialty finds that several of your providers are major outliers. They code higher and more frequently than their specialty peers. Your organization responds by arranging an audit of the specific providers that examines their claims for the CPT codes affected.

Audit types

Examples

- **Prospective audits**
  - **Costly peace of mind: 100% pre-bill.** A large hospital system has instituted a policy whereby all newly credentialed physicians are placed on 100% pre-bill review for E/M services. Every single outgoing claim for an E/M service is audited prior to submission for these physicians for the first 6 months of their employment. If the E/M accuracy rate is 90% or better after 6 months, the physician is taken off 100% pre-payment review and will be audited quarterly on a post-payment basis. If not, the physician remains on pre-bill and receives a 30-minute education session each week with an auditor to review errors.
    - *Is this random or targeted?*
- **Retrospective audits**
  - **Regular monitoring.** To monitor coding accuracy and compliance, a multispecialty group practice requires as part of its compliance plan that all providers be audited on their E/M coding each quarter. At the end of each quarter, 10 E/M encounters are pulled at random for each provider and audited. Education is provided where errors are found. If the accuracy rate is lower than 80%, a larger review of 25 encounters is pulled for that provider to determine if a larger problem exists.
    - *Is this random or targeted?*

Audit sizes and costs

Determining sample sizes for audits

What is a good sample size for an audit? How many claims per provider should be reviewed?

- **The official CMS take.** "The MACs shall analyze data to identify patterns of billing aberrancies of providers new to the Medicare program. The MACs have the option of performing prepayment or postpayment review of claims submitted by new providers as needed. The CMS encourages the MACs to perform these reviews on a prepayment basis to have the greatest chance of identifying and reducing the error rate of new providers. When MACs review the claims of a new provider, the MACs shall perform a limited review of generally 20-40 claims in order to evaluate accurate billing." – *Medicare Program Integrity Manual, chapter 3.*

- **TPE audits.** "When MAC data analysis indicates that a provider-specific potential error exists that cannot be confirmed without requesting and reviewing documentation associated with the claim, the MAC shall review a sample of representative claims. Before deploying significant medical review resources to examine claims identified as potential problems through data analysis, MACs shall take the interim step of selecting a small 'probe' sample of generally 20-40 potential problem claims (prepayment or postpayment) to validate the hypothesis that such claims are being billed in error. This ensures that medical review activities are targeted at identified problem areas. The MACs shall ensure that such a sample is large enough to provide confidence in the result, but small enough to limit administrative burden."

Audit sizes and costs, cont'd

Cost variables to consider

- **Time required.** How many claims must reviewed? In order to review them, it also takes time to sample them, then draw the claims chosen during the sampling process.
- **Auditor productivity.** How quickly can your auditors (whether internal or third-party) audit a single claim that is selected in your sample? Factors to consider include the type of claim (e.g., lab/pathology notes don't take much time, E&Ms vary but tend to be quicker than complex surgical notes), the level of experience of the auditor, their familiarity with the specialties and service types under review, and the cost per claim.
- **Deadlines and timelines.** The pre-audit work involves designing the audit, setting audit parameters (covering all gray areas of the official CPT rules, e.g., how you'll want auditors to score time-based E&M notes when minimal documentation is present), conducting the sample, drawing the claims sampled. Then there is the performance of the audit itself, and the resulting deliverables (audit worksheet with detailed findings, then usually an accompanying report with scores and recommendations). Finally there is the educational review with the providers audited. How are each of these stages affected by the type of audit chosen, the size of the audit (# of claims, # of providers, date range, etc.)?

Audit sizes and costs, cont'd

Some real-world examples

- **As few as 5 claims once per year for high-scoring providers.** For one client, providers scoring 95% or better were considered low risk. They accepted a review of just 5 claims from the provider's reported services. Typically, the claims were selected based on the top 20 codes utilized by each provider.
- **As many as 25 claims per quarter for underperforming providers.** For another client, providers scoring under 90% were seen as high risk. Thus, many providers were put on quarterly review and 25 claims was chosen. This balanced the cost for the external auditor to audit the claim, write the report, educate the provider, against the need to get a good long look at their reviews. The claims were drawn based on the codes that drove each provider's RVUs.
- **Very often, 10 claims per quarter for routine monitoring.** For a different client, most of their providers were at or above 90% accuracy and they chose 10 claims per quarter for all providers. Those who scored 100% twice in a row were waived from further review for a six-month period. The claims were drawn at random without considering the specialty or utilization of the providers.
- **The nuclear option: 100% pre-bill review until 80% accuracy.** For one client, providers under 80% accuracy were placed on 100% pre-bill audit until their accuracy reached 80% accuracy. At that point, more targeted pre-bill reviews were done based on which claims were found in error that drove the 20% error rate.

