

RAC Operational Challenges Tracking

September 14, 2009

Presented by:

Denise Morris, RHIA, CCS, Senior DRG Coordinator



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SMHCS FACTS & FIGURES

- **Regional medical center and 806-bed community hospital**
- **Second-largest acute care public hospital in Florida**
- **Average length of stay: 5 days**
- **Emergency registrations: 77,000**
(one of busiest ERs on Florida's west coast)
- **Outpatient registrations: 363,032**
- **Adult admissions: 25,863**
- **Births: 3,423**
- **Physicians on staff: 742**
- **Staff: 4,000**

Network of Services Located Throughout the Region

- **Institute for Advanced Medicine –**
includes Healthplex, the area's first medically oriented fitness center
- **Heart & Vascular Institute**
- **Waldemere Breast Health Center**
- **Walk-In Center at Gulf Gate**
- **Blackburn Point Care Center**

South County Regional Campuses:

- **North Port Emergency Room & Campus**

North County and Manatee Campuses:

- **University Parkway Care Center**
- **Walk-In Center at University Parkway**
- **Heritage Harbour Outpatient Center**



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TOP QUALITY



- For the **fifth consecutive year**, Sarasota Memorial has maintained a spot on *U.S. News & World Report's* "Best Hospitals" list. Just 170 hospitals of more than 5,000 earned a ranking.
- SMHS has obtained **Magnet Nursing Recognition**
- We are listed by *U.S. News & World Report's* as one of the "Top 10 Safest Large Hospitals in America".



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Recovery Audit Contractors

- Companies contracted by CMS to find improper Medicare payments
 - Automated reviews - claims history file (no limit)
 - Complex review with medical record (45 day limit)
 - Can not review cases previously audited by a Medicare entity
 - Cases do not include Medicare Advantage or Medicare HMO



Permanent RAC Process

- RACs review claims on a post-payment basis
- RACs use the same Medicare policies as Carriers, FIs and MACs
 - NCDs, LCDs, CMS Manuals
- Two types of review:
 - Automated (no medical record needed, no limit)
 - Complex (medical record required, limit)
- RACs will be able to look at claims dating back three years based on the date the claim was paid, and no claim paid prior to October 1, 2007
- RACs are required to employ a staff consisting of nurses or therapists, certified coders, and a physician Medical Director
- RACs will accept imaged medical records on a CD/DVD



CMS Response to Hospital Concerns

Limit on Medical Record Requests for Complex Reviews

- **Inpatient Hospital, IRF, SNF, Hospice, Psych**
 - 10% of avg. monthly claims (max of 200) per 45 days
- **Other Part A Billers (Outpatient Hospital, HH)**
 - 1% of avg. monthly Medicare services (max of 200) per 45 days
- **Physicians**
 - Solo Practitioner: **10** medical records per 45 days
 - Partnership of 2-5 individuals: **20** medical records per 45 days
 - Group of 6-15 individuals: **30** medical records per 45 days
 - Large Group (16+ individuals): **50** medical records per 45 days
- **Other Part B Billers (DME, Lab, Outpatient Hospital)**
 - 1% of average monthly Medicare services (max of 200) per 45 days



Complex Reviews

Demonstration RAC

Inpatient requests	5,352
Claims per 45 days	165
Outpatient requests	131
Claims per 45 days	4
Requests per 45 days	169



Permanent RAC

12,600	Inpatient cases
155	10% of claims per 45 days
168,900	Outpatient cases
208	1% of claims per 45 days
200	Max of 200
355	Requests per 45 days

