Speaker’s Disclaimer

- **D. Scott Jones, CHC, CHPC** has no financial conflicts to disclose.
- This presentation is not meant to offer medical, legal, accounting, regulatory compliance or reimbursement advice, and is not intended to establish a standard of care, for any particular situation. Please consult professionals in these areas if you have related concerns.
- The speaker is not promoting any service or product.
- Opinions stated are the speaker’s and not those of Augusta Health or its affiliates.
Objectives

• Audit ahead of the RAC, CERT, and TPE audit and denials program! Develop a pre-audit program designed to identify risks and improve processes before denials take place.

• CMS and their contractors send signals about audit targets. Learn how to identify the next wave of audits before they appear.

• Turn Compliance into a Revenue Center. Successful preparation leads to successful RAC, CERT, and TPE audits and appeals that retain or regain lost revenue.
What’s Your Compliance Landscape?

- Augusta Health is a nationally recognized acute care hospital serving Augusta County, VA, at the intersection of the I-81 and I-64 corridors
- Growing and successful network of employed and independent providers associated with a Clinically Integrated Network – Augusta Care Partners (ACP) Accountable Care Organization (ACO) MSSP
- Augusta Medical Group (AMG) is a growing Multi-specialty group of 190+ employed physicians and APP’s
  - 34 owned AMG locations, including 4 freestanding Urgent Care Centers (UCC’s)
- 750,000 total patient encounters annually, including 430,000 outpatient visits; 60,000 ED visits; 70,000 UCC visits; 11,000 IP admissions.

Provider and Coder Compliance Audits

- Independent, third party quarterly audits of Evaluation and Management (E&M) patient visit documentation and coding. Sample size = 15; individual provider meetings if accuracy < 93%
  - Primary Care
  - Hospitalists
  - Specialists
  - Urgent Care
- American Academy of Procedural Coders (AAPC) audits of procedure coding from note by in house coding staff
- Compliance Audit team dives problems areas
- 2018-2020: AMG / ACP Compliance, Quality, Risk Self Assessment
**Internal Audit Team**

- Compliance Audit team consists of two experienced and dedicated team members with multiple certifications
  - CHC, CPC, CPMA
  - CPC, CPMA (working on CHC!)

- Compliance Audit team dives problems areas and provides guidance enterprise-wide
- Leads Working Compliance Committee (WCC) Department self-audit program – emphasis on CMS Approved RAC Topics
- Audits or Reviews all relevant topics on the CMS Approved RAC Topic list annually

**RAC, CERT, TPE Manager**

- Compliance Team RAC Manager: RN, MS with extensive nursing and quality management experience
- Very detailed approach to understanding what the denial says and providing documentation that meets the denial statement
- Involves and educates managers and providers on:
  - Volume, frequency, and $ value of denials
  - Specific CMS LCD’s and NCD’s, CMS Operations Manual, or published documentation guidance affecting the denial
  - Meets to discuss denials, documentation, and how to avoid being an audit target
- Works closely with HIM on correct and specific Release of Information (ROI)
- Carefully tracks all denials, submissions and appeals
- Works with Revenue Cycle to verify gross, net, and actual payments
RAC Management requires TALENT!!

A RAC, CERT, TPE Prevention Program:

Start with The Basics
The Basics

• **Denials Reports**
  
  • What is available from Revenue Cycle? How detailed are reports?
  
  • Validate denial reasons…like “medical necessity”…
  
  • How are denials actively worked?
    • Secondary work, “lost in the noise” of larger billing and collections?
    • Lack of attention to the level of detail a CMS RAC, CERT, or TPE auditor needs?
    • Given to a busy team or consulting extended office due to long time lines?
    • Or, not actively tracked and responded to?

The Basics

• **Responsibility for CMS RAC, CERT, and TPE program audits and denials – are you ready?**
  
  • Revenue Cycle Response
    – “Denials are denials”
    – Pushback – It’s their territory
    – Is there a difference between CMS timelines and requirements, and commercial denials?
  
