

Recovery Audit Contractor Program Starts Soon

BY DENISE NAPOLI

WASHINGTON — Physicians and other providers in certain states are beginning to receive demand letters from Medicare Recovery Audit Contractors, Dr. Thomas Valuck said at a meeting of the Practicing Physicians Advisory Council.

Officials from the Centers for Medicare and Medicaid Services will begin to roll out the program to the rest of the country later this summer, with demand letters reaching providers in August or early September, according to Dr. Valuck, medical officer and senior adviser at the Center for Medicare Management.

The Recovery Audit Contractor (RAC) program is designed to identify and correct past improper Medicare payments, including underpayments. It began as a demonstration project in California, Florida, and New York in 2005, and was made permanent and nationwide in 2006. It is administered by private contractors who collect a fee based on the errors they detect.

The RACs—which have access to Medicare fee-for-service claims data—use software to analyze claims for inaccuracies regarding coding, billing, and payment. Beginning in September, the RACs

will also conduct computer-facilitated “complex reviews” on diagnosis-related group (DRG) coding errors, according to Cmdr. Marie Casey, U.S. Public Health Service, CMS deputy director of recovery audit operations.

Cmdr. Casey and her colleague Lt. Terrence Lew, USPHS, a health insurance specialist at the division of recovery audit operations at the CMS, offered the following advice for preparing for an RAC review:

► Know where previous improper payments have been found so that your practice can avoid making the same mistakes. This information is available at www.cms.hhs.gov/RAC/Downloads/RAC%20Evaluation%20Report.pdf.

► “Keep a clean shop,” Lt. Lew advised. “Make sure that you’re in compliance with all the applicable Medicare policies, coverage determinations, coding directives, requirements for documentation.”

► Identify key RAC contacts. Each region has its own RAC. (See box.)

► Develop processes for tracking and responding to RAC requests and demand letters. “There are timelines attached to demand letters,” Lt. Lew said. “You’re going to want to have a system for tracking those timelines.”

For more information about the RAC program, visit www.cms.hhs.gov/RAC.

Getting Ready for the RAC

Outreach designed to educate providers about the RAC program and what to expect is still being conducted in Regions B and D, and the CMS soon will begin outreach in Region A. The updated provider outreach schedule can be found at www.cms.hhs.gov/rac.

Provider outreach must occur in each state before a RAC is authorized to send any correspondence to a provider, such as a demand letter for recoupment or a request for additional documentation.

The RACs will begin with very basic “black and white” reviews, Cmdr. Casey said, adding that these reviews will be performed on an automated basis (no medical records are required).

Once the RAC has been established in the region, it may begin to review claims for medical necessity.

To contact your regional RAC:

► **Region A:** Diversified Collection Services (DCS), 1-866-201-0580; www.dcsrac.com.

► **Region B:** CGI, 1-877-316-7222; <http://racb.cgi.com>; racb@cgi.com.

► **Region C:** Connolly Consulting Inc., 1-866-360-2507; www.connollyhealthcare.com/RAC; RACinfo@connollyhealthcare.com.

► **Region D:** HealthDataInsights Inc., 866-590-5598 (Part A); 866-376-2319 (Part B); racinfo@emailhdi.com.

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