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January 19, 2012

CGI RAC Region B Update

2012 Wisconsin Mega Conference

Time Management

- CGI Federal is happy to be in attendance today. In the interest of time, we are requesting the following:
 - Any questions regarding a specific RAC case or cases should be emailed directly to Suzanne Mihalek (suzanne.mihalek@cgifederal.com), with **Wisconsin Mega Conference Question** in the subject. Please include Medicare ID, NPI, RAC Case IDs, Letter IDs, and a description of your concern.
 - Suggestions for improvement can also be emailed to Suzanne with **Suggestion from Wisconsin Mega Conference** in the subject.

Agenda

- Introductions
- Overview and Update
 - RAC Operations
 - Procedures and Timelines
 - RAC B Website
 - ESMD
- Best Use of RAC Discussion Period
- Update on Medicare RAC Approved Issues
- Semi-Automated Reviews
- Open Question and Answer

Overview and Update: RAC Operations

State of Wisconsin Statistics, Part A and Part B Through December 2011

Audits Completed:	7,919
Audits with Findings:	7,914
Audits with No Findings:	5
Discussions Requested:	502
Affirmed:	229
Dismissed:	15
Fully Reversed:	235
Partially Favorable:	23

Overview and Update: RAC Operations Procedures and Timelines

Records and Review Information

- **45 DAYS:** RAC issues an ADR Letter requesting medical records and provider has 45 days to send them.
- **45 DAYS from receipt of records:** RAC has 45 days to pay for records requiring payment and First Class Postage.
- **60 DAYS from receipt of records:** Upon receipt of the medical record, RAC has 60 days to review and send the Review Results Letter.

Discussion Information

- Provider can initiate a Discussion as soon as they receive the Review Results Letter and up to **DAY 40** from the date of the Demand Letter.
- Providers using the discussion option will receive a Discussion Results Letter.
- Discussion Results Letters are issued in a scheduled and timely manner.

Overview and Update: RAC Operations Procedures and Timelines (cont'd.)

Adjustment and Demand Information

- Once a Review Result is generated, CGI sends an adjustment to the claims processor.
- The adjustment is validated for data elements.
- If there are no errors, the adjustment will process quickly. In the event of errors, it may take 90 days or more to resolve the issue.
- **7 DAYS:** Demand Letters are mailed within 7 days of the date of the AR and in accordance with the Medicare Financial Management Manual, Chapter 3 & 4, as well as instructions in CMS One Time Notifications and Joint Signature Memorandum.

Appeal Information

- **120 DAYS:** Providers have appeal rights for 120 days from the date of the Demand Letter.

Overview and Update: RAC B Website Access

Home Issues Contact Information **Providers** Letters FA

Provider Login (Identification)

Please select which ID you would like to use to authenticate (Medicare ID or NPI).

Medicare ID NPI

Medicare ID



RACB::Providers

- [Address Maintenance](#)
- [Claim Audit Status](#)
- [Additional Documentation Request Limits](#)

Overview and Update: RAC B Website Bulletin Board

- A Bulletin Board is available for communicating important updates to the Provider community.
 - Once authenticated to the website, click on the Home link to view the Bulletin Board. Important information is located in the **What's New** box.

The screenshot displays the RAC B Website Bulletin Board. At the top, a red navigation bar contains the following links: Home, Issues, Contact Information, Providers, Letters, FAQs, User Guide, and Logout. The 'Home' link is highlighted with a green box. Below the navigation bar, the page content is divided into two main sections. On the left, a 'Related Sites' sidebar lists several links: CMS Manuals, Medicare Coverage Database, CMS RAC Web Site, CMS RAC Overview, CMS Questions, American Hospital Association FAQs, and Understanding the Remittance Advice: A Guide for Medicare. On the right, the main content area features a 'RACB::Home' breadcrumb, a black banner with the text 'WELCOME TO MEDICARE RAC REGION B.', and a 'What's New!' section. The 'What's New!' section contains a text box with the following message: 'Please note that some providers may be sending payments and appeal packages for Ohio and Kentucky Part B using the information from Demand Letters that refer to NGS. CGI Federal updated the payment and appeal information on our Demand Letters in May 2011. Please use the addresses listed below to submit payments and appeals for PART B OH or KY claims.'