  • **Need for Compliance, Audit, and Clinical Expertise**
    – CMS Auditors are frequently certified coders or LPN’s
    – Details are obscure in large and complex medical records
    – Expect denials even when supporting documentation is actually in the record
    – Understanding the denial reason(s) is key
    – Indexed response is essential
The Basics

• The CMS RAC Approved Topic List
  • https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Approved-RAC-Topics

  » 164 items listed by issue number, name, review complexity, provider type, MAC Jurisdiction, date approved
  » Current list ranges from 2017 to 2020
  » Regular monthly additions and updates

The Basics

• CMS PEPPER Reports
  • Program for Evaluating Payment Patterns Electronic Report
  • https://pepper.cbrpepper.org/
    – User’s guide
    – Training / resources
    – Distribution – PEPPER report by provider type, release dates, portals for reports and quality data programs
    – CMS.gov QualityNet Includes Value Based Purchasing, Hospital Acquired Condition and Readmissions Reduction program info

• PEPPER Success Stories – information on how healthcare uses PEPPER for risk assessment, to identify underpayments, or monitor compliance risks
  • https://pepper.cbrpepper.org/About-PEPPER/Success-Stories
The Basics

• **REMEMBER:** CMS Uses Detailed Data Analysis Support from claims submission. Claim outliers may trigger audit.

• CMS Division of Data Analysis
  – **FATHOM** – First-Look Analysis Tool for Hospital Outlier Monitoring – MS Access application – hospital-specific data statistics provided to States
  – **CBR** – Comparative Billing Report – individual provider billing data
  – **Medical Review Specialty Studies** – StrategicHealthSolutions, LLC, review Part A and Part B claims

The Basics

• **OIG Publicized Targets**
  • [OIG WORK PLAN](https://oig.hhs.gov/reports-and-publications/workplan/index.asp)
  • Regularly updated list of Investigation targets

• **MAC Publicized Targets**
The Basics

• Actual CMS Payment….and Denials Experience

• Medicare Provider Utilization and Payment Data
  • By Provider, Address, Organization, Entity Type, Address
  • Place of Service, Codes, number of services, beneficiaries
  • Average Medicare allowed amount, submitted charge, payment, standardized amount

• Have you looked up or compared your providers lately?

Building the RAC, CERT, TPE Prevention Program
Clinical Compliance Expertise

• Clinical Compliance Team Member
  – Understands the clinical care rendered
  – Interprets and comprehends medical record information
  – Compares denial statements to documentation
  – Finds documentation that counters the denial statements (often, under a different document name)
  – Can speak knowledgably with providers when requesting letters of medical necessity or attestations of service
  – Assists our Revenue Cycle partners with their understanding of clinical documentation that meets other denials (Non-Audit, Medicare Denials)
  – Is a great researcher
  – Not afraid to argue merits of the care rendered
  – Not afraid to admit if documentation just won’t support services billed

Responding to ADR’s Timely

• System for responding to Additional Documentation Requests (ADRs)
  – Compliance and HIM ROI working together
  – Understanding what information must be sent at ADR, and at Denial
  – Timing deadlines
  – Turnaround
  – Alerts or reports when documents are released / sent
  – Return Receipt Requested (signed)
  – Or, Delivery service with signature if time sensitive
  – Alerts or reports on receipt by auditors
  – Expect auditors to deny because “…we never received…” or “…did not receive timely…” Dated Receipt Documentation wins!
**Detailed Response – Indexing Records**

- **The Importance of Detailed Response and Indexed Records**
  - Understand the denial reason
  - Find the supporting documentation
    - Obtain a letter of medical necessity from provider
    - Obtain an addendum (with correct entry time, date identified)
  - Write a detailed appeal, with copies of the denial support in the appeal letter
  - And, copy the medical record denial support (again) and index it to the appeal letter with tabs
  - Highlight and tab what you want auditors to read
  - **Tell them what you are going to tell them. Tell them. Tell them what you have told them.**

**Appeal, Appeal, Appeal**

- **There are five levels of Appeal. Usually, one, two, or three work.**
  - Remember: What is the RAC motivation? How do they get paid?
  - **Expect** the first denial. If documentation can’t support care, admit a fatal denial exists. If it can, **Appeal**.
  - **Anticipate** the second denial. Use denial details to build your **Appeal case**.
  - If given opportunity, engage in a phone conference to discuss case. Identify and coach your provider champion. Learn their reasoning.
  - **Prepare** to argue the case with the Administrative Law Judge (third **Appeal**)
    - Again, identify and coach your provider champion
    - Review the records in detail and be prepared to **argue the merits**
  - Remember: **Usually, providers win.**
Compliance Audit Team

• CHC, CPC, CPMA Auditors
• Must be able to think Inpatient and Outpatient
• Broad exposure to the entire enterprise
• Establish an auditing protocol
  – Sample sizes for Investigative, Probe, and Full audits
  – Timelines for investigations – Timely filing? Retrospective?
  – Establish Attorney Client Privilege when needed
  – Report results to the involved departments, CEO and Board
  – Set up a CMS Voluntary Repayment Process
• Timing of planned audits
• Time for unplanned, high risk exposure audits

