PRGX & the Mississippi Division of Medicaid Recovery Audit

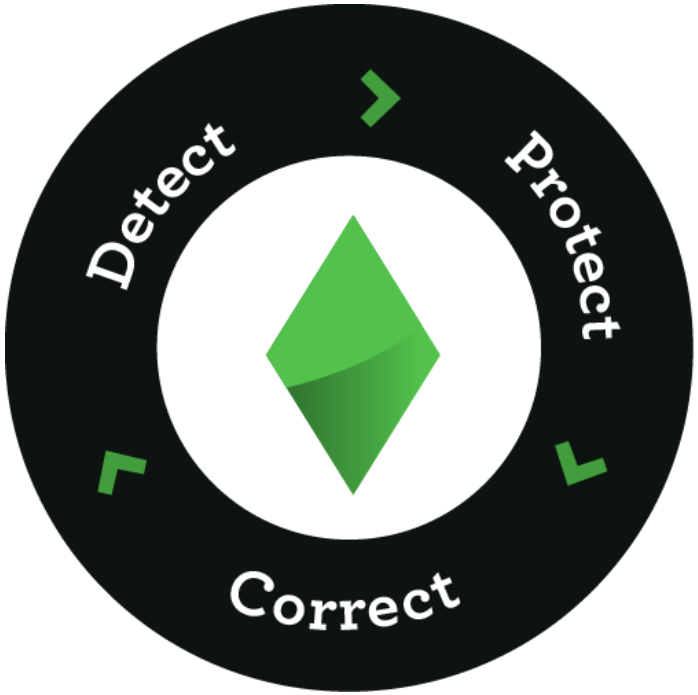
Audit | Analytics | Advice

PRGX

SESSION AGENDA

- What is the Role of a RAC?
- About PRGX
  - RAC Operations
  - About the Team
- Audit Process Overview
- Adjustment Process Overview
- What We Look For
- Correspondence You May Receive
- The Audit Process
  - Records Requests & Submissions
  - Abrasion Limits & Calculations
  - Claims Audit
  - Current Audit Concepts
  - Rebuttals
  - Adjustment/Resubmitting Claims
  - Administrative Hearings
  - Final Outcomes

WHAT IS THE ROLE OF A RAC?



- The Recovery Audit Contractor (RAC) Program was implemented to *protect the Medicaid Program* from fraud, waste, and abuse
- The RAC's objective is the *reduction of improper payments* through the efficient detection and collection of overpayments and identification of underpayments
- *Outreach and training* for the provider community on the audit process and strategies for correcting future billing errors

ABOUT PRGX

PRGX is conducting Mississippi's Overpayment Recovery Audit Program

- Headquartered in Atlanta, GA
- Serves clients in more than 30 countries
- Experience in 39 states
- Clients include both government and commercial healthcare payers

RAC OPERATIONS

Healthcare Operations

- Provider Communications
- Records Management
- Audit Team
- Project Management

Contract Medical Director:
Provides Policy & Quality Assurance Guidance & Oversight

AUDIT PROCESS OVERVIEW

Wave Start-Up

- Data Analysis
- New issue development
- New issue approval by DOM
- New issue web posting
- Preliminary claim selection
- Exclusions and suppressions
- Final audit list selected

Audit Preparation

- Send Medical Record Requests
- Receive medical records
- Image and process medical records
- Match records to claims data

Audit Execution

- Audit (Certified coders or RN's)
- Quality Assurance
- Denials will be reviewed by MD
- Communicate findings and adjustment amount to Provider
- Findings reports to Client

Wave Closure

- Rebuttals when requested by Provider
- Administrative Hearing
- Collections

WHAT WE LOOK FOR

We find the overpayments that are created by complex claims reimbursement processes

Administrative Compliance

Analysis of paid claims data to determine if services were provided based on contractual, policy, and procedural standards.

- Non-covered benefits
- Duplicate payments
- Coordination of benefits
- Eligibility determination
- Contract compliance
- Complex payment terms

Coding and Billing

Analysis of paid claims data and corresponding medical records to determine payment accuracy.

