



CAH – Stories From The Field – MAC, MIC, RAC

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WHAT WE DID

- **Outside Consultant** for Leadership Team, Medical Staff, & Board education – **Developed the Plan**
- **RAC Response Committee** with e-mail List Contact; **assigned responsibilities**; internal data mining of any published issue; weekly e-mail to List Contact personnel on updates; for the first 3 months RAC Response Committee met weekly then monthly for 6 months and now as needed (not just RAC, any audit or pre-pay probe)
- **Utilize resources-** Sign up for list-serves, use search on internet, etc.

AND THEN...

- **Monthly updates** to Compliance, Leadership, & Medical Care Appraisal
- **Internal Audit Committee** RAC issues, OIG focus, Compliance, Problem Prone, New service line, New software in a service area, webinars
- **Proactive** – check all 4 RAC areas for their published issues; CERT, Pre-pay probes;
- **Built in queries or pre-bill holds** for some areas of concern

WHAT WE CONTINUE TO DO

- **Proactive** (Committees, Leadership, Administration, Medical Staff, regular updates)
- **Audit** (Include staff & management of area being audited in the audits, look @ process & outcomes)
- **Educate** (hospital personnel, Rural Health Clinic & physicians / midlevels)
- **Monitor** (problem prone, high risk, high volume, issue identified)
- **Re-audit**, scheduled and/or PRN

NO RAC REQUESTS, BUT...

- CMS RAC
- National Government Services
- Wisconsin Physician Services
- CGI RAC -Where one goes, others usually follow
- CAH is not DRG but...

