

RAC Program




Recovery Audit Contractor Program



RAC Program

Affordable Care Act


- The RAC Program is required by federal law:
“Not later than December 31, 2010, the State shall—
(i) establish a program under which the State contracts (consistent with State law and in the same manner as the Secretary enters into contracts with recovery audit contractors under section 1893(h), subject to such exceptions or requirements as the Secretary may require for purposes of this title or a particular State) with 1 or more recovery audit contractors for the purpose of identifying underpayments and overpayments and recouping overpayments under the State plan and under any waiver of the State plan with respect to all services for which payment is made to any entity under such plan or waiver.”
- Patient Protection and Affordable Care Act section 6411(a)(1); 42 U.S.C. 1396a(a)(42)



RAC Program

Department RAC Contractors


- CGI Federal, Inc. is the RAC contractor for the State of Colorado.
- HMS is a subcontractor of CGI, specializing in credit balance audits.



RAC Program

Audit Process Overview


1. Outreach and Provider Program Updates
2. Data Analysis to Select Cases
3. Data-only Review
4. Medical Record Request
5. Records Review
6. Exit Conference and Provider Education
7. Demand Letters
8. Informal Reconsideration or Appeal



RAC Program

Outreach and Provider Program Updates


- Provider organizations and associations will be educated on the audit process before audits begin.
- Provider organizations and associations will be informed of the upcoming reviews before they begin.
- There will be Medicaid bulletins, webinars, newsletters, new content on the Department’s website and Provider group publications.
- CGI provides a toll free number, available from 8 AM to 5 PM MT to answer provider inquiries about the Program.
- CGI provides the Colorado RAC Medicaid Web Portal for access to important Program information.



RAC Program

Data Analysis to Select Cases


- CGI receives all Department claims data
- CGI does a comprehensive data review using advanced analytics
- CGI identifies areas of review and makes recommendations to the Department
- The Department validates the audit methods and approves all projects



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Data-only Review


- CGI will perform a data-only review (automated) when there is certainty that the service is not covered or is coded incorrectly and a written Medicaid policy or article, or a Medicaid-sanctioned coding guideline exists.
- Providers will receive a letter detailing:
 - the patient/case at issue
 - clear explanations with individualized rationales and detailed findings for each case
 - education information on the laws, policies, rules, etc.
 - instructions on how to seek informal reconsideration or how to file a formal appeal
 - payment instructions
 - contact information for questions



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Medical Record Review


- Complex reviews start with a letter from the Department asking for records.
 - 45 Days: Records are due within 45 days from the date of Medical Record Request Letter.
 - CGI can grant reasonable extensions of time, if needed, to allow the provider to retrieve and send records.
 - Requests for an extension of time need to be in writing and can be sent, via email, to the CGI's Medicaid Services Call Center, or mailed to CGI.
- By notifying CGI, Providers can select a specific contact for the receipt of CGI Medical Record Requests.
- By notifying CGI, Providers can also select a secondary address used to send a courtesy notice to the CFO or other specified person.



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Records Review


- Medical record review is performed by Registered Nurses (RNs) and Certified Coding Specialists
- Nurses use established Guidelines
- Coders use Coding Clinics and Guidelines
- If necessary (and where possible), there is a referral to a Colorado licensed and domiciled physician in active practice



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Exit Conference


- Exit conferences are optional and must be requested by the Provider.
- Requested exit conferences are held prior to the mailing a Demand Letter.
- CGI will host the conference and provide discussion on:
 - The findings
 - Documentation used to make the findings
 - Missing documentation that might change the result
 - The next steps in the review process
 - How to avoid making the errors in the future



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Demand Letters


- When overpayments are found, a Demand Letter is issued. The letter will:
 - Identify each patient/case at issue
 - Provide clear explanations with individualized rationales and detail finding for each case
 - Provide educational information on the laws, policies, rules, etc. that were applied
 - Provide instructions on how to seek informal reconsideration or how to file a formal appeal
 - Provide payment instructions
 - Provide contact information the Provider may use for questions



RAC Program

Demand Letters


- Accidental billing errors will be recalculated:
 - CGI will identify the dollar difference between how the claim was originally coded, and how it should have been coded, and will only demand repayment of the difference
 - In special circumstances, the provider may have to rebill the claims to allow for Department automated repricing.
- Willful or repeated violations may result in 100% recovery.