- Incorrect payments
- Invalid code assignments
- Unbundled services
- Inappropriate units
- Undocumented services
- Medically unbelievable services

Medical Necessity

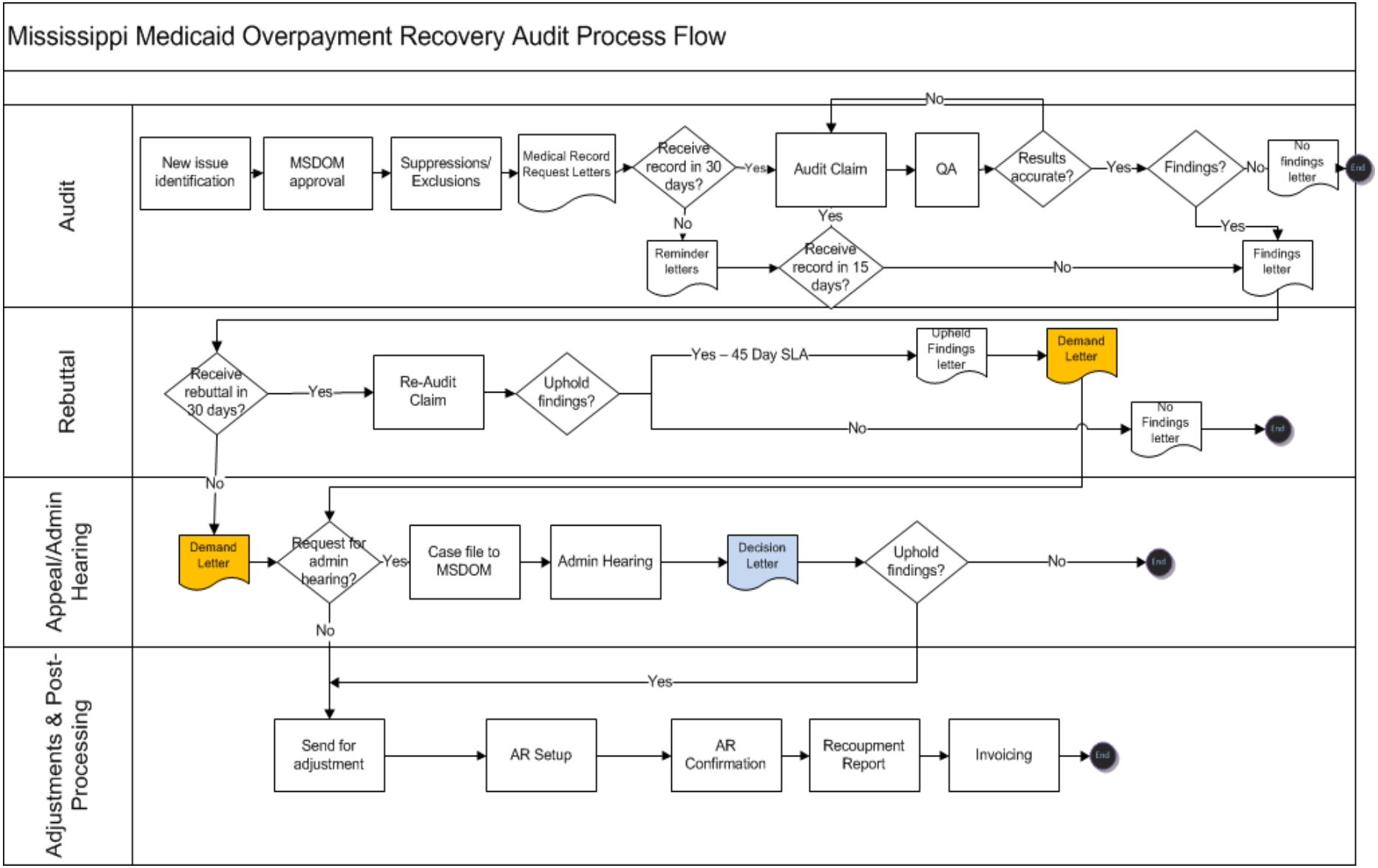
Analysis of paid claims data and review of medical records to determine if services were reasonable and necessary.

