

The MAC Landscape

Current Audits & Understanding the MACs Role in Appeals

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Disclaimer

The information presented and responses to the questions posed are not intended to serve as coding or legal advice. Many variables affect coding decisions and any response to the limited information provided in a question is intended only to provide general information that might be considered in resolving coding issues. All coding must be considered on a case-by-case basis and must be supported by appropriate documentation in the medical record. The CPT codes that are utilized in coding claims are produced and copyrighted by the American Medical Association (AMA). Specific questions regarding the use of CPT codes may be directed to the AMA.

Medical Review

Current Audits

Inpatient Status Review

- MACs conducted from 10/1/2013 – 09/30/2015
 - Most providers improved
 - WPS error rates were in the low 20%s in both jurisdictions for all three rounds
 - Only 3 providers were of high concern

Lessons Learned

- Tell the patient's story
 - What's the plan
- Note any significant changes
 - Detail any exceptions to expected care
- Monitor OR for correct placement of patients
 - UR in the OR is critical

Current Reviews

- Workload transition to Quality Improvement Organizations (QIOs) as of October 1, 2015
- Workload stopped on May 4, 2016
 - Inconsistencies in the application of the two-midnight policy

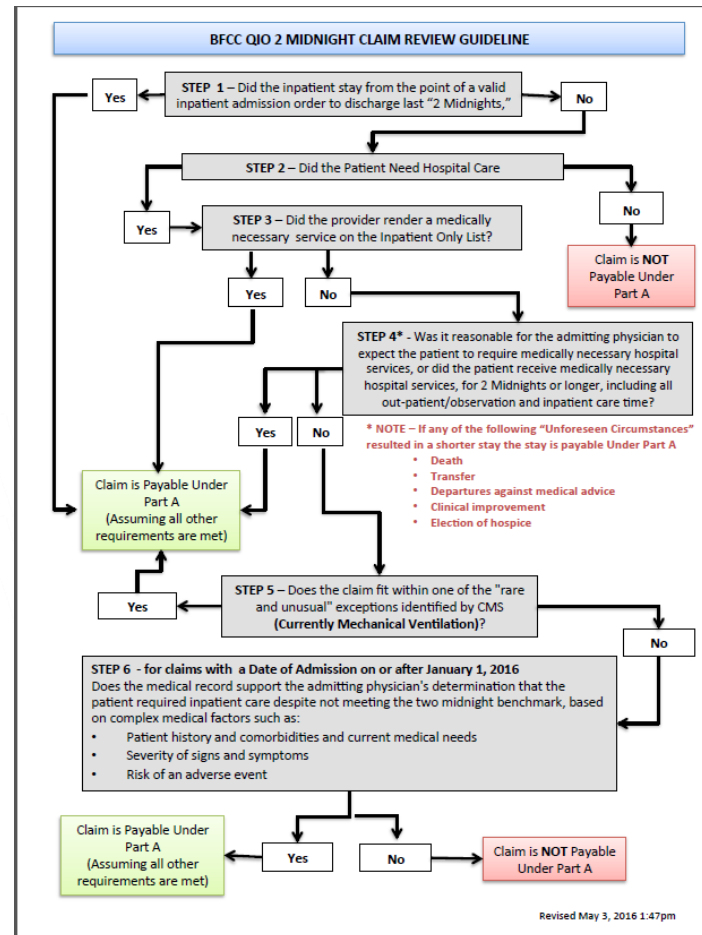
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/InpatientHospitalReviews.html>

Effect of Stop Work Order

- Retraining of QIO staff
- Complete re-review of all claims denied since October 2015
 - CMS encourages providers to work with the BFCC-QIO to determine if claim has been re-reviewed **prior** to submitting an appeal
 - If appeal has been filed, MAC should get a copy of the QIO redetermination letter

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/InpatientHospitalReviews.html>

Guideline Available to QIO



http://www.qioprogram.org/sites/default/files/Policy%20Decision%20Guideline%20-%20Temporary%20Suspension%20of%20Two-Midnight%20Reviews%20DRAFT%2005.20.2016_0.pdf

