

RAC Update *(continued)*
By Minnette Terlep

The Region B web site is <http://racb.cgi.com/> . This web site includes a query function under “Provider” that allows hospitals to check on the status of complex reviews. There is a two part authentication required. The first is the Medicare ID or NPI number and the second is a unique piece of information from the letter the provider received from CGI.

Provider Login (Identification)

Provider Type Part A Part B

Medicare ID Required field.

Continue

Amphion polled a number of Wisconsin hospitals the week of March 15th to identify which MS-DRGs had been requested to date. The MS-DRGs are:

MS-DRG 3 ECMO or Trach w MV 96+ hrs or PDX exc face, mouth, & neck w maj
OR
MS-DRG 4 Trach w MC 96+ hrs or PDX exc face, mouth, & neck w/o Maj OR
MS-DRG 11 Trach for face, mouth & neck diagnoses w MCC
MS-DRG 12 Trach for face, mouth & neck diagnoses w CC
MS-DRG 13 Trach for face, mouth & neck diagnoses w/o CC/MCC
MS-DRG 189 Pulmonary edema and respiratory failure
MS-DRG 207 Respiratory system diagnosis w ventilator support 96+ hours
MS-DRG 208 Respiratory system diagnosis w ventilator support < 96 hours
MS-DRG 870 Septicemia or severe sepsis with MV 96+ hours
MS-DRG 871 Septicemia or severe sepsis w/o MV 96+ hours w MCC
MS-DRG 872 Septicemia or severe sepsis w/o MV 96+ hours w/o MCC

Some hospitals have expressed concern over how to effectively manage their pre-billing coding review with 160 MS-DRGs on the Region B focus list.

One Wisconsin HIM director shares her strategy below. She listed all approved Region B MS-DRGs in a spreadsheet and identified the volume of cases she averages monthly in each of the MS-DRGs. Using this information, she has scheduled focused pre-billing review by month.

Region B - Focus MS-DRGs for Complex Coding Review		Feb	Mar	Apr	May	June	Jul	Aug	Sep
MS-DRG	Title								
64	Intracranial hemorrhage or cerebral infarction w MCC					X	X		
65	Intracranial hemorrhage or cerebral infarction w CC			X	X				
66	Intracranial hemorrhage or cerebral infarction w/o CC/MCC								
131	Cranial/facial procedures w cc/mcc								
166	Other resp system O.R. procedures w MCC								
167	Other resp system O.R. procedures w CC								
177	Respiratory infections & inflammations w MCC	X	X						
178	Respiratory infections & inflammations w CC							X	X
179	Respiratory infections & inflammations w/o CC/MCC								
190	Chronic Obstructive Pulmonary Disease w MCC			X	X				
191	Chronic Obstructive Pulmonary Disease w CC							X	X
193	Simple pneumonia & pleurisy w MCC					X	X		
194	Simple pneumonia & pleurisy w CC			X	X				
195	Simple pneumonia & pleurisy w/o CC/MCC								
207	Respiratory system diagnosis w ventilator support 96+ hours								
208	Respiratory system diagnosis w ventilator support <96 hours			X	X				

Another way to prioritize review is to identify those MS-DRGs with the greatest potential financial impact if changed by the RAC. (See the table below). This can be done by calculating first the estimated reimbursement for the number of cases in each MS-DRG on Region B's focus list. Then make a determination as to where the MS-DRG would be reassigned if lowered by the RAC. For example, if DRG 460 Spinal fusion except cervical was reviewed and it was determined that it was not actually a fusion, the case would probably move to DRG 491 Back and neck procedures except spinal fusion. Then calculate the alternate reimbursement by multiplying the number of cases in MS-DRG 460 times the hospital's base rate times the relative weight. Next subtract the original from the alternate to arrive at the potential loss if all cases were reviewed and changed. In those instances where the most likely alternate MS-DRG can not be determined, an average alternate medical or surgical DRG weight can be substituted.