- Appropriateness of admissions
- Appropriateness of service

CORRESPONDENCE YOU MAY RECEIVE FROM PRGX

Medical Record Request (MRR)	A letter sent by PRGX to a provider requesting certain medical records to assist with the audit
Review Results Letter	A letter notifying the outcome of the audit; will either be a Findings or No Findings Letter
Rebuttal Response	Notification of the findings when the claim is re-audited
Demand Letter	A letter requesting payment for an overpayment identified during the audit

THE AUDIT PROCESS FLOW



RECORD REQUESTS & SUBMISSIONS

Validating Your Contact Information: Incorrect contact information results in misrouting of audit correspondence and processing delays

- Ensure your organization agrees on and communicates internally who the contact person should be
- Submit contact information via e-mail to msmedicaid@prgx.com
- Submit information only once to avoid duplications in correspondence
- If changes in point of contact or contact information occur, immediately notify PRGX's Provider Communications Department via mail, email, telephone, or fax.

PRGX USA, Inc.

Attn: Mississippi Overpayment Recovery Audit

P.O. Box 724888

Atlanta, GA 31139-9998

Phone: 1 866 302 8320 Fax: 1 877 520 7478

RECORD REQUESTS & SUBMISSIONS

- **Medical Record Submission Requirements**
  - Scanned image must be clear and legible
  - Please do not send blank pages
  - See Medical Record Request (MRR) for document types we're requesting and send only those specific records
- **Electronic Record Requirements**
  - Image must be in either TIFF or PDF format
  - One image file per medical record
  - Image file naming convention: "Provider NPI / Provider Number -Claim number"
  - Label should include NPI /Provider number, date, format, and total number of images
  - Encrypted or password protected

RECORD REQUESTS & SUBMISSIONS

- **Paper medical record requirements**
  - Include the original or copy of the MRR
  - Highlight claims on the letter identifying the medical record(s) attached
- **Volume of Record Request**

  The volume of records that can be requested in each wave will be calculated as follows:

  Two and half percent (2.5%) of the volume of claims submitted by the provider in the previous calendar year divided by five (5) waves per year:
  - If the resulting number is less than 20, the floor will be raised to 20.
  - If the resulting number is greater than 200, the ceiling will be limited to 200.

RECORD REQUESTS & SUBMISSIONS

- **Abrasion Limits & Calculations**
  - **Provider and request parameters**
    - A provider is defined as those having the same tax ID + same first 3 digits of the zip code
    - Small providers by volume will generally be excluded from audit; the limit will vary by provider type and is based upon total claims volume submitted to Mississippi Medicaid in the previous calendar year
  - **Wave information**
    - Record requests will be sent out once every 72 days. No provider will receive a record request more frequently than once every 72 days, i.e., per wave
    - To the extent that multiple claims for the same patient are selected in a wave, all claims for the same patient will be listed on the same correspondence (ADR, demand letter, etc.)

CLAIMS AUDIT

- Audit is conducted utilizing Medicaid's legal documents, regulatory policies, Medicaid Administrative code as well as our auditors' and Medical Director's expertise

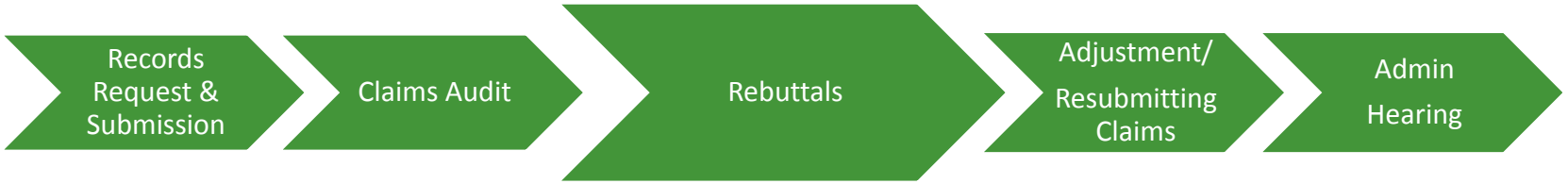
- The Medicaid Administrative code is located at:
  http://www.medicaid.ms.gov/providers/administrative-code/