MAC Role in Status Reviews



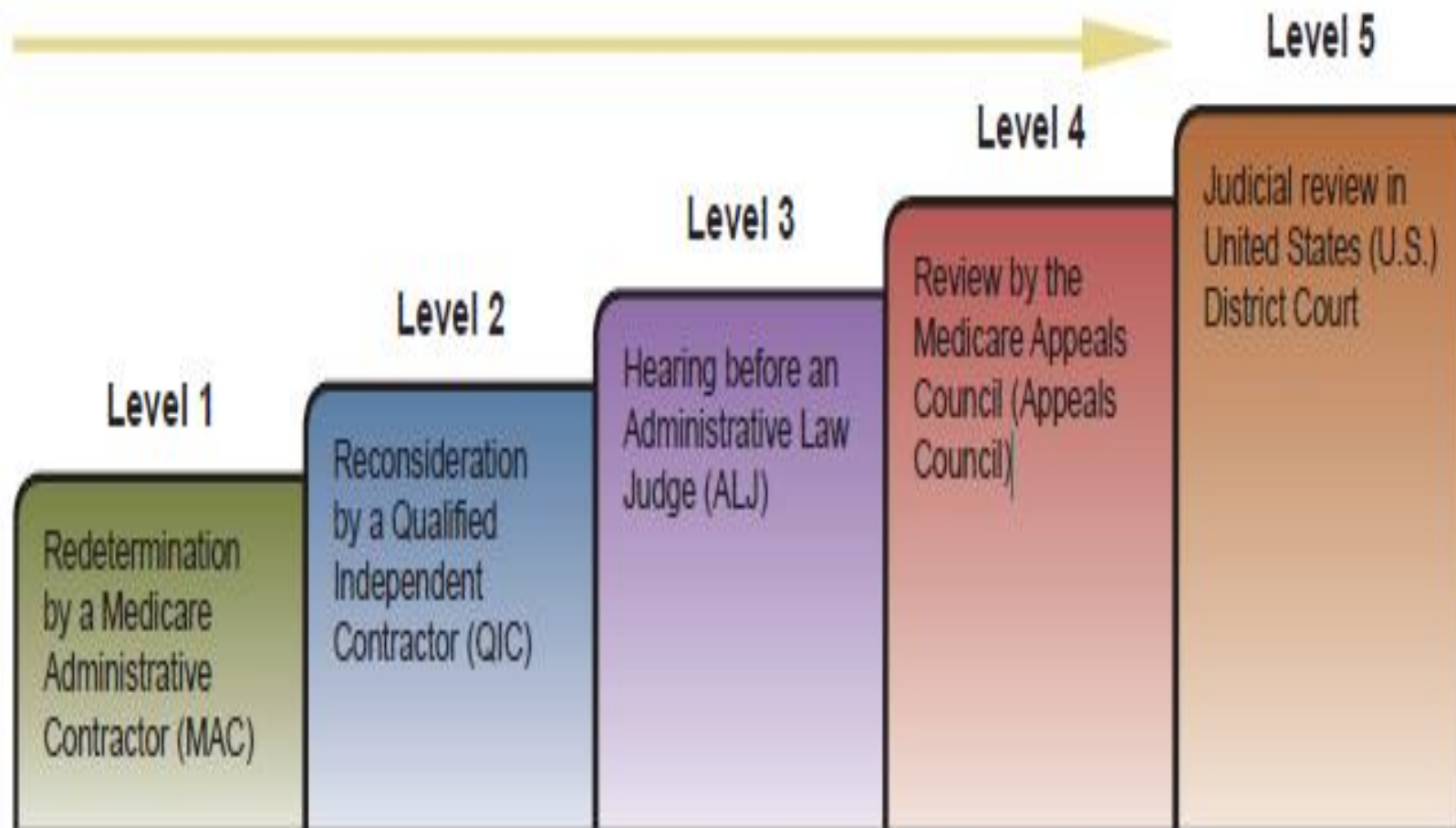
What are MACs Reviewing

- Observation services
 - Greater than 48 hours
 - Use after outpatient procedure
- DRG validation
- Outpatient services
- Other provider types