Audit sampling

Statistically validity: How important is it?

- **Statistically valid** means that a sample is representative of the population from which it is drawn. Measuring the representativeness is done using confidence interval. In ALJ cases where providers attempt to fight extrapolated error rates, the expectation might be a 95-99% confidence interval to merit statistical validity.
- **Random audits are not necessarily representative audits.** The population may be biased, or other sources of bias could exist.
- **Bias isn't necessarily bad.** In this context, we may want bias if we are targeting an audit. Concepts such as extrapolation, precision, confidence intervals, etc. matter much less in the context of designing internal audits than they do in the case of defending a provider against a RAC audit where the contractor claims a 15% error rate found in a sample also applies going back 3 years to all of the provider's claims. Auditors are not statisticians.

Audit sampling, cont'd

Statistical sampling terminology

Statistical sampling is used to calculate and project (i.e., extrapolate) the amount of overpayment(s) made on claims. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), mandates that before using extrapolation to determine overpayment amounts to be recovered by recoupment, offset or otherwise, there must be a determination of sustained or high level of payment error, or documentation that educational intervention has failed to correct the payment error. By law, the determination that a sustained or high level of payment error exists is not subject to administrative or judicial review.

— *(Medicare Program Integrity Manual, Rev. 377, Issued: 5-27-11, Effective: 6-28-11, Implementation: 6-28-11)*

Audit sampling, cont'd

Statistical sampling terminology

- **Population.** A collection of sampling units being studied. The units can be patients, claims, CPT codes, etc.
- **Sampling unit.** Any specified element of interest within the population that has been selected for study (see above).
- **Sampling frame.** A collection of units from which a sample is drawn. The data are normally homogenous and share similar characteristics.
- **Sample.** A finite part of a statistical population whose properties are studied in order to gain information about the whole population.
- **Parameter.** Considers the characteristics of the data set. For example, a parameter could be *code type*, such as E/M code vs. procedural CPT code.
- **Statistic.** A numerical value that characterizes the sample or the population (e.g. mean, median, standard deviation).
- **EPSEM.** Equal probability of selection method.

Audit sampling, cont'd

Statistical sampling terminology (cont'd)

- **Random sample.** A sample in which each unit selected had an equal chance of being selected from within the sample frame.
- **Statistically valid sample.** A sample that is representative of the sample frame or population it was drawn from.
- **Sampling bias.** Any event that causes one or more variables within a population to have a different chance of selection, leading to over or under-representation of a group of variables. Bias is not necessarily bad if the sample was biased deliberately to focus on a specific area of interest (e.g. looking just at 99205/99215s).
- **Extrapolation.** Applying the results (e.g. pattern of errors) found in a sample to the entire population from which it is drawn. CMS requires that a sample be randomly selected and statistically valid in order to extrapolate additional overpayments based on the sample. CMS also requires that the audit entity "be prepared to discuss the background on how the provider/supplier was selected for review, results of the sample case adjudications, as well as matters related to the extrapolation methodology and/or processes." – *CMS Pub 100-08, Chapter 3 Section 3.9*

Audit sampling, cont'd

Determining sample size

- **Ideal size.** The ideal sample should be large enough to minimize sampling error but not so small that it becomes an inaccurate representation of the population studied.
  - ✔ Should be representative of the qualities of population studied (e.g., same types of codes, same types of encounters, same range of dates of service)
  - ✔ Large enough to satisfy assumptions of the statistical techniques used in the analysis
- **Too large a sample.** Means more money, resources, and time are spent auditing without any additional benefit.
- **Too small a sample.** Means too much error and the results cannot be relied upon.