Audit Results:
Those Things You Don’t Expect
Compliance Audit Team Voluntary Repay

• Time Based Office Visits
  – Time based services should not exceed the time patients were on site
  – Time spent reviewing records does not roll into the time spent face to face with the patient
  – Voluntary Repayment to CMS

• New Patient vs. Established Patient
  – Patients present across multiple service locations
  – Establishing “new patient” status requires attention to last visit date, last provider seen, and correct patient identity
  – EMR Interoperability….?
  – Voluntary Repayment to CMS

Compliance Audit Team Voluntary Repay

• Hospice visits using GV and GW Modifier
  – Ensure hospice care is billed correctly for care associated with the per diem Hospice benefit
  – Ensure medical care not related to the Hospice qualifying diagnosis is correctly identified with the correct modifier and billed to MC Part A
  – Voluntary Repayment to CMS
Compliance Audit Team Work Product

- **198** Provider audits and re-audits
- **2,970** medical records reviewed
- **70** Provider education sessions
- **25** New Provider orientation sessions

- **18** RAC Topics
- **23** Working Compliance Committee Semi-Annual Departmental Monitoring and Auditing Meetings
- **5** Attorney Client Privileged Work items 2019
- **3** Voluntary Repayments to CMS 2019

Compliance Audit Team Work Product

- **Audits and correction of documentation, coding, and billing processes for:**
  - Multi-Use Drugs
  - Coumadin Clinic
  - Lab transport fees
  - Diuresis Clinic
  - Telemedicine
  - Assistant Surgeon
  - Lactation Services
  - Blepharoplasty
  - Drug wastage reporting
  - Medical Nutritional Therapy
  - Home Health Recertification
  - Hospice
  - Continuous Glucose Monitoring
  - Spasticity Clinic
  - New Patient Status
  - Radiology Services
  - Inpatient Rehab Facility
  - Sleep Center Testing and Interpretation
  - New Provider orientation and education
  - AAPC audits of AMG coding staff
**RAC Audit Results**

- **RAC/Cotiviti 2019**
  - 5 new CERT ADR Requests
  - 274 RAC Cotiviti ADR Requests
  - 328 Successful Appeals (including some 2018 denials)
  - Overall, 48% of RAC ADR’s converted to denials
  - **Retained** $1,982,741.00
  - 88% success on appeals

**TPE Audit Results**

- **TPE**
  - 9 New TPE Audits
  - 244 TPE ADR Requests
  - 216 Successful Appeals
  - **Recouped** $1,021,982.00
  - 88% success on appeals
Combined Totals

- **TOTAL RAC/TPE DENIALS RECOUPED or RETAINED in 2019:**
  - $3,004,723.00

- + ALJ Settlement / IP Rehab denials paid 12/18/19
  - $247,602.02

- Overall success rate = 94.1%

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Report It!
### Q4 2019 RAC Dashboard 1

**Medicare Additional Documentation Requests and Denials**

<table>
<thead>
<tr>
<th>Location</th>
<th>Total # of services/ADR</th>
<th>Total # of Denials</th>
<th>ADR/Denial Conversion %</th>
<th>Total # of New ADRs 4th Q</th>
<th>At Risk Gross (PrePYAudits)</th>
<th>At Risk Net (Paid Amts)</th>
<th>Total Cases Won (Net Revenue Amount)</th>
<th>2019 (Net Revenue Amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP Psych</td>
<td>27</td>
<td>3</td>
<td>11%</td>
<td>0</td>
<td>$23,870</td>
<td>$0</td>
<td>$249,913</td>
<td>$8,114.97</td>
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<tr>
<td>Inpatient Rehab</td>
<td>43</td>
<td>16</td>
<td>37%</td>
<td>0</td>
<td>$340,013</td>
<td>$492,792</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Joint Injections (Pain Management)</td>
<td>13</td>
<td>9</td>
<td>85%</td>
<td>0</td>
<td>$54,781</td>
<td>$25,230</td>
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<tr>
<td>OT services</td>
<td>1</td>
<td>1</td>
<td>100%</td>
<td>0</td>
<td>$480</td>
<td>$0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Cardiac (Pacemaker)</td>
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<td>1</td>
<td>100%</td>
<td>0</td>
<td>$159,629</td>
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<tr>
<td>CERT</td>
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<td>0%</td>
<td>0</td>
<td>$0</td>
<td>$71,431</td>
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<tr>
<td>RAC</td>
<td>279</td>
<td>0</td>
<td>0%</td>
<td>16</td>
<td>$116,778</td>
<td>$1,927,341</td>
<td>$1,891,390.26</td>
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</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>375</strong></td>
<td><strong>30</strong></td>
<td><strong>48%</strong></td>
<td><strong>16</strong></td>
<td><strong>$23,870</strong></td>
<td><strong>$671,681</strong></td>
<td><strong>$2,766,769</strong></td>
<td><strong>$1,982,741</strong></td>
</tr>
</tbody>
</table>