Possible 210% Increase



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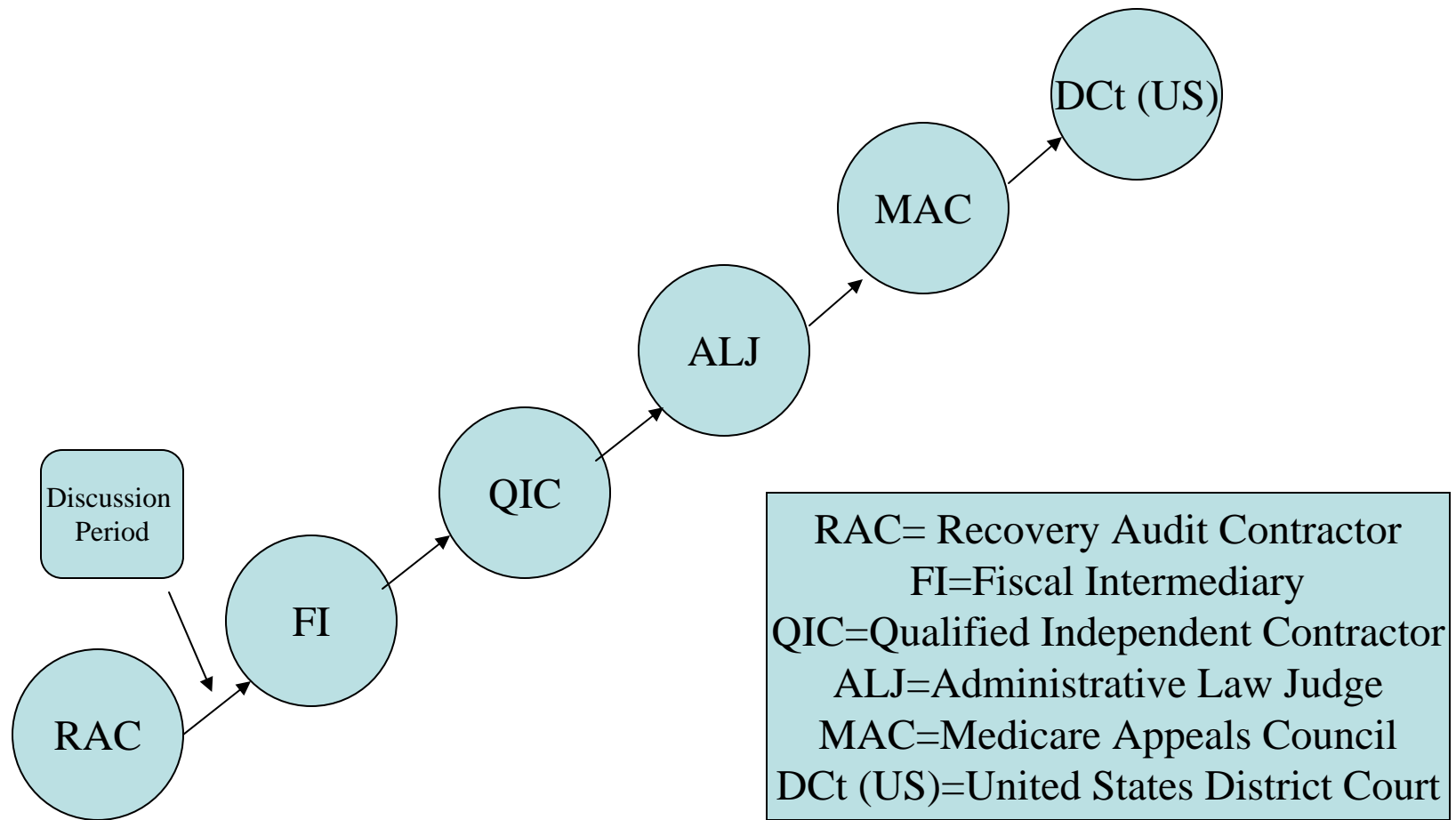
RAC Program Update

Complex Reviews on Hold!

- Automated reviews June or July 2009
- Complex reviews for Fall 2009
 DRG validation
- Complex reviews for Early 2010
 medical necessity