Audit sampling, cont'd

CMS' "steps for conducting statistical sampling"

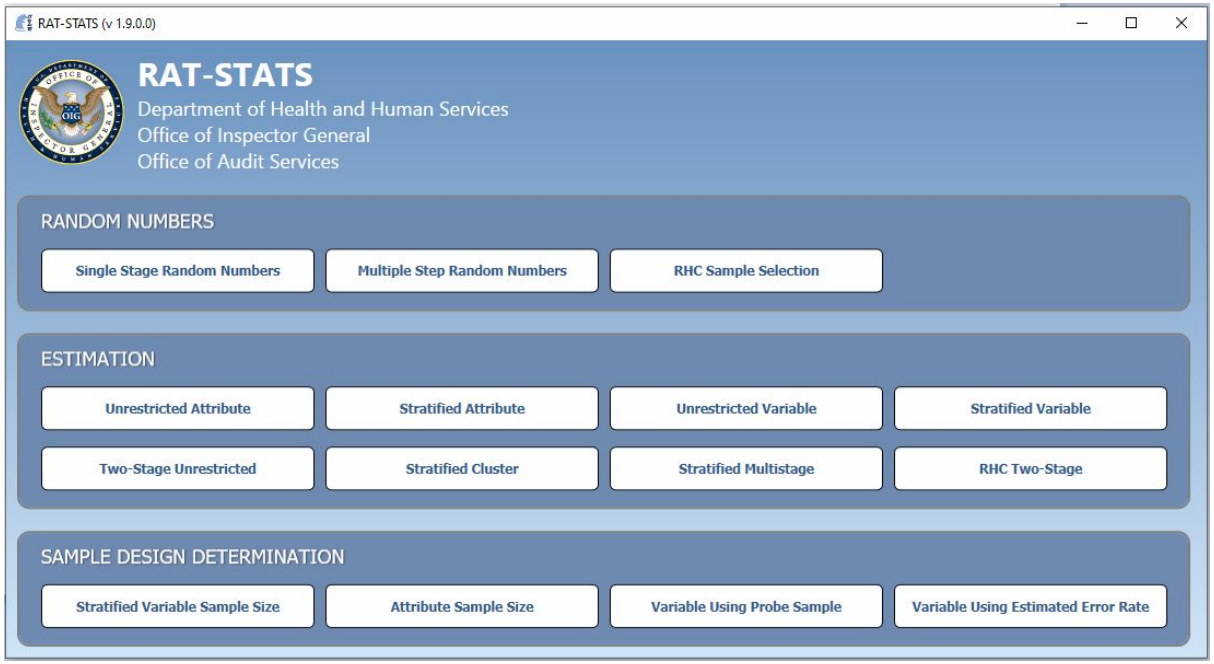
A process is described in the Medicare Program Integrity Manual, chapter 8, section 4:

1. *Identifying the provider/supplier;*
2. *Identifying the period to be reviewed;*
3. *Defining the universe (target population) and the sampling unit, and constructing the sampling frame;*
4. *Assessing the distribution of the paid amounts in the sample frame to determine the sample design; it is very likely that the distribution of the overpayments will not be normal. However, there are many sampling methodologies (for example, use of the Central Limit Theorem) that may be used to accommodate non-normal distributions. The statistician should state the assumptions being made about the distribution and explain the sampling methodology selected as a result of that distribution.*
5. *Performing the appropriate assessment(s) to determine whether the sample size is appropriate for the statistical analyses used, and identifying, relative to the sample size used, the corresponding confidence interval;*
6. *Designing the sampling plan and selecting the sample from the sampling frame;*
7. *Examining each of the sampling units and determining if there was an overpayment or an underpayment; and*
8. *Estimating the overpayment. When an overpayment has been determined to exist, the contractor shall follow applicable instructions for notification and collection of the overpayment, unless otherwise directed by CMS.*

Audit sampling, cont'd

Audit sampling: What is RAT-STATS?

A free statistical package developed by the OIG, prominently displayed on their website and recommended by the OIG for generating statistically valid samples.