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Informal Reconsideration or Appeal

- Informal Reconsideration
 - 30 Days: An Informal Reconsideration request must be requested in writing within 30 days of date of the Demand Letter.
 - New additional documentation, not already provided, must be submitted with the request.
 - The specific overpayments being challenged must be identified.
 - The reason for the request must be provided.
- 45 Days: CGI will complete the reconsideration and issue a decision within 45 days.




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Informal Reconsideration or Appeal

- Appeal
 - 30 Days: Must be requested in writing within 30 days of the date of the original Demand Letter or Informal Reconsideration decision.
 - Instructions for submitting a formal appeal are included on all Demand Letters.


There will be no recovery while a case is pending informal reconsideration or is on appeal.



RAC Program

Provider Assistance and Online Tools

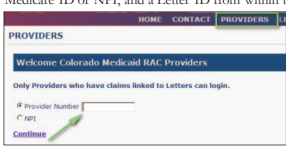
- Provider Services
 - CGI's provider services are an integral part of effective communication and assistance to the Provider Community.
 - Support Specialists are trained to quickly respond to provider requests.
 - A toll free 800 number is provided, along with email services. The services are available from 8 AM to 5 PM Mountain Time.
- Online Tools
 - CGI provides a Web Portal as an online tool to share information with providers and for Provider use to establish and update Provider contact information and view the progress of an audit.




RAC Program

Provider Assistance and Online Tools

- The Colorado Medicaid RAC Web Portal site address: <http://COHCPE.CGICLEVE.COM>
- Providers authenticate by clicking on the Providers link and entering their Medicare ID or NPI, and a Letter ID from within the date range listed.




- Providers can access Address Maintenance, Claim Audit Status, and the Bulletin Board once authenticated on the website.



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Provider Assistance and Online Tools


- 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.

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Other Auditors


- There are other federal auditors.
 - Office of Inspector General (OIG)
 - Medicaid Integrity Contractors:
 - Health Integrity
 - AdvanceMed
 - Medi-Medi Pilot Project (dual eligible clients)
 - Health Integrity
 - Legal process used is Colorado's.
- Program Integrity and State Auditor audits.
- Coordination is a program goal.



RAC Program

About the audits


- The RAC generally looks back three years.
- Federal auditors generally look back five or six years.
- The Department's Program Integrity Section looks back six years.



RAC Program

Audit Consequences


- Billing irregularities that look fraudulent or intentional are automatically referred to the Medicaid Fraud Control Unit in the Colorado Attorney General's Office.
 - Criminal Prosecution
 - False Claims Act recoveries
 - Triple damages
 - Attorneys fees
 - Penalties for each occurrence
- Licensing Board referrals.
- Termination of Medicaid provider agreement.
- Exclusion from participation in all federal healthcare programs.
- Recovery of overpayments.



RAC Program

Best Practices


- Law
 - Read the Department's rules for your practice area
 - Read the bulletins and provider manuals
 - Be aware of state and federal laws
- Staff
 - Hire experienced certified coders
 - Send them to ACS classes
 - Require them to read Department bulletins and manuals
 - Review and supervise their submissions
 - Never tell them to ignore coding rules or laws



RAC Program

Best Practices


- Eligibility
 - Take a screenshot or print
- Managed Care
 - Check for enrollment
- Return overpayments promptly
 - Third party payments
 - Federal False Claim liability for failing to return within 60 days.



RAC Program

Best Practices

- Bill everyone else first
- Honor global reimbursements
- Don't bill for services provided by unlicensed staff unless expressly allowed in the rules
- Documentation
 - Make entries contemporaneously
 - Don't use software that purports to "maximize" reimbursement
 - Don't forge other people's signatures
 - Don't make up entries
 - Record all the services that were provided



RAC Program

Contact Information

Call Center for CGI Medicaid RAC Colorado
Toll Free: 1-855-210-3438, Option 1
E-mail: rac.medicaid@cgrfederal.com
Website: <http://COHCPF.CGICLEVE.COM>

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