



Medicare and Medicaid Recovery Auditor Newsletter

February 2016

If there are any RAC concerns that need to be addressed with CGI, HMS, Truven Health Analytics, OMPP or CMS, please contact Terry Cole, IHA Vice President, at tcole@ihaconnect.org 317-423-7741.

CGI NEWS

CGI has posted the new ADR limits on the provider portal. We encourage providers to log in to the provider portal to view your facility specific ADR limits. The limits are displayed by NPI and Bill Type. The annual ADR limit will be 0.5% (one half of one percent) of the provider's total number of paid Medicare claims from the previous year. The annual ADR limit will be divided by eight to establish the ADR cycle limit. This will be the maximum number of claims that can be included in a single 45 day period.

Inpatient and Outpatient ADR rounds are on hold until all new limit changes are made. CGI feels that ADR rounds will most likely resume before the end of February.

Adjustment holds for up to 30 days was implemented on January 15, 2016. This allows providers to reach out to CGI and initiate a discussion prior to adjustments, and submit additional documentation in order to prevent unnecessary appeals. When CGI receives a discussion request, the status changes to "Discussion Open" within 3 days of submission (of the request).

All changes that are implemented will be announced on the message board. Additional portal enhancements are as follows:

- ADR Dates list – schedule of ADRs sent
- Outcome of Review (results of the review. Overpayment / Underpayment)
- Appeal Decisions (determination as received by CGI)
- New Status settings
 - ADR Reminder Letter Sent (1st reminder)
 - ADR Final Notice Letter Sent (2nd reminder)
 - Documentation Request Cancelled (before receipt)

- Request Cancelled (after receipt)
- Review Completed/Adjustment Pending (automated 30 day hold)
- Adjustment Rescinded (submitted to MAC but then cancelled)
- Discussion Open (request for discussion received)
- Appeal in Process (appeal package requested by MAC) Appeal Completed (appeal determination received) See detail page for decision.

CGI's November accuracy rate was 98%. CGI reports that the average time that it is taking for completion of discussion period reviews is 6.4 days.

MEDICAID SUR DEPARTMENT AUDIT

Recently, the Surveillance and Utilization Review (SUR) Department sent letters to providers related to potential overpayments for claims where more than one unit of any treatment room revenue code was paid for the same recipient, on the same date of service, at the same facility. This audit is for dates of service from 2009 through 8/31/2011. In this case, the reimbursement should be at the highest reimbursed treatment room revenue code flat rate amount but instead more than one treatment room revenue code flat rate was paid. Providers may request an administrative reconsideration of the findings within 45 days of the receipt of the letter or request to waive the right to appeal and agree to the draft findings. Questions can be directed to the IHCP Provider and Member Concerns Line at 1-800-457-4515 or contact IHA.