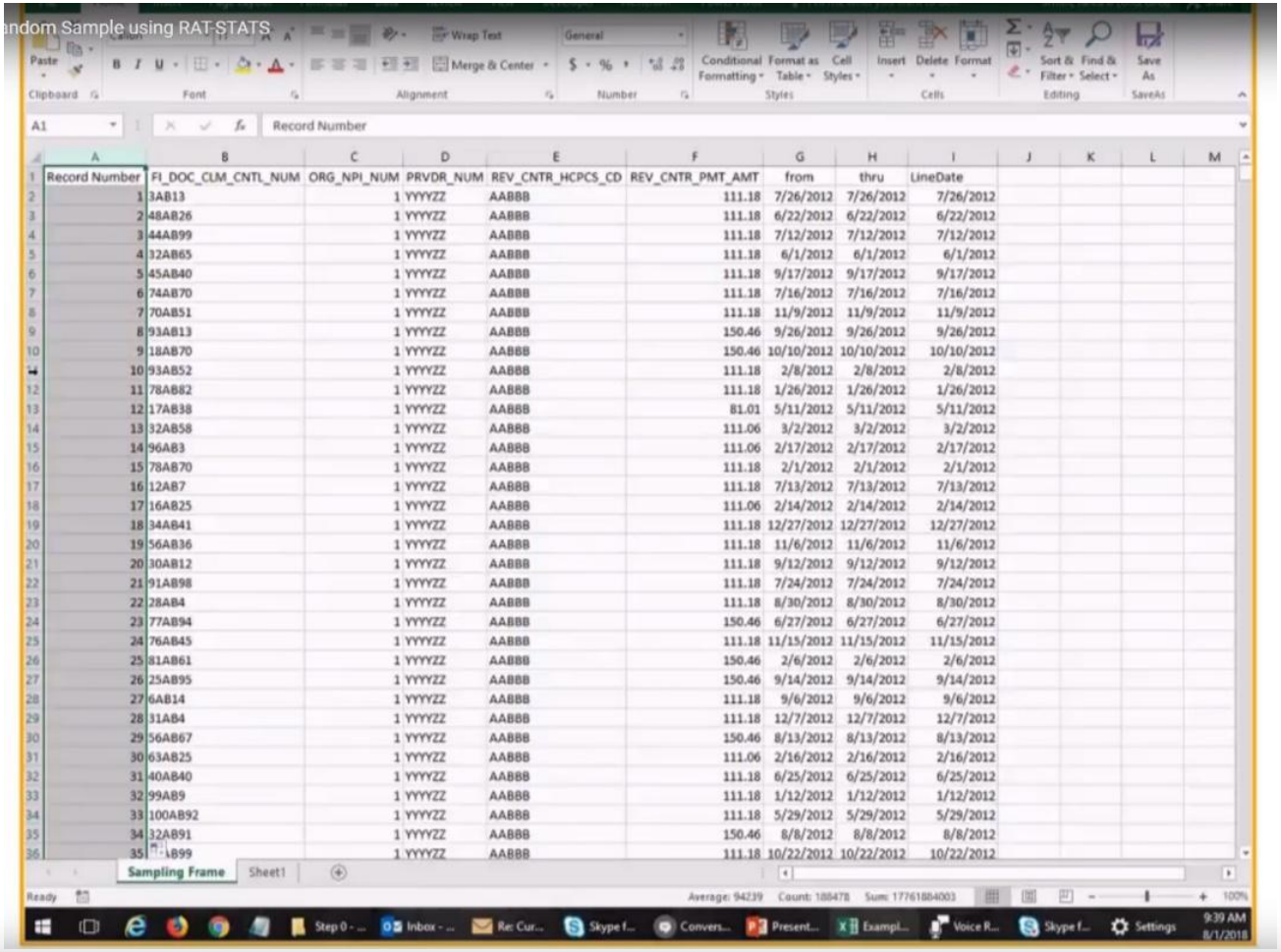
Now new and improved! RAT-STATS 2019!