- Providers are notified in writing of findings

CLAIMS AUDIT

- **Current Audit Concepts**
  - **Ambulance – Emergency Transport** -Validation of the medical necessity of emergency transport and that services were provided as billed
  - **Outpatient Physical Therapy** -Physical Therapy was provided as billed and documented as defined by the provider manual; Documentation supports the medical necessity of the services billed
  - **Mental Health – Psychological Testing** - Psychological Testing was provided as billed and documented as defined by the provider manual
  - **Outpatient Blood Transfusion-** Excessive units billed
  - **Outpatient Hyperbaric Oxygen** -Excessive units billed
  - **Dialysis- Professional Services** -Validation that end-stage renal disease (ESRD) related services met all documentation requirements
- **Current Probe Reviews** –Inpatient Diagnosis Related Group (DRG) Review
  - Validation of the diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported on claims billed are correct for Inpatient DRG Claims :
    - **APR-DRG Validation**
    - **Newborn Conditions**
    - **Rehabilitation Stays**
    - **96 Hour Mechanical Vent**
- Additional Audit Concepts are being developed and will be posted in the future on the MS DOM website at www.medicaid.ms.gov under “News For Medicaid Providers”

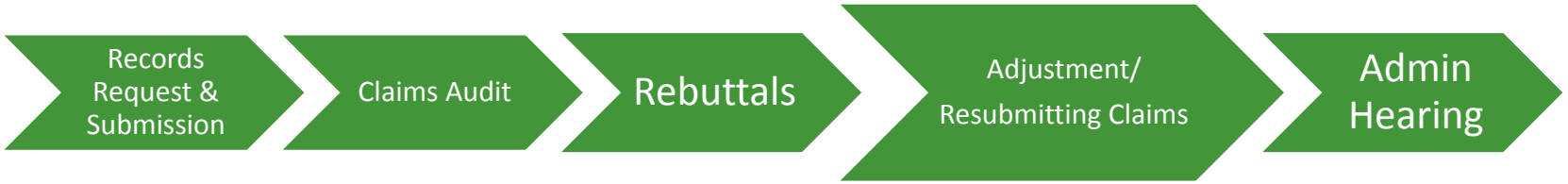
REBUTTALS



Rebuttal: Initiates a discussion period between PRGX and the Providers. Providers may respond in writing during the rebuttal period to communicate disagreement with PRGX's decision, provide additional documentation, or inquire about the findings

- Providers have thirty (30) days from receipt of findings letter to initiate a rebuttal of PRGX's decision. If a provider decides to engage in the Rebuttal, he or she should:
  - Download the Rebuttal Form at www.medicaid.ms.gov under News for Medicaid Providers
  - Complete form and provide specific details of case, including relevant documentation to support request
  - Fax or mail to PRGX's Provider Communications to begin the rebuttal process
- PRGX re-audits the claim and issues a findings notifications
- Initiating a rebuttal does not limit Provider's right to request an administrative hearing

ADJUSTMENT/RESUBMITTING CLAIMS



Adjustment/Resubmitting claims: Providers are responsible for submitting Adjustment/Void Request Forms in instances when a partial overpayment has been identified. Documentation must be received within 30 days of the date of receipt of the demand letter.

- Complete and submit the adjustment/void request form located at
- http://www.medicaid.ms.gov/wp-content/uploads/2014/04/Adj-Void_rev_0306_rev.pdf
- Submit along with the Adjustment/Void form a corrected claim form, the CMS 1500 or the UB-04, to the Division of Medicaid, Office of Program Integrity
- Forms must be complete for claims to process. If forms are inaccurate or missing information, providers risk full claim denials

ADMINISTRATIVE HEARINGS

Administrative Hearings: Providers may request an Administrative Hearing for review of claims denied by PRGX and upheld in rebuttal review:

- DOM will review request for an Administrative Hearing and any documentation provided by PRGX in order to make the final determination
- DOM will make the final determination in an Administrative Hearing to either uphold or overturn the audit findings
- DOM will send a letter to the provider notifying of decision
- If DOM's findings are consistent with PRGX's, an adjustment will be initiated
- Provider's can get more information on the requirements in the Administrative Code Title 23, Part 300 at www.medicaid.ms.gov

Q & A

- Please send additional questions you may have to:

  msmedicaid@prgx.com

  - Include in the subject of the email “ Provider Webinar”

- Answers to yours questions will be posted at:

  www.medicaid.ms.gov under “News For Medicaid Providers”

Contact Information

- PRGX's Provider Communications Department

  Phone: 1-866-302-8320

  Fax: 1-877-520-7478

  Email: msmedicaid@prgx.com

  Mail:

  PRGX USA, Inc.

  Attn: Mississippi Overpayment Recovery Audit

  P.O. Box 724888

  Atlanta, GA 31139-9998