Overview and Update: RAC B Website Claim Status

RACB::Providers

- [Address Maintenance](#)
- [Claim Audit Status](#)
- [Additional Documentation Request Limits](#)

Claim Audit Status

RAC Case ID	Letter #	Medical Record #	Date of Service	Status	Status Date	Due Date	Claim Audit
				DiscussionLetterSent	01/18/2011		Details
				ReviewResultsLetterSent	10/26/2010		Details
				ReviewResultsLetterSent	11/30/2010		Details
				AppealInProgress	01/11/2011		Details
				DiscussionLetterSent	01/18/2011		Details
				ReviewResultsLetterSent	11/30/2010		Details
				ReviewResultsLetterSent	11/05/2010		Details
				ReviewResultsLetterSent	11/05/2010		Details
				ReviewResultsLetterSent	11/22/2010		Details
				AppealInProgress	02/18/2011		Details

1 2 3 4 5 6 7 8 9 10 ...

Overview and Update: RAC B Website Claim Status Details

- Detailed information on cases is available from the Claim Audit Details link.

Status	Status Date	Due Date	Claim Audit
ReviewResultsLetterSent	09/10/2010		Details
ReviewResultsLetterSent	10/11/2010		Details
ReviewResultsLetterSent	07/09/2010		Details
ReviewResultsLetterSent	09/10/2010		Details
ReviewResultsLetterSent	10/11/2010		Details
ReviewResultsLetterSent	05/06/2010		Details
ReviewResultsLetterSent	08/19/2010		Details
ReviewResultsLetterSent	10/28/2010		Details
ReviewResultsLetterSent	10/04/2010		Details
ReviewResultsLetterSent	06/22/2010		Details

Claim Audit Details	
RAC Case ID	
Letter Number	
Medical Record Number	
Date of Service	
Date Record Request Mailed	11/15/2010
Date Record Request Received	12/09/2010
Date Review Started	01/12/2011
Date Review Completed	02/17/2011
Date Review Results Letter Mailed	01/25/2011
Discussion Period Start Date	02/01/2011
Discussion Period Complete Date	02/22/2011
Demand Letter Date	02/04/2011
Rescinded Date	02/23/2011
Status	Rescinded as of 02/23/2011
<input type="button" value="Print"/> <input type="button" value="Close"/>	

Overview and Update: RAC B Website Address Maintenance

- Providers can update their contact information from the Address Maintenance link.
 - Providers can only update contact information for addresses that share the Tax ID of the Medicare ID or NPI entered for the logon identity.

Provider Name		
Medicare ID		
NPI		
	Mailing Address	Billing Address
Contact		
Address Name		
Address 1		
Address 2		
Address 3		
City		
State		
Zip Code		
Phone		
Fax		
Email		

Records with the same Tax ID are preselected for modification. If you do not wish to update all selected records, please uncheck the select box.

Select	NPI	Provider Name	Address 1	City	State	Zip Code
<input checked="" type="checkbox"/>						
<input checked="" type="checkbox"/>						

Overview and Update: ESMD

- ESMD Project

- ESMD is the CMS project that enables Providers to send medical documentation electronically through approved vendors using a CONNECT-compatible gateway.
- RAC B is currently accepting medical records through this initiative.
- Providers will be paid for pages according to the SOW; however, there is no reimbursement of postage.
- Providers can visit <https://www.cms.gov/ESMD/> for more information and a list of approved vendors.