RAT-STATS links

- **OIG home page for RAT-STATS:** https://oig.hhs.gov/compliance/rat-stats/index.asp
- **RAT-STATS user guide:** https://oig.hhs.gov/organization/oas/ratstats/UserGuide2010_04js.pdf
- **RAT-STATS YouTube training videos by the OIG:** https://www.youtube.com/watch?v=9XAPFHNJdNU&list=PLJeN3N3DPXOm1h9qJr-e5GNxSzMUBgzxv

Audit sampling, cont'd

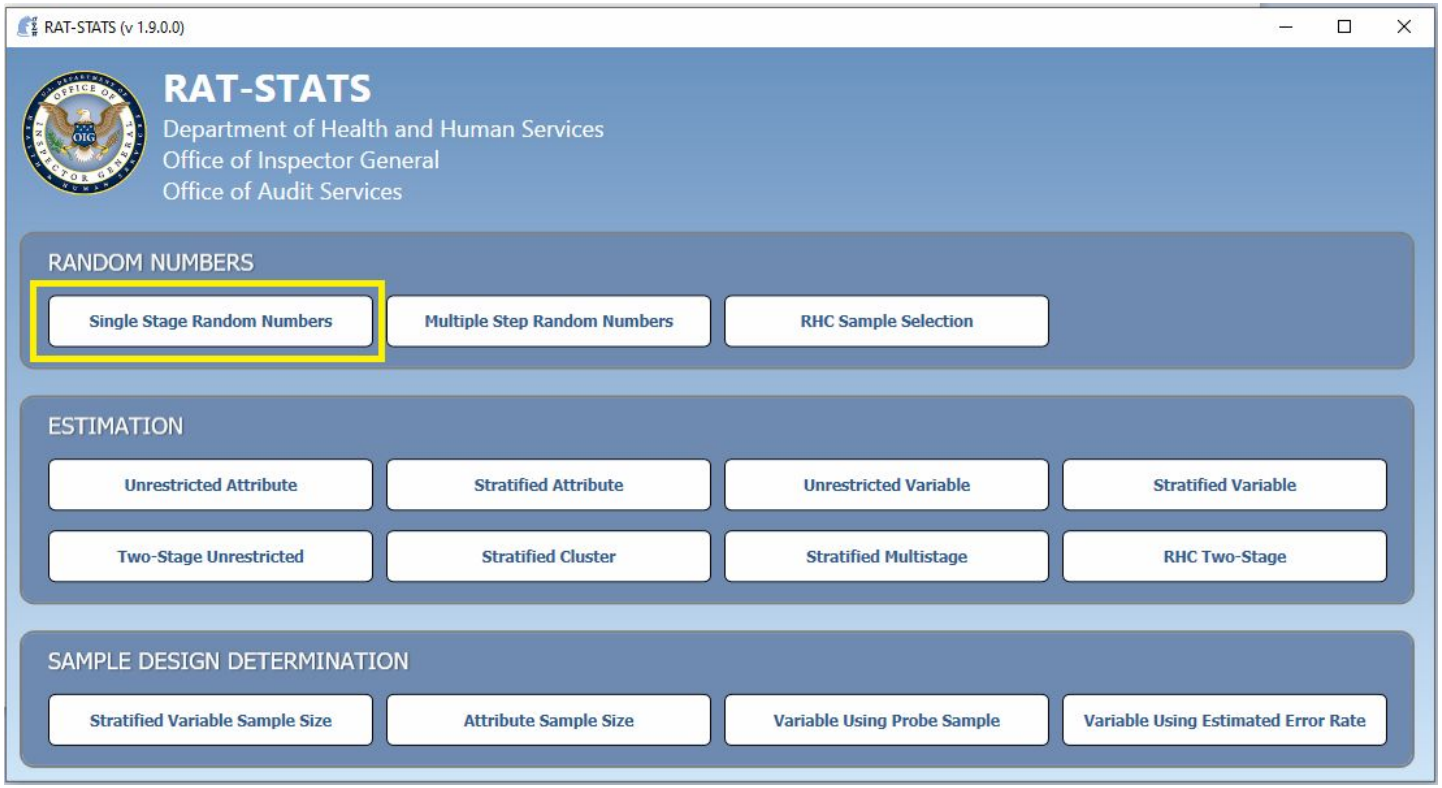
RAT-STATS: Using Excel to create your sample frame, with record numbers to match RAT-STATS settings.



