THE DISCUSSION PERIOD: A MUST HAVE

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Objectives

- Identify key individuals in the Discussion Process
- Review options to support the Physician Advisor
- Learn ways to tackle Coding (including Clinical Validation) and Medical Necessity

THE DISCUSSION…

What is the Discussion?

- The discussion period offers the opportunity for the provider to provide additional information to the RAC to indicate why recoupment should not be initiated. It also offers the opportunity for the RAC to explain the rationale for the overpayment decision. After reviewing the additional documentation submitted the RAC could decide to reverse their decision. A letter will go to the provider detailing the outcome of the discussion period.
- **Who do I contact?** Recovery Audit Contractor (RAC)
- **Timeframe** Day 1 – 40
- **Timeframe Begins**
- Automated Review: Upon receipt of Demand Letter
- Complex Review: Upon receipt of Review Results Letter
- **Timeframe Ends** Day 40 (offset begins on day 41)

Provider Options - RAC Overpayment Determination

	Discussion Period	Rebuttal	Redetermination
Which option should I use?	The discussion period offers the opportunity for the provider to provide additional information to the RAC to indicate why recoupment should not be initiated. It also offers the opportunity for the RAC to explain the rationale for the overpayment decision. After reviewing the additional documentation submitted the RAC could decide to reverse their decision. A letter will go to the provider detailing the outcome of the discussion period.	The rebuttal process allows the provider the opportunity to provide a statement and accompanying evidence indicating why the overpayment action will cause a financial hardship and should not take place. A rebuttal is not intended to review supporting medical documentation nor disagreement with the overpayment decision. A rebuttal should not duplicate the redetermination process. (See 42 CFR 405.374-375)	A redetermination is the first level of appeal. A provider may request a redetermination when they are dissatisfied with the overpayment decision. A redetermination must be submitted within 30 days to prevent offset on day 41.
Who do I contact?	Recovery Audit Contractor (RAC)	Claim Processing Contractor	Claim Processing Contractor
Timeframe	Day 1 - 40	Day 1-15	Day 1-120 Must be submitted within 120 days of receipt of demand letter. To prevent offset on day 41 the Redetermination must be filed within 30 days.
Timeframe Begins	Automated Review: Upon receipt of Demand Letter Complex Review: Upon receipt of Review Results Letter	Date of Demand Letter	Upon receipt of Demand Letter
Timeframe Ends	Day 40 (offset begins on day 41)	Day 15	Day 120

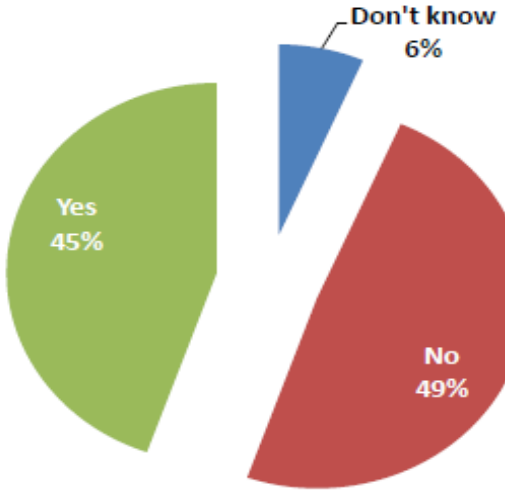
The Decision to Discuss

45% of participating hospitals report having a denial reversed during the discussion period, including 60% of hospitals in Region A.

Percent of Participating Hospitals with Denials Reversed During the Discussion Period, National and by Region, 2nd Quarter 2013

Reversed Denials by RAC Region

	Yes	No	Don't Know
Region A	60%	34%	6%
Region B	46%	50%	4%
Region C	41%	53%	6%
Region D	35%	54%	11%



The discussion period is intended to be a tool that hospitals may use to reverse denials and avoid the formal Medicare appeals process. All RACs are required to allow a discussion period in which a hospital may share additional information and discuss the denial with the RAC. During the discussion period a hospital may gain more information from the RAC to better understand the cause for the denial and the RAC may receive additional information from the hospital that could potentially result in the RAC reversing its denial.

Source: AHA. (July 2013). RAC*Trac* Survey
AHA analysis of survey data collected from 2,425 hospitals: 2,129 reporting activity, 296 reporting no activity through June 2013. 1,273 hospitals participated this quarter. Data were collected from general medical/surgical acute care hospitals (including critical access hospitals and cancer hospitals), long-term acute care hospitals, inpatient rehabilitation hospitals and inpatient psychiatric hospitals.