Best Use of RAC Discussion Period

- Providers can initiate a Discussion as soon as they receive the Review Results Letter for a Complex review and as soon as they receive the Demand for an Automated review. Providers can initiate a Discussion for either type up to **DAY 40** from the date of the Demand Letter.
- The discussion period is a contractual requirement developed as a courtesy to the Provider community for the RAC program, and it does not supersede or replace the statutory appeals and/or recoupment.
- Providers using the discussion option will receive a Discussion Results Letter. CGI Federal produces letters on a set schedule.
- Promptly initiating the discussion process after receipt of the Review Results Letter for a Complex review or the receipt of a Demand for an Automated review will expedite processing and finalization of case processing.
- If an appeal is initiated prior to the finalization of the discussion process, the RAC decision could be jeopardized.
- In some cases, due to timing, an AR will be established with the Claims Processor prior to the processing of a reversal based on a discussion. In these cases, providers will see the overpayment on a remit and receive a Demand; however, the reversal will be processed.

Update on Medicare RAC Approved Issues

- As of December 13, 2011, the following is a count of CGI Federal approved issues:
 - 29 Automated Issues
 - 1 Semi-Automated Issues
 - 146 approved issues encompassing 182 MSDRGs for Medical Necessity review and 713 MSDRGs for DRG validation and clinical validation review

Semi-Automated Reviews

- A semi-automated review is a two-part review that is now being used in the Recovery Audit Program. The first part is the identification of a billing aberrancy through an automated review using claims data. The second part includes a Notification Letter that is sent to the provider explaining the potential billing error that was identified.
- Providers have 45 days to submit documentation to support the original billing.
- If the provider decides not to submit documentation, or if the documentation provided does not support the way the claim was billed, the claim will be sent to the Medicare claims processing contractor for adjustment and a demand letter will be issued.
- If the submitted documentation does support the billing of the claim, the claim will not be sent for adjustment and the provider will be notified that the review has been closed.

Semi-Automated Review Questions

- **Does the RAC still have 60 days to complete the review upon receipt of a medical record?**
 - Yes
- **Will providers still have the Discussion Period option for a semi-automated review?**
 - Yes
- **Can providers appeal on a semi-automated review?**
 - Yes, the first level of an appeal, or redetermination, is handled through the provider's Medicare Administrative Contractor/FI/Carrier. Providers have 120 days from the date of the Overpayment Demand Letter to file an appeal.

Medicare RAC in a MAC World: Change Request 7436

- **Effective Date:** January 3, 2012
- **Action:** The Centers for Medicare & Medicaid Services (CMS) is transferring the responsibility for issuing demand letters to providers from its Recovery Auditors to its claims processing contractors.
- **Purpose:** This change was made to avoid any delays in demand letter issuance.
- **What this means:** The RACs will submit adjustments to the MAC as usual, but the Demand will be issued by the MAC.

Medicare RAC in a MAC World: Resulting Changes

- Demand Letters will be issued to the contact on file with MAC.
- Demand Letters will arrive in the standard MAC format.
- Letter IDs and RAC Case IDs will not be included on the Demands.
- The MAC will be the point of contact for any administrative concerns such as timeframes for recoupment and the appeals process.
- CGI will be the point of contact for Good Cause and review rationale.

Medicare RAC in a MAC World: Suggestions and Actions

- Coordination between the RAC point of contact and the facilities financial areas will be crucial.
- Adjustments will still be identified with the N432 code indicating a RAC adjustment.
- CGI is investigating options that will assist the provider during this transition.
- CGI will keep the provider community updated via our Bulletin Board for enhancements to the website that are related to this change.

Medicare RAC in a MAC World: Extended Repayment Plans

- The MAC will be the point of contact for initiating an Extended Repayment Plan; CGI will no longer facilitate these requests.
- The address for the ERP requests is as follows:

Part A

NGS

P.O. Box 809199
Chicago, IL 60680-9199

Part B

WPS

Reimbursement Supervisor
PO Box 1604
Omaha, NE 6810

Contact Information



Call Center for CGI Federal RAC B

Toll Free: 877-316-RACB

E-mail: RACB@cgi.com

Website:

<http://RACB.CGI.com>

Questions