The RAC Appeal Process

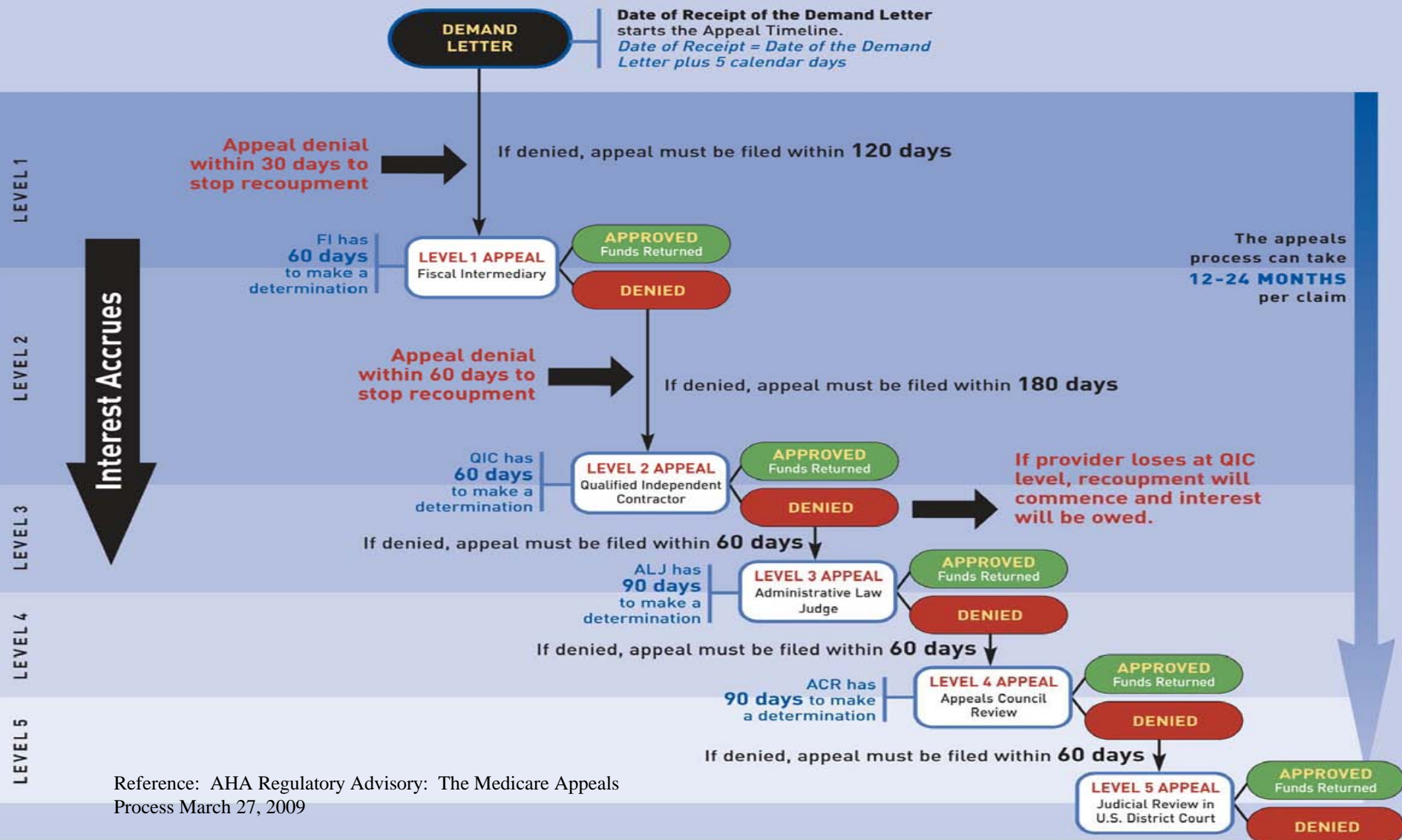


Reference: AHA Regulatory Advisory: The Medicare Appeals Process March 27, 2009



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MEDICARE APPEALS PROCESS



Reference: AHA Regulatory Advisory: The Medicare Appeals Process March 27, 2009



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RAC Discussion Period = ~~15~~ 40 Days!!!

Each RAC will offer a provider a “period of discussion” for all denied claims. During the discussion period, the provider may provide additional information or documentation to the RAC for its consideration.

- To discuss the matter further, CMS advises the provider to contact the RAC within 40 calendar days of the date of the demand letter.
- The discussion period is NOT part of the formal Medicare Appeals process.
- The appeals clock is NOT put on hold for the discussion period and will run simultaneously from the date of the demand letter.
- Engaging in the discussion period does NOT necessarily preclude recoupment by the RAC for an overpayment it has identified. Only qualifying formal appeals may postpone recoupment.