Reducing Confusion

Review of Appeal Process

5 Levels of Appeal



Level 1: Redetermination

- Submit within 120 days to WPS GHA
- Decision within 60 days
 - Fully or partially unfavorable decisions
 - Medicare Redetermination Notice (MRN) issued
 - Fully favorable decisions
 - Claim adjusted with notice via Remittance Advice (RA) & Medicare Summary Notice (MSN)

Determining When to Request an Appeal

- Request a **redetermination** when:
 - Initial claim shows **MA01** remark code
- Request a **reconsideration** when:
 - Adjustments resulting from a redetermination decision shows **MA02** remark code on claim

The 60 Day Requirement

Increase in Duplicate Appeal Requests

Duplicate Appeal Requests

- Occurs when more than one request is received
 - For the same provider
 - Same patient
 - Same date of service
 - Same issue

Duplicate Appeal Request

- WPS GHA has up to 60 days to render a decision for an appeal request
 - An additional appeal request should not be sent within the 60 day period

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Understanding the Appeals Process

Avoiding Dismissal Decisions

Reasons for Dismissal

- Confusion over steps of the appeals process
- Missing information
- No signature
- Not filed timely

Confusion over Appeal Process

- Common reason for high rate of dismissal decisions
 - Requesting a reconsideration when a redetermination (first level of appeal performed by WPS GHA) has not been completed

Confusion over Appeal Process

- Written and telephone inquiry responses from the MAC confused with official redetermination decisions
 - In accordance with current instructions, contractors are required to issue a **written** notice of redetermination

Missing Information

- Appeal request missing the following information will be dismissed:
 - Beneficiary name
 - Medicare Health Insurance Claim (HIC) number

Missing Information

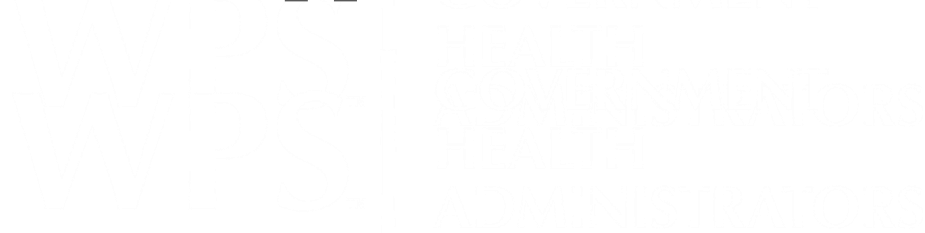
- Appeal request missing the following information will be dismissed:
 - Date(s) of service for which the initial determination was issued
 - Which item(s) if any, and/or service(s) are at issue in the appeal
 - Signature of the appellant

Untimely Submission of Appeal

- If a request for a redetermination is submitted more than 120 days from the date of issuance of the original claim determination, the appeal request will be dismissed

Untimely Submission of Appeal

- If a request for a reconsideration is submitted more than 180 days from the date of receipt of the redetermination, the request for an appeal will be dismissed



Tip to Avoid Dismissal Decisions

- Review the MRN carefully
 - The Medicare Redetermination Notice (MRN) should specifically reference the following information:
 - The date of the original decision
 - State a clear decision
 - Advise of appeal rights

Level 3 Appeals

MAC Participation at ALJ

Background

- November 2012 OIG report
 - Small group of providers generating large portion of the appeals
 - Less strict interpretation at ALJ level
 - Overall fully favorable rate 56%
 - Fully favorable rate varied widely between ALJs

Transmittal 543

- Establish a process for assessing notices
- Assign a physician to participate or take party status at ALJ hearings
- Coordinate with other contractors

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WPS Medicare Team

Designated CMDs

Dr. Robert Kettler – J5

Dr. Hilary Bingol – J8

ALJ
Coordinator
Shawn Cook

Supporting CMDs

Dr. Noel

Dr. Awodele

Participation

- MACs may be participants or parties
- WPS GHA's preference is participant
 - May provide
 - Position paper (23%)
 - Testimony only (9%)
 - Combination of both (68%)