MS-DRG	Est. Reimb.	Avg. Reim.	Alt. MS-DRG	Rel. Wt.	Alt. Reim.	Total Variance	Avg. Variance per encounter
460	\$3,988,253	\$20,558	491	0.9522	\$1,078,448	-\$2,909,805	-\$14,999.00
4	\$2,613,951	\$100,537	Avg. Med. DRG	1.1939	\$181,217	-\$2,432,734	-\$93,566.71
3	\$5,576,025	\$107,231	4	11.1941	\$3,398,212	-\$2,177,813	-\$41,881.01
227	\$3,398,543	\$29,047	Avg. Surg. DRG	2.6270	\$1,794,331	-\$1,604,212	-\$13,711.21
329	\$2,817,208	\$28,172	330	2.4981	\$1,458,386	-\$1,358,822	-\$13,588.22
247	\$8,399,311	\$11,633	249	1.6840	\$7,098,137	-\$1,301,174	-\$1,802.18
254	\$4,774,678	\$9,271	Avg. Med. DRG	1.1939	\$3,589,482	-\$1,185,196	-\$2,301.35
244	\$2,809,571	\$11,956	Avg. Med. DRG	1.1939	\$1,637,919	-\$1,171,652	-\$4,985.75
207	\$1,774,418	\$29,574	208	2.2358	\$783,141	-\$991,277	-\$16,521.29
330	\$2,341,574	\$15,715	331	1.5952	\$1,387,549	-\$954,025	-\$6,402.85

If the hospital receives a notice of overpayment for a case following complex coding review, CGI offers a "discussion period" during which the hospital may have dialogue with the RAC regarding the determination. The following FAQ regarding the discussion period can be found on CGI's web site.

If the hospital or provider disagrees with the CGI determination, what is the procedure to exercise the Discussion Period option?


Prior to any recoupment taking place for identified overpayments, CGI Federal, in accordance with CMS guidelines, provides a Discussion Period, to allow the provider to discuss medical/clinical results with appropriate CGI Federal personnel. It is highly recommended that you contact CGI as soon as possible to initiate any discussions well in advance of recoupment.

Outlined below are guidelines for utilizing this Discussion Period:

To initiate a discussion, contact the CGI RAC B Call Center, by phone at 1-877-316-RACB (7222), or by email at racb@cgi.com.

When contacting CGI for a discussion, please provide the following information:

- 1. The Letter ID from the Overpayment Demand Letter, or Review Results Letter that you wish to discuss.*
- 2. The name and phone number of your contact who will participate in the discussion.*
- 3. A call back number for the person responsible for scheduling the discussion for your participant.*
- 4. Several available timeslots for which we can work to coordinate a timely discussion between parties.*

 *The CGI RAC B Call Center can only begin the scheduling process for the Discussion at first contact when the Letter ID is presented. If you do not have the Letter ID, Call Center personnel may request that you phone us back when it is available.*

It is in the hospital's best interest to participate in this discussion period so as to avoid beginning the 5 step appeal process.

Because hospitals have 45 days to submit records for complex review it is too early to report any outcomes of these initial requests.

The American Hospital Association is encouraging all hospitals, whether they are AHA members or not, to participate in the AHA's RACTrac at <http://www.aha.org/aha/issues/RAC/index.html>



The purpose of RACTrac is to gather data to quantify the impact the RAC program is having on hospitals nationwide.

The Wisconsin Hospital Association is advocating that Wisconsin hospitals participate in RACTrac. The benefits for Wisconsin hospitals include data analysis and aggregated information specific to Wisconsin as well as nationally.

The American Hospital Association also offers a summary of 19 vendors' RAC Tracking software to be used by hospitals internally to track the status of cases undergoing complex review. These summaries can be accessed at <http://www.aha.org/aha/content/2010/pdf/10ractracvendors.pdf>

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