

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 SYNCOPES & 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:
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- For more information, please visit:
<http://go.cms.gov/cert-demos>