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# CGI RAC Region B Update

## The Central Ohio Chapter of HFMA Revenue Cycle Council

August 19, 2011

# Time Management

- CGI Federal is happy to participate in today's outreach. In the interest of time, we are requesting the following:
- Any questions regarding a *specific* situation you are having at your facility should be emailed directly to Suzanne Mihalek with **Ohio HFMA Outreach Question** in the subject. Please include Medicare ID, NPI, RAC Case IDs, Letter IDs, and a description of your concern.  
[suzanne.mihalek@cgifederal.com](mailto:suzanne.mihalek@cgifederal.com)
- Suggestions for improvement should also be emailed to Suzanne with **Suggestion from Ohio HFMA Outreach** in the subject.

# Today's Agenda

- Introductions
- Overall Operations
- RAC B Website and Provider Portal Enhancements
- Correspondence Timelines
- Call Center - Advice for Successful Interactions
- Discussion Period Explained
- Complex Reviews
- Lessons Learned
- Plans to Expand Audits to Other Provider Types
- Contact Information
- Questions and Answers

# RAC B Website and Provider Portal Enhancements

## Completed Enhancements, Spring/Summer 2011:

- New statuses were added to the Claim Status area of the website:
  - **Appeal In Process**: An appeal has been received by CGI from the claims processor.
  - **Appeal Completed**: An appeal has been finalized by the claims processor.
  - **Discussion Open**: CGI has received paper work requesting a Discussion and has opened the Discussion in our system.
  - **Discussion Letter Sent**: The Discussion has been finalized and the Discussion Letter was generated on this date.
  - **Demand Letter Sent**: This is the date that we received the AR back from the claims processor, thereby generating the Demand Letter in our system. This may not match the Demand Letter date. **Sample is shown below:**
    - Date AR Received from the Claims Processor: 1/19/11
    - Date of AR in the File: 1/14/11
    - Demand Letter Date: 1/14/11
  - **Rescinded**: This could mean either that the claim was excluded, or that the AR was cancelled with the claims processor from a Discussion reversal or an error.

# RAC B Website and Provider Portal Enhancements (con't)

## Completed Enhancements, Spring/Summer 2011:

- CGI Federal has reinstated the ability for providers to update their contact information on the Provider Portal.
- CGI Federal has completed the quality check on the revisions to those limits and they were implemented on the RAC B Website.

# RAC B Website and Provider Portal Enhancements

## Planned Enhancements:

- The Medical Record payment status and ADR Reminder Letter status.
- The RAC Case ID listed on the Review Results Letter and the Discussion Results Letter for better cross reference to the website information.

# Timelines: Records, Review, Discussion

## 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.
- There is no time requirement for release of these letters, though CGI makes every effort to release these in a scheduled and timely manner.

# Timelines: Adjustment, Demand, Appeal

## Adjustment and Demand Information

- The RAC is required to follow the guidelines in the Medicare Financial Management Manual, Chapter 3 & 4, as well as instructions in CMS One Time Notifications and Joint Signature Memorandum.
- Once a Review Result is generated, CGI sends an adjustment to the claims processor.
- The adjustment is validated for data elements.
- Validation files are returned with the AR date for the claims. There is no time requirement for the return of the validation file. 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.
- **24 HOURS:** Demand Letters are generated and mailed within 24 hours of receipt of the AR. Note that CGI may not receive the validation file on the same date of the AR. There may be a few days lag.
- **7 DAYS:** Demand Letters are mailed within 7 days of the date of the AR, regardless of the date the file was received.

## Appeal Information

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

# Call Center, Advice for Successful Interactions

## Information Ready:

- The Call Center representatives are trained to ask for information prior to receiving your request. Please be patient as they collect the information.
- Have your information ready; Medicare ID, NPI, last 5 digits of Tax ID, RAC Case IDs, Letter IDs as appropriate.

Many issues require additional research and may involve other areas of the CGI RAC Team. Each issue type usually has a different timeline for resolution. Please be patient.

If you are not receiving adequate service, or wish to escalate an issue, please contact Suzanne Mihalek by phone or email. Be sure to include your RAC ticket number.

CGI Federal strives for excellent Customer Service. We are currently taking several steps to further enhance and improve our quality of service.

# Discussion Period Explained

- 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. There is no time requirement for release of these letters, though CGI makes every effort to release these in a scheduled and timely manner.
- Promptly initiating the discussion process assists in finalization of the discussion decision and related processing (beneficial for overturned decisions).
- 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.

# Discussion Period Process Explained

- The *Request to Open Discussion* form is downloaded from the RAC B Website and can be faxed or mailed to RAC B.
- Upon receipt of the request, the auditor and the Medical Director will determine if a telephone discussion is necessary, or if a complete and appropriate response can be provided in writing based on the submitted documentation only.
- The Discussion Results Letter is the formal contact back to the provider regarding the results.

# RAC B Website, Discussion Information

- Discussion information and the Discussion Form can be found at the following link.

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Home Issues Contact Information Providers Letters **FAQs**

**Related Sites**

- [CMS Manuals](#)
- [Medicare Coverage Database](#)
- [CMS RAC Web Site](#)
- [CMS RAC Overview](#)
- [CMS Questions](#)
- [American Hospital Association FAQs](#)
- [Understanding the Remittance Advice: A Guide for Medicare Providers, Physicians, Suppliers, and Billers](#)
- [Medicare Payers Links](#)

**RAC Region B Information**

- **FAQs \*\*New Discussion Form\*\***

RACB::Home

**WELCOME TO MEDICARE RAC REGION B**

**Background on the RAC Program**

**RAC Permanent Program:**

Section 302 of the Tax Relief and Health Care Act of 2006 made the RAC program permanent and requires the Secretary to expand the program to all jurisdictions by January 1, 2010.

**Implementation Strategy:**

By 2010, CMS plans to have 4 RACs in place. Each RAC will be responsible for identifying overpayment and underpayments in approximately 10 jurisdictions that match the DME MAC jurisdictions.

The RAC demonstration program has proven to be an effective mechanism for identifying Medicare Trust Funds and identifying monies that have been overpaid to providers. It provided CMS with a new mechanism for detecting and recovering overpayments.

# Complex Reviews

## Facts:

- RACs have the right to request additional documentation for complex reviews approved by CMS, and complex reviews being considered by CGI for submission to CMS for approval.
- RACs have up to 60 days from the receipt of the medical record to review a case and submit the Review Results Letter.
- The Review Results Letter does not communicate an improper amount or include appeal rights.
- Providers can view the medical record receipt date, as well as the case status, on the RAC B Website.

# Plans to Expand Audits to Other Provider Types

- CGI Federal Commentary on audit expansion

# Contact Information



**Call Center for RACB**

**Toll Free: 877-316-RACB**

**E-mail: [RACB@cgi.com](mailto:RACB@cgi.com)**

**Website:**

**<http://RACB.CGI.com>**

# Questions