Record Number	FI_DOC_CLM_CNTL_NUM	ORG_NPI_NUM	PRVDR_NUM	REV_CNTR_HCPCS_CD	REV_CNTR_PMT_AMT	from	thru	LineDate
1	3AB13	1	YYYYZZ	AABBB	111.18	7/26/2012	7/26/2012	7/26/2012
2	48AB26	1	YYYYZZ	AABBB	111.18	6/22/2012	6/22/2012	6/22/2012
3	44AB99	1	YYYYZZ	AABBB	111.18	7/12/2012	7/12/2012	7/12/2012
4	32AB65	1	YYYYZZ	AABBB	111.18	6/1/2012	6/1/2012	6/1/2012
5	45AB40	1	YYYYZZ	AABBB	111.18	9/17/2012	9/17/2012	9/17/2012
6	74AB70	1	YYYYZZ	AABBB	111.18	7/16/2012	7/16/2012	7/16/2012
7	70AB51	1	YYYYZZ	AABBB	111.18	11/9/2012	11/9/2012	11/9/2012
8	93AB13	1	YYYYZZ	AABBB	150.46	9/26/2012	9/26/2012	9/26/2012
9	18AB70	1	YYYYZZ	AABBB	150.46	10/10/2012	10/10/2012	10/10/2012
10	93AB52	1	YYYYZZ	AABBB	111.18	2/8/2012	2/8/2012	2/8/2012
11	78AB82	1	YYYYZZ	AABBB	111.18	1/26/2012	1/26/2012	1/26/2012
12	17AB38	1	YYYYZZ	AABBB	81.01	5/11/2012	5/11/2012	5/11/2012
13	32AB58	1	YYYYZZ	AABBB	111.06	3/2/2012	3/2/2012	3/2/2012
14	96AB3	1	YYYYZZ	AABBB	111.06	2/17/2012	2/17/2012	2/17/2012
15	78AB70	1	YYYYZZ	AABBB	111.18	2/1/2012	2/1/2012	2/1/2012
16	12AB7	1	YYYYZZ	AABBB	111.18	7/13/2012	7/13/2012	7/13/2012
17	16AB25	1	YYYYZZ	AABBB	111.06	2/14/2012	2/14/2012	2/14/2012
18	34AB41	1	YYYYZZ	AABBB	111.18	12/27/2012	12/27/2012	12/27/2012
19	56AB36	1	YYYYZZ	AABBB	111.18	11/6/2012	11/6/2012	11/6/2012
20	30AB12	1	YYYYZZ	AABBB	111.18	9/12/2012	9/12/2012	9/12/2012
21	91AB98	1	YYYYZZ	AABBB	111.18	7/24/2012	7/24/2012	7/24/2012
22	28AB4	1	YYYYZZ	AABBB	111.18	8/30/2012	8/30/2012	8/30/2012
23	77AB94	1	YYYYZZ	AABBB	150.46	6/27/2012	6/27/2012	6/27/2012
24	76AB45	1	YYYYZZ	AABBB	111.18	11/15/2012	11/15/2012	11/15/2012
25	81AB61	1	YYYYZZ	AABBB	150.46	2/6/2012	2/6/2012	2/6/2012
26	25AB95	1	YYYYZZ	AABBB	150.46	9/14/2012	9/14/2012	9/14/2012
27	6AB14	1	YYYYZZ	AABBB	111.18	9/6/2012	9/6/2012	9/6/2012
28	31AB4	1	YYYYZZ	AABBB	111.18	12/7/2012	12/7/2012	12/7/2012
29	56AB67	1	YYYYZZ	AABBB	150.46	8/13/2012	8/13/2012	8/13/2012
30	63AB25	1	YYYYZZ	AABBB	111.06	2/16/2012	2/16/2012	2/16/2012
31	40AB40	1	YYYYZZ	AABBB	111.18	6/25/2012	6/25/2012	6/25/2012
32	99AB9	1	YYYYZZ	AABBB	111.18	1/12/2012	1/12/2012	1/12/2012
33	100AB92	1	YYYYZZ	AABBB	111.18	5/29/2012	5/29/2012	5/29/2012
34	32AB91	1	YYYYZZ	AABBB	150.46	8/8/2012	8/8/2012	8/8/2012
35	[illegible]B99	1	YYYYZZ	AABBB	111.18	10/22/2012	10/22/2012	10/22/2012