Reference: AHA Member Advisory
Medicare RACs: Permanent Program Basics, April 20, 2009



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Appeals Process

- Submit the appeal within **120 days of the recoupment date at the FI level**
- Submit the appeal within **180 days at the QIC level**
- Submit the appeal within **60 days at the ALJ, MAC and US District Court**
 - “Important” - Date stamp all correspondence from RAC
 - Send the appeal via a tracking mechanism, i.e. overnight, return receipt



Electronic RAC Tracking Tool

- Started with “Process Mapping”
 - Workflow
 - Team Assignments
 - What are the key elements
 - Potential barriers
- Designed workflow to distribute appeal to “Subject Matter Expert”
- Managed “Subject Matter Expert’s” time (appeal and response due dates)
- Capturing necessary details
 - Recoupments, recoveries, tracking number, etc.
- Reporting needs to assist management in decision making
- Important to electronically incorporate the electronic medical record, case management notes, and RAC documents



Impact: Information Systems

- Excel will NEVER work!
- Strategically decide on software vendor which supports organizational needs and compliments other systems
- Automated tracking tool is a “MUST HAVE”
- Be flexible, develop as your individual RAC requests evolve



Impact: Release of Information

- What records has been sent, when and how.
 - Send your records in a method where you can track it (UPS, DSL, FedEx, etc.)
- Have you sent any of the requested records to another government entity.
 - If you have then these are exempt from a RAC review
- Of note if you use a copy service they can not bill the \$.12 per page plus postage, only the facility can bill for this, so consider how you will be sending these.



Impact: Appeals

- What cases are being appealed
 - Date of denial
 - Due Dates
 - Level the appeal is at
- How many appeals have been overturned or upheld
- What is the financial impact of the cases



Impact: Patient Financial Services

- Remark Code N432: “Adjustment Based on Recovery Audit”
 - At the same time that a written demand letter is being sent to the provider via U.S. mail, the provider will be issued a remittance advice indicating a pending recoupment with the RAC Remark Code “N432.”
- Have you gotten your money back.
 - If an account is found in the provider’s favor, it is up to the provider to track refunds



Impact: Reporting

- Active cases by type and level of appeal
 - Ability to schedule report to appropriate reviewer in CE (web reports with parameters)
- Dollars Lost/Recovered
 - By Type
 - By DRG
 - By Procedure
 - By Physician
- Based upon Dollars Lost/Recovered- cost/benefit to appeal?
- Root Causes- make changes in processes when patterns develop *** VERY IMPORTANT ***



Impact: Process Improvement

- What is being looked at, What can you do to correct your processes:
 - Types of Medical necessity denials
 - MS-DRG's, Principal Diagnoses, Procedures
 - Billing Issues – Units of service, Modifiers, etc.



Process Improvement: Case Management/Registration

- Evaluate your medical necessity processes and which admission guidelines you are going to follow
- Document guidelines concurrently
- Review all cases for proper admission status
- Consider using ICM protocol for admission criteria (GET a signed physician order)
- Analyze data to be proactive in changing Case Management processes
- Ensure your organization has a working ABN process



Process Improvement: Coding

- Ensure that the correct MS-DRG is assigned
- Assure that POA indicators are accurately assigned
- Confirm that the discharge disposition is correct and supported by documentation in the record
- Review and update the query process (many more queries)




Impact: Physicians/Clinicians & Documentation

- Are any of your physicians being profiled, are they being zeroed in on?
- Is everything being documented completely?
- Does documentation support continued length of stay for medical necessity
- Document discharge disposition precisely




Initial Page Denial Review



M.O.R.R.I.S.E.Y.
Morrissey Concurrent Care Manager








Patient: STRM MMTHIRTYNINE Encounter: 8284247

Adm-DC: 6/3/2008 11:46 - 6/3/2008 13:42
 LOS: 1
 Att MD: 0618 - SWOR, MICHAEL

Denials Management 
(Test)

Menu

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Review








Review	Insurance Plan	Denial/Audit Type	Denial Dates	Days	Status
6/6/2008	SELF PAY	RAC DENIAL		0	RAC INP 1 INITIAL REVIEW

Denial Review¹ | Denial Details² | DRG Validation³ | Primary Profile⁴

Facility: 01

* Review Date: 6/6/2008

* Status: RACINP1: RAC INP 1 INITIAL

Insurance Plan: 1: SELF PAY

Type/Payor Seq: SELF PAY

Denial/Audit Type: RACD: RAC DENIAL

* Reason: RACAUD: RAC AUDIT NOT MEE

* Reviewer: GJB: GREG BORDEN

Agency Reviewer:

Final Outcome:

Prim. Root Cause:

Sec. Root Cause:

Denial ID:

Initial From Date:

Initial Thru Date:

Verbal Notif.:

Written Notif.:

Next Review:

Outcome Date:

Recovery Amt.: \$0.00

Denial Source:

Added by: bordeng on 6/6/2008 2:04 PM Updated by: bordeng on 6/1/2009 9:42 AM

Topics

Status Field Controls
Progress of Denial and Appeal process

Fields with an * are required - some fill automatically

Topics include links to other related reviews

Tracking Root Causes

Links to Medical Necessity Review and Comments

Medical Necessity
Review Example

Review¹ Primary Profile²

Facility: 01 Review ID: 1189079

*Review Process: ADM: ADMISSION (06/03/2008) A10346216 CLOSED- REVIEW CO

*MN Patient Type: MGA: MEDICAL GENERAL ADM

Review Type: UR: UTILIZATION REVIEW

*Reviewer: LOGAND: DAVID LOGAN

*Review Status: C: CLOSED- REVIEW COMPLETED (C)

*Outcome: MET: MEETS IQ/MILLMAN CRITERIA (A)

Outcome Reason: M-360: TIA

*Review Date: 6/3/2008 Next Review: 6/10/2008

Review Type: Medical Necessity Review

* Reviewer: GJB: GREG BORDEN

* Comment Type: CLR: CLINICAL REVIEW

Template:

* Comment:

ADM Remark: L SIDE NUMBNESS ADM Date Wed, Jun 8, 2008
Status: Inpatient status
Next Review Date: Fri, Jun 10, 2008
MEETS IQ/MILLMAN CRITERIA Guideline: TIA

H 1 Probable cardiac source for event, examples include(7):Atrial fibrillation. Hx of CVA and afib in past.
Subtherapeutic INR.
M 1 Card. mont., Hep gtt, Coumadin, Trop., Ct of head showing old infarct. Card. consult pending.
G Ambulatory or 1 day
A 0

Comment:

Comments



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RAC Denial Status-Inpatient Levels

Code Table: Denial Status

Facility: 01: Sarasota Memorial Hospital ▼

Code/Description Filter: racinp

Active Filter: All Items ▼



Page 1 of 1 ALL Rows: 12							
Code	Long Description	Short Description	TSI Code	Active	Value		
					0	Edit	Delete
RACINP1	RAC INP 1 INITIAL REVIEW		O: Open	Y	0	Edit	Delete
RACINP10	RAC INP10 ALJ OVERTURNED		O: Open	Y	0	Edit	Delete
RACINP11	RAC INP11 BILL AS OUTPATIENT		O: Open	Y	0	Edit	Delete
RACINP2	RAC INP 2 AGREE WITH DENIAL		C: Closed	Y	0	Edit	Delete
RACINP3	RAC INP 3 DISAGREE WITH DENIAL FIRST APPEAL		O: Open	Y	0	Edit	Delete
RACINP4	RAC INP 4 AGREE WITH FIRST APPEAL DENIAL		C: Closed	Y	0	Edit	Delete
RACINP5	RAC INP 5 FIRST APPEAL OVERTURNED		O: Open	Y	0	Edit	Delete
RACINP6	RAC INP 6 SECOND APPEAL		O: Open	Y	0	Edit	Delete
RACINP7	RAC INP 7 AGREE WITH SECOND APPEAL DENIAL		O: Open	Y	0	Edit	Delete
RACINP8	RAC INP 8 SECOND APPEAL OVERTURNED		O: Open	Y	0	Edit	Delete
RACINP9	RAC INP 9 ALJ APPEAL		O: Open	Y	0	Edit	Delete

Each Denial Type has 11+ possible statuses- We numbered them to match the potential sequence.



RAC Denial Electronic Worklists

The screenshot displays the MORRISY Denials Work List interface. At the top left is the MORRISY logo with the tagline "Morrisy Concurrent Care Manager". At the top right, it says "Denials Work List (Production)" and "Current user: bordeng". Below the header is a navigation bar with a "Menu" button and a home icon. The main area features a search bar with "Saved Search: RACINP" and a dropdown menu showing a list of RACINP status options: RACINP 1 INITIAL, RACINP 2 AGREE W DENIAL, RACINP 3 DISAGREE W FI DENIAL, RACINP 4 AGREE W FIRST APPEAL, RACINP 5 FIRST APPEAL OVERTURNED, RACINP 6 SECOND APPEAL, RACINP 7 AGREE W SECOND APPEAL, RACINP 8 SECOND APPEAL OVERTURNED, RACINP 9 ALJ APPEAL, and RACINP10 ALJ APPEAL OVERTURNED. The table below the search bar has columns for "Patient Name", "Encounter #", "Denial Type", and a partially visible "D" column. The table is currently empty, showing "Page 0 of 0" and "Rows: 0".