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system

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### Q4 2019 RAC Dashboard 2

**4th Quarter Medicare Denials/Level of Appeal at a glance**

<table>
<thead>
<tr>
<th>Location</th>
<th>Total # of Current Denials</th>
<th>Total # of Current Denials</th>
<th>Total records waiting for ADR review results</th>
<th>Total Appeals Currently at Level 1</th>
<th>Total Appeals Currently at Level 2</th>
<th>Total Appeals Currently at Level 3</th>
<th>Fatal Appeals</th>
<th>Successful Appeals</th>
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<tr>
<td>IP Psych</td>
<td>27</td>
<td>3</td>
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<td>0</td>
<td>3</td>
<td>1</td>
<td>23</td>
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<tr>
<td>Inpatient Rehab</td>
<td>43</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>2</td>
<td>25</td>
<td></td>
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<tr>
<td>Joint Injections (Pain Management)</td>
<td>13</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>OT services</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>CERT</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
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</tr>
<tr>
<td>RAC</td>
<td>279</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>265</td>
<td></td>
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<tr>
<td><strong>TOTALS</strong></td>
<td><strong>375</strong></td>
<td><strong>30</strong></td>
<td><strong>4</strong></td>
<td><strong>0</strong></td>
<td><strong>30</strong></td>
<td><strong>13</strong></td>
<td><strong>328</strong></td>
<td></td>
</tr>
</tbody>
</table>

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system
Q4 2019 RAC Dashboard 3

What’s new since last report

RAC
17 claims retained for $199,210.26

Non-Audit Denials
Overturned Amount $76,630.29

CERT

ADC’s received 4th Quarter

0 Psych

0 Inpatient Rehab

0 CERT letters

18 RAC

TOTAL ADRs = 18

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system

Q4 2019 Non-Audit Medicare Dashboard

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system
Q4 2019 Non-Audit Medicare Dashboard, continued

### Non-Audit denials working/recommendations given

<table>
<thead>
<tr>
<th>Services</th>
<th>Prior Year</th>
<th>Date Range</th>
<th>Open</th>
<th>Denied</th>
<th>Overturned</th>
<th>Net S. Overturned</th>
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</thead>
<tbody>
<tr>
<td>ADR</td>
<td>1</td>
<td>10/31/2017-12/31/18</td>
<td>512,092.75</td>
<td>3.4k</td>
<td>375</td>
<td>375</td>
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<tr>
<td>ICU</td>
<td>2</td>
<td>12/31/2017-12/31/18</td>
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<td>375</td>
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<tr>
<td>Birth</td>
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<td>1/1/2019-12/31/18</td>
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<td>375</td>
<td>375</td>
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<tr>
<td>ACH</td>
<td>4</td>
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<td>3.4k</td>
<td>375</td>
<td>375</td>
</tr>
<tr>
<td>here</td>
<td>5</td>
<td>1/1/2019-12/31/18</td>
<td>512,092.75</td>
<td>3.4k</td>
<td>375</td>
<td>375</td>
</tr>
<tr>
<td>Here</td>
<td>6</td>
<td>1/1/2019-12/31/18</td>
<td>512,092.75</td>
<td>3.4k</td>
<td>375</td>
<td>375</td>
</tr>
<tr>
<td>Referral</td>
<td>7</td>
<td>1/1/2019-12/31/18</td>
<td>512,092.75</td>
<td>3.4k</td>
<td>375</td>
<td>375</td>
</tr>
<tr>
<td>Referral</td>
<td>8</td>
<td>1/1/2019-12/31/18</td>
<td>512,092.75</td>
<td>3.4k</td>
<td>375</td>
<td>375</td>
</tr>
<tr>
<td>Referral</td>
<td>9</td>
<td>1/1/2019-12/31/18</td>
<td>512,092.75</td>
<td>3.4k</td>
<td>375</td>
<td>375</td>
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<tr>
<td>Referral</td>
<td>10</td>
<td>1/1/2019-12/31/18</td>
<td>512,092.75</td>
<td>3.4k</td>
<td>375</td>
<td>375</td>
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<tr>
<td>Referral</td>
<td>11</td>
<td>1/1/2019-12/31/18</td>
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<td>3.4k</td>
<td>375</td>
<td>375</td>
</tr>
<tr>
<td>Referral</td>
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<td>1/1/2019-12/31/18</td>
<td>512,092.75</td>
<td>3.4k</td>
<td>375</td>
<td>375</td>
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</table>

