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Medicaid RAC'S hit Texas Hospitals and MD's

The Deficit Reduction Act of 2005 ("DRA"), specifically Section 6034, mandated the creation of the first collaborative effort between the states and Federal government specifically dedicated to combating Medicaid fraud.

As part of this Federal charge, the Secretary of the United States Department of Health and Human Services, via the Centers for Medicare and Medicaid Services ("CMS"), was directed to design and implement incremental 5-year comprehensive work plans, referred to as Comprehensive Medicaid Integrity Plan of the Medicaid Integrity Program ("Plan"), beginning in fiscal year 2006.

To support this undertaking, the Federal government, via DRA, appropriated up to \$255 million



dollars for the development and implementation of the first 5-year plan.

Additionally, the DRA called for CMS to establish the Medicaid Integrity Group ("MIG") whose main responsibility is to assure effective design, implementation and administration of the Plan.

Beginning with its inception in 2006, the MIG was primarily focused on ramping up activities.

Included in these activities was the designation of regional Medicaid Integrity Contractors ("MIC") whose organizational responsibilities were divided into three (3) distinct roles:

1. Claims Analysis MIC. These designated MIC's work with the Division of Fraud Research and Detection in the analysis of Medicare/Medicaid data to identify potential fraudulent claims activity.
2. Audit MIC. These designated MIC's are responsible for all desk and field audits, overpayment identification and fraud referrals to CMS and the various

RAC and Its Targets



Beginning in Summer 2009, CMS initiated The RAC Review Phase-In Strategy of the Plan. CMS awarded two audit Task Orders; Task Order 0001 and Task Order 0002 respectively. Task Order 0001 designated the Audit MIC for Regions 3 and 4 which includes the southeastern part of the United States. Task Order 0002, which was awarded in September 2008, designated the Audit MIC for Regions 6 and 8. Their audit regions include Texas, Oklahoma and Louisiana.

Earliest possible dates for reviews in Texas

- Automated Review-Black & White Issues (June 2009)
- DRG Validation-complex review (Aug/Sept 2009)
- Complex Review for coding errors (Aug/Sept 2009)
- DME Medical Necessity Reviews-complex review (Fiscal year 2010)
- Medical Necessity Reviews-complex review (calendar year 2010)

As briefly mentioned above, the Audit MIC's primary focus includes desk and field audits, comprehensive audits and cost report audits. Our preliminary research indicates that approximately 2,500 to 10,000 audits will be conducted in Regions 6 and 8 alone.

- Physicians/Practitioners
- Hospitals
- Home Health
- Dialysis Facilities
- DME
- Nursing Homes
- X-ray
- Laboratory
- Pharmacy
- Ambulance/Transportation

“It’s NOT too late to get in Front of RAC!”



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WE Understand...

At CampbellWilson, we understand the implications and potential impact of the MIC audits on both the daily operations and revenue on the various facilities. In the recent months, we have been informed by several of our clients, in particular the children’s hospital’s, that they have been the target of several Medicaid focused audits.

As a result of these discussions, we have created a suite of services designed to identify and minimize compliance, financial and operational impacts. Our staff has the compliance, coding, clinical, revenue cycle, operational and reimbursement related expertise to provide the professional level of support required for this initiative.

Our services are specifically designed to assess risks and minimize negative operational and financial impacts through a comprehensive methodology and a proprietary automated tool set. Our services include but are not limited to:

- **Coding, Documentation and Medical Necessity Risk Assessments** - Identify risks and gaps in your facility’s processes.
- **Web-Based Medicaid Audit Management Tool** - Proprietary automated workflow and data management tool to facilitate correspondence and report audit trends.
- **Medicaid Appeals Assistance** – Review and/or complete facility appeal letters.
- **Workflow Process Improvements** – Implement Medicaid requests and appeal workflows.
- **Education** – Identify educational gaps and conduct training session.
- **Multidisciplinary Facility Oversight Team** – Facility Medicaid audit Management Committee development and ongoing assistance.

CampbellWilson has extensive experience with similar engagements and we are confident that we can assist your facility. We are available to present a WebEx of our tool and discuss our service offerings. Please contact Cedrial Moore at (214) 373-7077 with any questions.

Who Knew?

CampbellWilson, LLP is pleased to announce its acquisition of Advanced Practice, Inc (API). API, a compliance/third-party reimbursement/audit consulting firm, built its name and reputation overall the last 15 years on providing exceptional/results-driven client services. API is comprised of clinicians, RN’s, financial and operational healthcare consultants.

Most recently, API has assisted a number of healthcare providers by recovering millions in third-party and governmental payor underpayments – as well as resolving billing and coding compliance matters.

“This is an excellent addition to our firm. We are looking forward to the new additional services we can provide our clients” said Manie Campbell (partner).

Ronnie Land (partner) added, “Advanced Practice, Inc. clearly compliments the services we provide our clients today... their in-depth clinical/compliance knowledge, coupled with their payor underpayment recovery expertise will help support and benefit our clients tremendously.