Example Inpatient Denials:

Each status has its own worklist. When the status is changed, the case falls off that worklist and moves to the next worklist. Team members are assigned different worklists.



Sample of Inpatient Initial Denial Worklist for Physician Advisor Review

M·O·R·R·I·S·E·Y		Morrissey Concurrent Care Manager		Current user: bordeng		Denials Work List (Test)	
Menu		Saved Search: RACINP1 INITIAL APPE		Page 1 of 1		Rows: 7	
Patient Name	Encounter #	Reviewer	Status	Denial/Audit Type	Denials Reason	Ins Plan	Admission Date
CODINGTEST, BECKY	8342712	GREG BORDEN	RAC INP 1 INITIAL REVIEW	RAC DENIAL	RAC AUDIT FOR OP PROC AS INP	SELF PAY	3/18/2009 10:18
MMTHIRTYNINE, STRM	8284247	GREG BORDEN	RAC INP 1 INITIAL REVIEW	RAC DENIAL	RAC AUDIT NOT MEETING INP CRITERIA	SELF PAY	6/3/2008 11:46
SALTEST, DEBORAH E	8277690	GREG BORDEN	RAC INP 1 INITIAL REVIEW	RAC DENIAL	RAC AUDIT FOR OP PROC AS INP	CIGNA	4/2/2008 12:40
SERIES, TWENTYONE	8281454	GREG BORDEN	RAC INP 1 INITIAL REVIEW	RAC DENIAL	RAC AUDIT NOT MEETING INP CRITERIA	MEDICARE	5/12/2008 14:30
UB, BLUECROSSIP	8277087	GREG BORDEN	RAC INP 1 INITIAL REVIEW	RAC DENIAL	RAC AUDIT FOR OP PROC AS INP	BLUE CROSS	3/28/2008 15:51
UB, MEDICAREINPT	8277010			C DENIAL	RAC AUDIT NOT MEETING INP	MEDICARE	3/28/2008 14:58

Clicking on the Patient Name link will bring up the Denial Review page




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Physician Advisor Disagrees with Denial Starts First Level Appeal




M.O.R.R.I.S.E.Y.
Morrissey Concurrent Care Manager





Patient: STRM MMTHIRTYNINE Encounter: 8284247

Adm-DC: 6/3/2008 11:46 - 6/3/2008 13:42
LOS: 1
Att MD: 0618 - SWOR, MICHAEL








Primary Ins Plan: 1 - SELF PAY
Unit: 5NE - 5 Northeast (MAC)
DOB/Age/Sex: 5/18/1966 42 M

Denials Management 
(Test)

Menu

-    
- Topics**
- Review
- Audit
- Appeal Details
- MR Tracking
- Denial Summary
- Comments
- Payor Contacts
- Insurance Details (2)
- Medical Nec. Reviews (1)
- Physician Advisor (1)
- Delays (1)
- Discharge Planning

Review

Review	Insurance Plan	Denial/Audit Type	Denial Dates	Days	Status
6/6/2008	SELF PAY	RAC DENIAL		0	RAC INP 1 INITIAL REVIEW

Denial Review¹

Denial Details²

DRG Validation³

Primary Profile⁴

Facility: 01 Denial ID: 41232

* Review Date: 6/6/2008 Initial From Date:

* Status: **INP 3 DISAGREE WITH DENIAL** Initial Thru Date:

* Insurance Plan: 1: SELF PAY

Ins Type/Payor Seq: SELF PAY 0


* Denial/Audit Type: RACD: RAC DENIAL Verbal Notif.:

* Reason: RACAUD: RAC AUDIT NOT MEE Written Notif.:

* Reviewer: GJB: GREG BORDEN Next Review:

This Review will stay in the Status “RAC INP 3- DISAGREE WITH DENIAL FIRST APPEAL” until the First Appeal is either Overturned or Denied- if denied, the team will decide whether to go to 2nd Level Appeal