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system

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### Q4 2019 TPE Dashboard 1

<table>
<thead>
<tr>
<th>TPE/AMR</th>
<th>Total # of services/ADR</th>
<th>Total # of Denials</th>
<th>ADR/Denial Conversion %</th>
<th>Total # of New ADRs 4thQ</th>
<th>At Risk Gross (Total Charges)</th>
<th>Net amount paid</th>
<th>Cases Won in 2019 (Net Revenue Amount)</th>
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</thead>
<tbody>
<tr>
<td>Manual Therapy</td>
<td>44</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td>$52,174</td>
<td>$9,121</td>
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<tr>
<td>HBO Therapy</td>
<td>40</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td>$34,800</td>
<td>$14,518</td>
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<tr>
<td>ProKa</td>
<td>40</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td>$203,571</td>
<td>$36,923</td>
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<tr>
<td>Neulasta</td>
<td>40</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td>$3,313,687</td>
<td>$445,927</td>
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<tr>
<td>DRG 291/292</td>
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<td>0</td>
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<td></td>
<td></td>
<td>$421,052</td>
<td>$155,493</td>
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<tr>
<td>DRG 470 (MR)</td>
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<td></td>
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</tr>
<tr>
<td>DRG 632/633</td>
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<td>0%</td>
<td></td>
<td></td>
<td>$2,221,822</td>
<td>$117,459</td>
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<tr>
<td>HBO Therapy Round 2</td>
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<td>0%</td>
<td></td>
<td></td>
<td>$3,792</td>
<td>$0</td>
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<tr>
<td>J1745 Infliximab</td>
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<td>0%</td>
<td></td>
<td></td>
<td>$286,174</td>
<td>$0</td>
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<tr>
<td>Total</td>
<td>244</td>
<td>1</td>
<td>0%</td>
<td>32</td>
<td></td>
<td>$6,449,838</td>
<td>$1,021,982</td>
</tr>
</tbody>
</table>

*25% x 4,612,459.50*

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system
Q4 2019 TPE Dashboard 2

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system.

Q4 2019 TPE Dashboard 3

What's new since last report:

- 3 New ADR Request DRG 682-683
- 14 New ADR Request HBO Round 2
- 6 New J1745 infliximab

Total ADRs received 4th Quarter:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of services/ADR</td>
<td>44</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>20</td>
<td>20</td>
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Total: 244 1 25 0 1 0 2 216
Q4 TPE Educational Opportunities

- Manual Therapy
- HBO Therapy
- Prolia Injections
- Neulasta
- DRG 291/292 (Heart Failure and Shock with Complication or Comorbity)
- DRG 470 (Major Joint Replacement / Knee Replacement or Reattachment of Lower Extremity without Major Complication or Comorbity)
- DRG 682/683 (Rental Failure with Complication or Comorbity / with Major Complication or Comorbity)
- HBO Therapy (Round 2)
- J1745 Infliximab (Intravenous antibody to treat chronic inflammatory diseases)

And….Reserves

- Quarterly, meet with Finance to ensure appropriate reserves are in place for actual RAC, CERT, and TPE exposures
- Take into account the NET vs. GROSS value of exposure
- Review your actual success rate with Finance and External Auditors
- Analyze the volume of ADR’s and conversion to denials
- Remember targets will shift year to year – educate External Audit
- Provide copies of reports, tracking, lists of ADR’s and denials examples
- Keep extensive files and examples
Questions? Answers!

Thank you!

D. Scott Jones, CHC
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540 245 7455 (office, direct)
AUDITING AHEAD OF THE AUDITORS
A RAC, CERT, and TPE
Prevention Program

D. Scott Jones, CHC, CHPC
Vice President, Chief Compliance and Privacy Officer,
Augusta Health