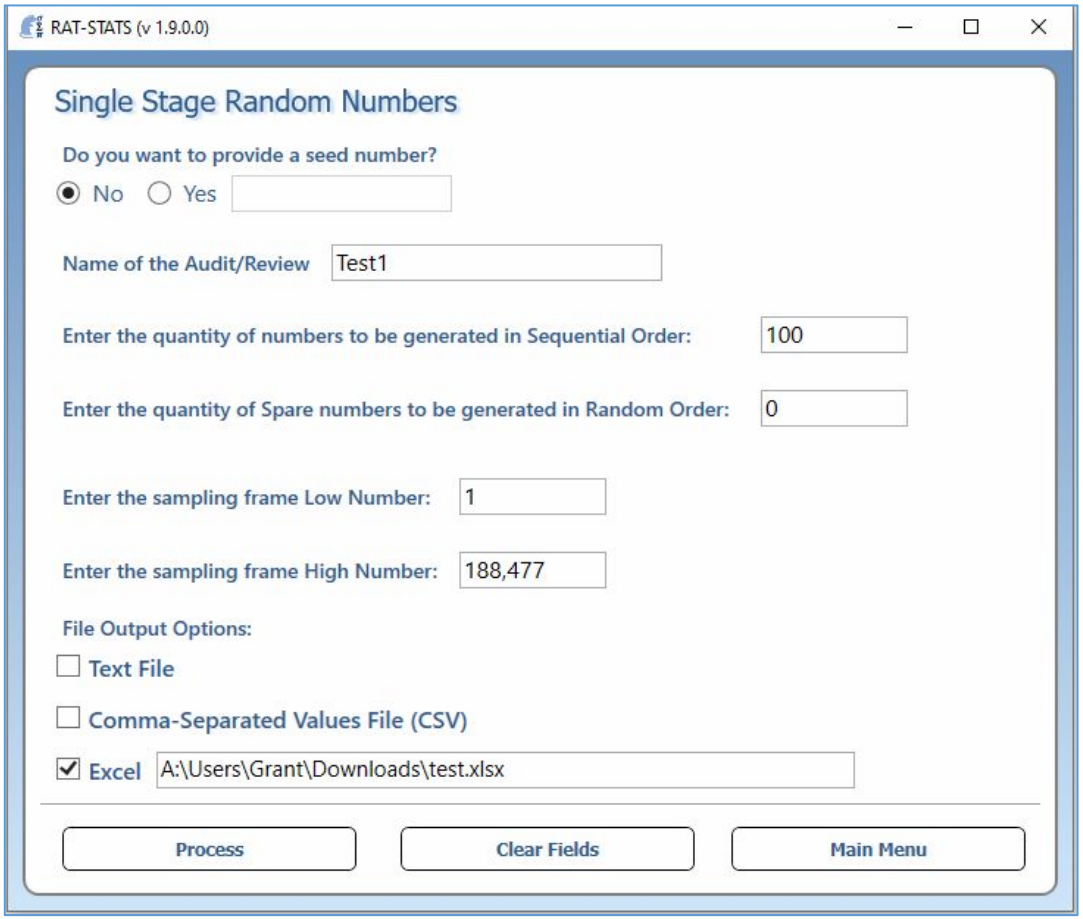
Audit sampling, cont'd

RAT-STATS: Single-stage random number generator is used for most cases.