Tracking Appeal Details & Amounts



M.O.R.R.I.S.E.Y.
Morrisey Concurrent Care Manager

Patient: STRM MMTHIRTYNINE Encounter: 8284247

Adm-DC: 6/3/2008 11:46 - 6/3/2008 13:42 Primary Ins Plan: 1 - SELF PAY
 LOS: 1 Unit: 5NE - 5 Northeast (MAC)
 Att MD: 0618 - SWOR, MICHAEL DOB/Age/Sex: 5/18/1966 42 M

Denials Management 
(Test)

Menu

Topics

- Review
- Audit
- Appeal Details (1)**
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Appeal Details

Dates:	Type: RAC DENIAL	Status: RAC INP 3 DISAGREE WITH DENIAL FIRST APPEAL	Insur: 1
<u>1ST LEVEL OF APPEAL PROCESS</u>		GREG BORDEN	OPEN

Appeal¹

More Data²

Appeal Review: 6/2/2009

Appeal Level: 1: 1ST LEVEL OF APPEAL

Status: OP: OPEN

* Reviewer: GJB: GREG BORDEN

Outcome:

Outcome Date:

Collection Pred:

Next Level? ☐

→

Request Rec'd: 6/2/2009

Appeal Due: 9/30/2009

Appeal Sent: 6/10/2009

Response Due: 8/9/2009

Response Rec'd:

Response Ltr:

Sent To: MAX: MAXIMUS

How Sent: FEDEX: FEDEX

Tracking No: 56989789


1st Level Appeals Due Date automatically sets 120 days from Demand Letter

RAC Response Due Date 60 days from Sent Date

Tracking information



Tracking Denial Amounts




M.O.R.R.I.S.E.Y.
Morrissey Concurrent Care Manager

Patient: TWENTYONE SERIES Encounter: 8281454

Adm-DC: 5/12/2008 14:30 - 5/15/2008 1:00 Primary Ins Plan: 4 - MEDICARE
 LOS: 3 Unit: 4RT - 4 Retter
 Att MD: 1208 - BROWN, RICHARD H DOB/Age/Sex: 8/1/1960 47 M








Encounter Search:

Denials Management 
(Test)

Topics

- Review
- Audit
- Appeal Details
- MR Tracking
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- Comments
- Payor Contacts
- Insurance Details (2)
- Medical Nec. Reviews (1)
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Review

Review	Insurance Plan	Denial/Audit Type	Denial Dates	Days	Status
5/13/2008	MEDICARE	RAC DENIAL	5/13/2008 - 5/15/2008	3	RAC INP 1 INITIAL REVIEW

Denial Review¹

Denial Details²

DRG Validation³

Primary Profile⁴

Initial	Actual
From Date: <input type="text" value="5/13/2008"/>	From Date: <input type="text" value="5/14/2008"/>
Thru Date: <input type="text" value="5/15/2008"/>	Thru Date: <input type="text" value="5/15/2008"/>
No. of Days: <input type="text" value="3"/>	No. of Days: <input type="text" value="2"/>
Charges Amt.: <input type="text" value="\$9,856.00"/>	Charges Amt.: <input type="text" value="\$9,856.00"/>
Cost Amt.: <input type="text" value="\$0.00"/>	Cost Amt.: <input type="text" value="\$0.00"/>
Paid Amt.: <input type="text" value="\$0.00"/>	Paid Amt.: <input type="text" value="\$0.00"/>
Paid Amt. Date: <input type="text"/>	Paid Amt. Date: <input type="text"/>
Denied Amt.: <input type="text" value="\$9,856.00"/>	Denied Amt.: <input type="text" value="\$3,590.00"/>
Adjusted Payment: <input type="text" value="\$0.00"/>	Adjusted Payment: <input type="text" value="\$0.00"/>
Adjusted Pmt Rec'd: <input type="text"/>	Adjusted Pmt Rec'd: <input type="text"/>
Severity: <input type="text"/>	Severity: <input type="text"/>

Cycle #:
 Appeal Type:

Case #:
 Requestor:

If available, these fields could be interfaced from your Patient Accounting software








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Appeal Comments for Letter

Patient: **MMTHIRTYNINE, STRM** Medical Record #: **9001142**
Encounter #: **8284247** Facility: **01**
Admission Date: **Tue, 6/3/2008 11:46**
New Record New Record

