



Medicare and Medicaid Recovery Auditor Newsletter

January 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 received the new ADR limits from CMS. The new ADR limits have been calculated by CMS based on the number of Medicare paid claims from the previous year that are associated the provider's National Provider Identification (NPI).

- 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.
- The limits are diversified across all claim types of a facility based on the Type of Bill (TOB).

CGI is in the process of adding the new ADR limits to the provider portal. Announcements will be displayed on the portal message board to alert providers when the new ADR limits are available. We encourage providers to review the portal frequently at racb.cgi.com

ADR rounds will not be sent until after the new ADR limits have been posted. This is anticipated to be completed around the beginning of February

CGI has implemented the 30 day 'hold' before sending the claims for adjustment to the MAC in order to allow for a discussion period request. This will enable 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).

ADR Rounds are on hold until the new limit changes are made in the provider portal.

CGI's October accuracy rate was 89%. CGI reports that the average time that it is taking for completion of discussion period reviews is 9.5 days.

CMS NEWS

The CMS Provider Compliance Group (PCG) is conducting a provider satisfaction survey in order for providers to supply feedback regarding their interactions with their respective Medicare FFS Recovery Audit Contractors. CMS is encouraging providers to complete and submit these surveys in order to continue making improvements to the Recovery Audit Program.
