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CGI RAC Region B Outreach Wisconsin Hospital Association

August 11, 2009

Today's Agenda

- Introductions
- RAC Mission
- Staff Credentials
- CMD Responsibilities
- Keys to RAC Program Success
- Processes for Review and Recovery
- Contact Information
- Questions and Answers

Introductions

Key Staff

- Rob Rolf, CGI Vice President
- Mary Hoffman, CGI RAC Project Director
- Dr. Percival Seaward, CGI Contractor Medical Director
- Sabrina Katsaris, CGI Audit Manager
- David Wyatt, PRG Schultz RAC Project Director
- Dr. Earl Berman, PRG Schultz Contractor Medical Director



CGI RAC Mission

CGI's mission for the RAC Region B is to identify improper payments through the detection and collection of overpayments, the identification of underpayments, and the implementation of actions that will prevent future improper payments utilizing their Customized Auditing Software (CAS) 5.0 software.

Staff Credentials

CGI staff members have extensive backgrounds, training, and certifications in the areas of healthcare management and clinical coding. Each member of our team has at least one of the following certifications, with many members having multiple certifications:

- Medical Doctor
- Certified Coding Specialist
- Registered Health Information Technician
- Registered Health Information Administrator
- Registered Nurse
- Certified Professional Coder
- Certified Professional Coder – Hospital
- Registered Pharmacist

CMD Responsibilities

- Understanding of NCD, LCD and other Medicare policies – providing clinical expertise and judgment
- Source of Medical Information
 - Readily available
 - Questionable claim review situations.
- RAC Vulnerabilities Recommendations
 - Revision of or introduction to Medicare Claim system
 - Other corrective actions
 - Recommendations related to NCD, LCD, system edits or provider education
- Claim Adjudication briefing and Advising of Personnel
 - Correct policy applications – use of written guidelines

CMD Responsibilities (con't)

- CME
 - Keeping abreast of current medical practice and technology.
 - Applying this knowledge to possible effects on improper payments and abuse
- Interaction – Problem Sharing
 - Other CMDs of other RACs
- Participation in RAC CMD Clinical workgroups.
- Input into National Coverage and Payment Policy, including RVU assignments if requested
- Participation in CMS/RAC presentations to Provider and other associations.

Keys to RAC Program Success

CGI's approach to achieving the three keys

1. Maximize transparency through communication
 - Web site
 - Call center
 - Email
 - Hospital association
2. Ensure accuracy
 - Credentialed team
 - RAC Validation Contractor (RVC)
 - New issue review process
3. Minimize provider burden
 - Medical record limit
 - CAS 5.0

Two Types of Reviews: Complex and Automated

- **Complex Review Steps and Tracking**

- Auditors will select cases for review and request the medical record; the request date and the requesting auditor is automatically recorded in CAS
- Medical record is received in CAS 5.0, and the received date is automatically recorded
- Auditor reviews the medical record and documents audit comments in CAS 5.0; the date is recorded in CAS 5.0
- The physician's comments are also documented in CAS 5.0; the date is recorded in CAS 5.0 automatically
- Letters are generated to providers at the end of audit, and the date is recorded

Two Types of Reviews: Automated and Complex

Automated Review

- Occurs when a RAC makes a claim determination at the system level without a human review of the medical record.
- Coverage/Coding Determinations Made Through Automated Review
- The RAC may use automated review when making coverage and coding determinations only where BOTH of the following conditions apply:
 - there is certainty that the service is not covered or is incorrectly coded, AND;
 - a written Medicare policy, Medicare article or Medicare-sanctioned coding guideline (e.g., CPT statement, CPT Assistant statement, Coding Clinic statement, etc.) exists.

Two Types of Reviews: Automated and Complex

Automated Review (Con't)

- The RAC may use automated review when making other determinations (e.g. duplicate claims, pricing mistakes) when there is certainty that an overpayment or underpayment exists. Written policies/articles/guidelines often don't exist for these situations.

Identified Underpayments

For purposes of the RAC program, a Medicare underpayment is defined as those lines or payment group (e.g. APC, RUG) on a claim that was billed at a low level of payment, but should have been billed at a higher level of payment. The RAC will include review for underpayments as a part of our auditing process.

- Upon identification, the RAC will communicate the underpayment finding to the appropriate affiliated contractor.
- Neither the RAC nor the AC may ask the provider to correct and resubmit the claim.
- The affiliated contractor validates the underpayment occurrence, adjusts the claim and pays the provider.
- The RAC will issue a written notice to the provider, via the Underpayment Notification Letter.
- Provider inquiries are answered by the RAC Call Center.

Contact Information



Call Center for RACB

Toll Free: 877-316-RACB

E-mail: RACB@cgi.com

<http://RACB.CGI.com>

Questions