Case Selection

Specific Issue

Dollar amount
at risk

Experience
with ALJ

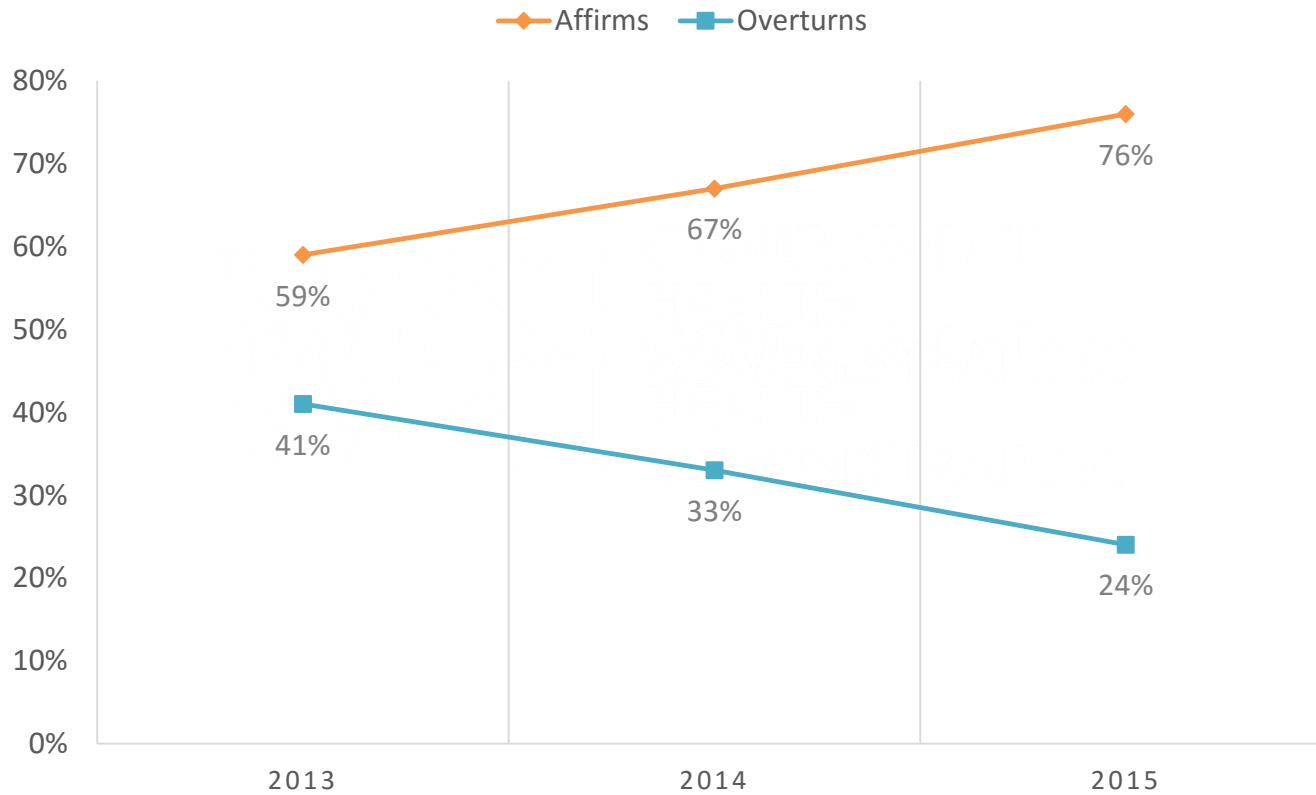
Timing

2015 Data

Jurisdiction	Number of Hearings
J5 Part A	151
J5 Part B	14
J8 Part A	107
J8 Part B	2
TOTAL	274

Results

OUTCOME WHEN WPS PARTICIPATES



Thank you!

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WPS Government Health Administrators

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