Recovery Auditor Prepayment Review Demonstration

Provider Outreach and Education
Purpose

• Prevent improper payments before they are made
• Lower the error rate
• Focus on claims with high improper payment rates
  – Begin with reviews of short inpatient hospital stays (two days or less)
Overview

• January 1, 2012- December 31, 2014
• Applicable to 7 HEAT states (CA, FL, IL, LA, MI, NY, and TX) and 4 states (MI, NC, OH, and PA) with high volumes of short inpatient stays (two days or less)
• Will not replace MAC prepayment review
  – Contractors will coordinate review areas so providers will not be reviewed by two different contractors for the same issues
Operational Details

• Additional Documentation Requests will come from the FI/MAC

• Providers will have 30 days to send documentation

• Recovery Auditors will review and communicate payment determination to FI/MAC
  – Providers will receive determination on their remittance advice within 45 days
  – Recovery Auditors will also send detailed review results letter
Operational Details

• Limits on prepayment reviews won’t exceed current post-payment ADR limits
• Providers may appeal the denial
  – Same appeal rights as other denials
• Medical records provided on appeal will be remanded to the Recovery Auditor for review
• Claims will be off-limits from future post-payment reviews
MS-DRGs for Review

– January 1: MS-DRG 312 SYNCOPE & COLLAPSE

– March 1: MS-DRG 069 TRANSIENT ISCHEMIA
MS-DRG 377 G.I. HEMORRHAGE W MCC

– May 1: MS-DRG 378 G.I. HEMORRHAGE W CC
MS-DRG 379 G.I. HEMORRHAGE W/O CC/MCC

– July 1: MS-DRG 637 DIABETES W MCC
MS-DRG 638 DIABETES W CC
MS-DRG 639 DIABETES W/O CC/MCC
Contact Information

• For questions, please contact: RAC@cms.hhs.gov

• For more information, please visit: http://go.cms.gov/cert-demos