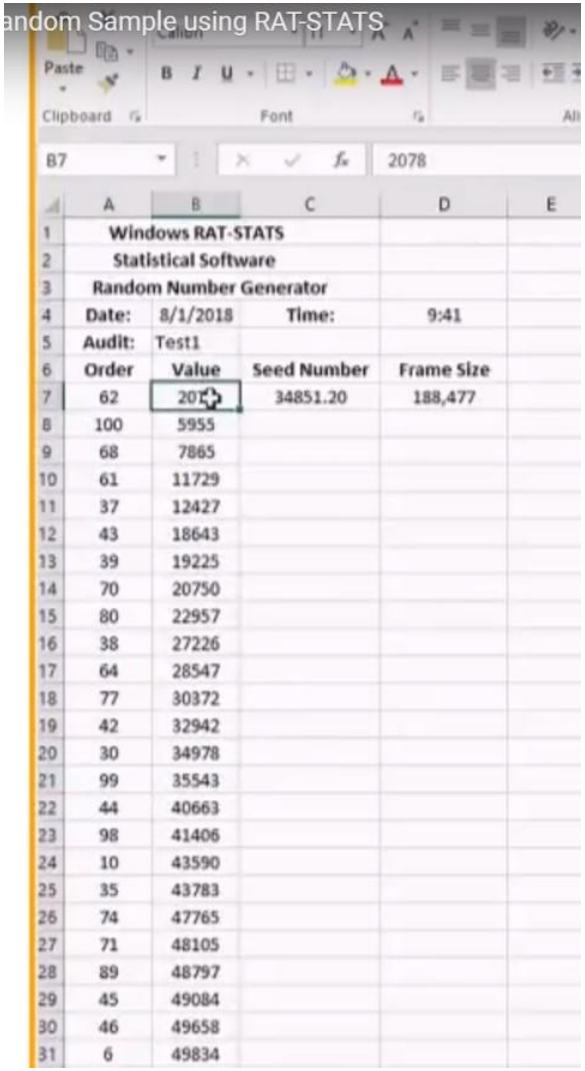
Audit sampling, cont'd

RAT-STATS: Define your sample size and sampling frame in RAT-STATS, then generating the sample.



Audit sampling, cont'd

RAT-STATS: The RAT-STATS results output to a new Excel file, showing the random record numbers generated. You may use Excel's VLOOKUP or even a column comparison function to correlate them.



	A	B	C	D	E
1	Windows RAT-STATS				
2	Statistical Software				
3	Random Number Generator				
4	Date:	8/1/2018	Time:	9:41	
5	Audit:	Test1			
6	Order	Value	Seed Number	Frame Size	
7	62	207	34851.20	188,477	
8	100	5955			
9	68	7865			
10	61	11729			
11	37	12427			
12	43	18643			
13	39	19225			
14	70	20750			
15	80	22957			
16	38	27226			
17	64	28547			
18	77	30372			
19	42	32942			
20	30	34978			
21	99	35543			
22	44	40663			
23	98	41406			
24	10	43590			
25	35	43783			
26	74	47765			
27	71	48105			
28	89	48797			
29	45	49084			
30	46	49658			
31	6	49834			

Concluding thoughts

Conclusion: Design matters

The auditor community focuses on the highly detailed work performing the audits and conducting provider education (as we should), but we must recognize that designing the right type of audit is an important and often overlooked step along the compliance process.

Consider the benefits of a well-designed audit:

- Serves a *specific* compliance goal or addresses a *specific* compliance risk.
- Increased efficiency, which means cost savings. This is not some generic notion, the savings come in form of less time, money, and human resources (auditor time, coder training time, provider training time, administrative work time pulling claims, generating reports)
- Credibility, with providers, other compliance professionals, and payers.
- Over time, good design means less energy has to be spent on designing audits; you'll be familiar enough with how your organization designs audits that you won't need to 're-invent the wheel' for each new audit project.

Useful resources

- **HHS OIG Statistical Sampling Toolkit for state Medicaid payers**
  https://oig.hhs.gov/fraud/medicaid-fraud-control-units-mfcu/files/MFCU%20Sampling%20Guidance%20Final.pdf

- **CMS Medicare Program Integrity Manual, chapter 8**
  https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c08.pdf

- **OIG RAT-STATS software page**
  https://oig.hhs.gov/compliance/rat-stats/

- **Compliance Risk Analyzer (CRA) by DoctorsManagement**
  https://www.complianceriskanalyzer.com/

- **DoctorsManagement E&M Utilization Analyzer Workbooks by State**
  https://shop.namas.co/EM-Utilization-Workbookbrby-State_p_70.html

- **NAMAS E&M Resources for 2023**
  https://shop.namas.co/TOP-EM-Resources_c_55.html

QUESTIONS?

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