



** Part 4 has been updated*

RAC Series: A Four-Part TELNET Series

*Part 1: Ready or Not: Here Comes the RAC- A Practical Readiness Guide
TELNET T2506
June 23, 2009*

*Part 2: Surviving the RACs: How to Fight Back Against Medical Necessity Denials by
Medicare's Recovery Audit Contractors – and Win!
TELNET 2511
July 7, 2009*

*Part 3: Medicare Payment Issues under Case Management Protocol (CMAP)
August 13, 2009*

*Part 4: Appeals of Recovery Audit Contractors' (RACs)
Determinations of Improper Payment*
September 24, 2009*

All sessions are from 12:00 noon – 1:00 p.m. (CST)
(*Note: Title has been modified.)

Target Audience

CEO, COO, CFO, CMO, CNO, All Coding, Billing and Reimbursement Staff, Financial Analysts, Compliance Officer and Legal Council

Program Topics

Ready or Not: Here Comes the RAC- A Practical Readiness Guide-TELNET T2506 (June 23, 2009)

This TELNET in the RAC series corresponds with the Arkansas RAC Readiness Manual (which will soon be available to all hospitals). With the implementation of the RAC scheduled for August 2009 in the state of Arkansas, it is now time for healthcare providers to ensure they are fully "RAC Ready". This TELNET will emphasize practical tips in preparing for the RAC, to include sample documents and forms that can be adapted for immediate use in your facility. A discussion of the RAC issues identified in the demonstration project and how to assess if these are potential issues in your organization will be addressed. Various types of data sources will be introduced as will as sample audit tools. Hospitals need to prepare now to implement a practical and reliable RAC Appeals process and ensure that staff is trained to manage the appeals.

Objectives

- Practical tips for how to get your RAC readiness implemented
- Potential RAC issues within your organization using both external and internal data
- Managing the RAC medical records requests (sample process flowchart)
- Conduct sample probe claims and medical necessity reviews
- Designing and implementing a RAC Appeals process

Speaker: Carolyn Regen, Interim Chief Compliance Officer and Privacy Officer Gwinnett Hospital System

Surviving the RACs: How to Fight Back Against Medical Necessity Denials by Medicare's Recovery Audit Contractors- and Win! - TELNET 2511 (July 7, 2009)

Approximately 85% of the overpayments collected by the RACs so far are from hospitals, and medical necessity documentation – or lack of it – was one of the main reasons auditors denied services. This TELNET provide you with clear guidance on how to properly document medical necessity so you can avoid unnecessary and costly denials.

Topics

- Medical Necessity – the Legal Standard
- Medical Necessity Documentation
 - How do you respond to document requests?
 - Who should be involved in the process?
 - Can you include information outside of the record?
- Challenging Medical Necessity Denials
 - Resources to consider referencing
 - Strategies if you did not dot every “i” or cross every “t”
- Common Medical Necessity Denials
 - Where the RACs are cashing in
 - How to avoid the denials

Speaker: Amy Fouts, Attorney, McKenna Long & Aldridge

Medicare Payment Issues under Case Management Protocol (CMAP) (August 13, 2009)

Quality Assurance, Inc. (FMQAI) conducted a pilot project for the purpose of developing methods to decrease unnecessary admissions in Florida Hospitals. FMQAI’s supposition was that unnecessary admissions were due to lack of documentation by physicians to support the medical necessity of admissions and also physician lack of knowledge and understanding of hospital admission criteria. To address these concerns FMQAI developed the Case Management Protocol. The Protocol was designed to increase the number of hospitalized patients who were assigned to the correct inpatient vs. observation (outpatient) status; to decrease unnecessary admissions; and to decrease the payment error rate. The CMAP protocol focuses particularly on short stay (< two days) admissions for symptom codes rather than diagnosis codes and admissions through the emergency department. A critical feature of the Protocol was the evaluation, and determination, of patients’ status by case managers before the attending physician entered an order admitting the individual as an inpatient. These case managers were intensively trained in the hospitals’ admission criteria. FMQAI recruited 20 acute care hospitals with high utilization of short stay admissions and symptom DRG’s to implement the Case Management Protocol. Analysis of baseline data revealed 39.2% inpatient admission denials. After implementation of the CMAP pilot program at the hospitals, retesting indicated that admission denials were reduced by 67%. Similar success was achieved in a later six state pilot project funded by CMS.

Speaker: Mark Guza, Attorney, Arnall, Golden, Gregory LLP

Appeals of Recovery Audit Contractors’ (RACs) Determination of Improper Payment (September 24, 2009)

The presentation covers the process used by the RACs to make determinations of improper payments, including their procedures for requesting medical records. The limitations on RAC activities and the rights of hospitals in this process will be discussed. The procedures for appealing RAC determinations will be explained and practice tips will be offered on preventing recoupment of alleged overpayments before the appeal is decided and on addressing “medical necessity” issues.

Speaker: Mark Guza, Attorney, Arnall, Golden, Gregory LLP

Continuing Education

Certificates of Attendance will be issued to all registrants attending this audio conference. These certificates should be placed on file at your hospital as evidence of attendance. Certificates of Attendance will not be awarded for taped sessions.

Registration

\$170 for each session for AHA members

\$650 for all sessions for AHA members: a saving of \$30

(You must register for all sessions at the same time to take advantage of savings)

The registration fee includes **one connection and site fee**. One or more individuals from the same facility may participate for the same fee. Participants are encouraged to log in 15 minutes prior to the start of the program, as the program will begin on time.

Participants should register at least five business days prior to the event to ensure optimal processing of conference materials. To register, please submit the attached registration form. If you have not received confirmation via the e-mail at least three business days prior to the event, please contact AHA at 501-224-

7878. Without payment (via check or credit card), your registration cannot be processed, and you will not receive connection instructions.

Prior to the event, you will receive instructions and passwords for accessing the event, along with the slide presentation and other resource materials. It is the responsibility of the registrant to download and/or access presentation materials prior to the day of the event. If your e-mail address changes, you do not receive an e-mail with instructions from AHA or if you are unable to download or open presentation materials, please contact AHA two days prior to the event to allow time to address the issue.

Substitution, Transfer and Cancellation Policy

Refunds, minus a \$25 processing fee, will be granted if requests are received in writing by the AHA at least 5 business days prior to the program. No refunds will be issued after that date. Substitutions, however, are permitted. Fax refund requests to Registrar at 501-224-0519.

(Registration form on next page)

REGISTRATION FORM
RAC Series: A Four-Part TELNET Series

TELNET Series – \$650

A \$30 Savings!

- Complete Four-Part Series- per connections (series discount)

Individual Sessions – \$170 Per Connection:

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Registration fee covers one or multiple participants at one location (**one connection per registration**) and includes one set of instructional materials/handouts. Upon receipt, additional handouts can be copied.

Name and Title of Contact Person _____

Organization _____

Mailing Address _____

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Telephone _____ Fax _____ E-mail _____

Method of Payment

Check in the amount of \$_____ payable to the Arkansas Hospital Association is enclosed.

Credit Card # _____ Visa MasterCard

Cardholder’s Billing Address (including zip code) _____

Expiration Date _____ Name on card _____

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Mail form and payment to

Registrar, Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock, AR 72205; 501-224-7878; or fax form with credit card information to 501-224-0519.