Pros

- Increase your overturn rate
- Educate your team/facility
  - Process Improvement
  - How to look at denials/regs
- Provides a chance to “get inside the mind of an auditor”
- Allows leadership to see what we are facing
- Educates the contractor
- Builds relationship

Cons

- Time including turnaround dependent on volume
- Need for MD (PA)
- Scheduling

What Should We Discuss?

- Automated
- Coding
- Medical Necessity

Discussion – HOW?

- Written
- Verbal

Discussion – Written

- Form
- Any team member
- Clear
- Include rules, guidelines, facts
- Redirect to findings in record
- Takes time

Connolly Healthcare—Recovery Audit Contractor Region C
Request to Open Discussion Period

Please fax to Connolly customer service at 203.529.2995

Connolly Claim Number (submit one form per claim):

Provider/Supplier Name:
NPI/Tax ID#:
Patient Name:

Additional documentation attached (Y/N):

Number of pages (including cover):

I do not agree with the RAC's determination for the following reason(s):
_____ has performed retrospective review of the original coding and MSDRG assignment of the above claim and agrees with the coding assigned. Based on review the assignment of the following codes are appropriate:

348.5 Cerebral Edema
MSDRG 023

The reviewer has recommended the removal of 348.5, cerebral edema as a secondary diagnosis. However based on the rationale provided by the reviewer and our review we assigned the correct code. The code removal recommended by the reviewer does not reflect their rationale and is appropriate code assignment based on the facts stated by the reviewer.

The documentation below justifies the assignment of cerebral edema. Please review the reference to chart documentation below and reference to Coding Guidelines.

Reviewer states diagnosis not supported by physician documentation ***however***:
Progress Note dated 01/23/12: "cerebral edema secondary to hemorrhage" in 2 areas of the same note. This condition was addressed by the physician and being treated with Decadron (*the primary corticosteroid used to control cerebral edema is dexamethasone (Decadron); Medscape)* **which is an anti-inflammatory drug to reduce swelling and Mannitol, *widely used in the management of cerebral edema and raised intracranial pressure (ICP) from multiple causes*** (Oxford Journal: British Journal of Anesthesia: CEACCP; http://ceaccp.oxfordjournals.org/content/early/2012/01/12/bjaceaccp.mkr063.full).

In conclusion, the AHA Official Coding Guidelines consistently state that for reporting purposes the definition of "other diagnosis" is interpreted as an additional condition affecting the patient care in terms of requiring: clinical evaluation; or therapeutic treatment; or diagnostic procedures; or extended length of hospital; or increased nursing care and/or monitoring. As noted above, this applies via medication treatment, administration, monitoring, and testing as demonstrated. The cerebral edema should be coded as a result.

We respectfully request a written response in a favorable decision.
Thank you for your consideration

Date:

Printed Name:

Phone #:xxxxxxxxxxxxx

Email: xxxxxxxxxxxx

Upon receipt of your request, the Medical Director will determine if a telephone discussion is necessary or if a sufficient response can be provided in writing. If a teleconference is necessary, you will be contacted to arrange a time.

Questions regarding this request should be directed to Connolly customer service at 866.360.2507x4 or racinfo@connollyhealthcare.com.

Verbal

- MD to MD
- When should this occur
- Be prepared
- Brief your physician advisor
- What happens next
- Identify and trend success
- Takes time
- Success process

Ball Is In Your Court

- ASK TO SPEAK WITH THE MEDICAL DIRECTOR

  RAC STATEMENT OF WORK (p. 19) – If the provider requests to speak to the CMD regarding a claim(s) denial the RAC shall ensure the CMD participates in the discussion.

Team Approach

- Role of team reviewers/auditor
  - Review all cases
  - Know your potential winners
  - Formulate written response
  - Guide physician through reviews/chart prep for call
  - Be involved (in the room) for PA support

Resources

- http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads//ProvCmpl_Articles.pdf
- www.aha.org. RACtrac data, 2nd qtr. 2013.
- www.cms.gov (Provider Options Chart)
- RAC Statement of Work update September 2011.
- AHIMA RAC toolkit: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_044065.pdf

Thank You!!!

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