Review Type: **Denial Review**

* Reviewer: **PAFB: DR. FRANK BURNS**

* Comment Type: **APPEAL: Appeal Comment**

Template:

* Comment:

We are disputing this denial. Per 2002 InterQual Level of Care Criteria, this admission met both severity of illness and intensity of service for an inpatient admission under IC/CV (Cardiac/Telemetry) as follows:
Severity of Illness: Post procedure cardiac monitoring for PCI complications (Per InterQual Notes, complications following a procedure requiring cardiac monitoring would include transient occlusion of a coronary vessel, arrhythmia, chest pain or dyspnea).
Intensity of Service: Post procedure monitoring less than 24 hours and cardiac catheterization/PCI

Please refer to the summary below:
This 61 year old male was admitted as an inpatient to Sarasota Memorial Hospital on 11/26/02 for angioplasty and brachytherapy for instent restenosis of the stent placed in the left anterior descending coronary artery approximately four months prior to this admission. Per nursing notes, the patient

Medical Director adds comments supporting the Appeal



Appeal Letter Details

First Coast Service Options, Inc.
Medicare Part A Appeals
P.O. Box 45053
Jacksonville, FL 32232-5053

Patient: STRM MMTHIRTYNINE
HIC#: 220387397A
DOS: 11/26/2002 - 11/27/2002
Audit ID: 2027587
Claim #: 20234310244104

Crystal Report Letter pulls in demographic information and the Appeal Comments

Letters can be preformatted to include language supporting the case for various targeted denials such as cath or debridement denials

Please find enclosed a *Request for Redetermination of Part A Medicare Claim* forms on the above referenced Medicare beneficiary. This redetermination was requested related to the following RAC admission denial:
“Review of medical record does not justify medical necessity for admission to an acute care hospital”.

We are disputing this denial. Per 2002 InterQual Level of Care Criteria, this admission met both severity of illness and intensity of service for an inpatient admission under IC/CV (Cardiac/Telemetry) as follows:
Severity of Illness: Post procedure cardiac monitoring for PCI complications (Per InterQual Notes, complications following a procedure requiring cardiac monitoring would include transient occlusion of a coronary vessel, arrhythmia, chest pain or dyspnea).




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Denial Appeal Through Multiple Levels








MORRIS EY
Morrissey Concurrent Care Manager

Patient: STRM MMTHIRTYNINE Encounter: 8284247

Adm-DC: 6/3/2008 11:46 - 6/3/2008 13:42
 LOS: 1
 Att MD: 0618 - SWOR, MICHAEL


Primary Ins Plan: 1 - SELF PAY
 Unit: 5NE - 5 Northeast (MAC)
 DOB/Age/Sex: 5/18/1966 42 M

Denials Management 
 (Test)

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- Physician Advisor (1)
- Delays (1)
- Discharge Planning


Encounter Search: 


Appeal Details


Dates:
Type: RAC DENIAL
Status: RAC INP 9
ALJ APPEAL
Insur: 1


Appeal Level	Reviewer	From	Thru	Status	Outcome
RAC 1ST LEVEL FI	GREG BORDEN			CLOSED	
RAC 2ND LEVEL QIC	GREG BORDEN			CLOSED	
RAC 3RD LEVEL ALJ	GREG BORDEN			OPEN	


Appeal¹ More Data²


Appeal Review: 


* Appeal Level: 


Status: 


* Reviewer: 


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
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
Request Rec'd: 

Appeal Due: 

Appeal Sent: 

Response Due: 

Response Rec'd: 

Response Ltr: 

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 HEALTH CARE SYSTEM

Where is the RAC Looking?

- What improper payments were found by the RACs:
 - Demonstration findings: www.cms.hhs.gov/rac
- Improper payments have been found in OIG, CERT and Pepper Reports.
 - OIG Reports: www.oig.hhs.gov/reports.html
 - CERT Reports: <http://www.cms.hhs.gov/cert>
 - Pepper Reports: <http://providers.ipro.org/index/pepper>



Important RAC Reading

- Centers for Medicare & Medicaid, The Medicare Recovery Audit Contractor (RAC) Program: An Evaluation of the 3-Year Demonstration, July 2008 (and January 2009 Update)
- American Hospital Association, Regulatory Advisory, The Medicare Appeals Process, March 27, 2009



Q & A



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