



# Magnolia Minutes

A Publication of MGMA of Mississippi

June 2009

## *A Message From the President*

John Moore



Boy, is it HOT??! And I don't just mean in temperature, but in all the things going on in our industry at this time – health care reform, Medicare reimbursement, Medicaid spending/funding, etc.

It seems as though every day has a different story about one or the other and they are never the same.

Welcome to summertime and “budget-time”, USA.

As we all continue to observe the goings on of both national and state activities, we tend to get somewhat jaded at the carryings-on of our elected leaders and what they are trying to do (or not do!).

I urge you all to watch carefully the happenings that will affect our physicians, practices and our jobs. Stay in touch with your legislators, talk with your physicians, call our Legislative Liaison, Tony Palazzo, with questions and stay active in this battle.

Now on to other things.

Thanks to Bobbie Beard for an outstanding summer meeting in Biloxi. From the opening reception through a jam packed program, we were treated to a first class agenda.

Starting with Jerry Bridge discussing ways to help us get paid, even while in a recession in the economy, we were treated to straight forward guides to assist any practice with improving their bottom line.

Lisa Goldstein, JD, Government Affairs Representative for Eastern and Southern Sections, then delivered an update on things happening in Washington and the efforts MGMA is using to address the different issues. Next up was Heather McNair, Senior Membership and Retention Manager with MGMA. She took us on a ride through the MGMA website and provided in-depth

knowledge of the tremendous resources that we all share with MGMA national and how to take advantage of these tools.

Closing out the day was Justin Barnes, Vice President with Greenway Medical Technologies, who spoke on the effects of the economic stimulus package for physicians and practices. A very important talk considering the direction the government is going with regards to the Electronic Medical/Health Record.

Then came the schooners and the race was on. Unfortunately, boat “Mike Sekul” came in second but the folks on board still had an awesome time. Of course, we did give boat “Glenn L. Swetmann” a big headstart.....

Owen Dahl closed the meeting with talks on Friday morning on the actual costs to see a patients and how our industry has sometimes lost sight of this concept. And then with follow up on the efficient and effective practice.

In between, we recognized some of our past presidents and celebrated with them the 35<sup>th</sup> birthday of MGMA of Mississippi. We played some strong (highly contested and nerve racking) games of BINGO. Congratulations to all the winners and thanks very much to all the vendors that assisted with prizes. And we had a large gathering for our Past Presidents – New Member/First Timer breakfast Thursday morning.

All in all, a highly charged convention that provided an explosive agenda of HOT topics and presentations, along with the opportunity for all to socialize and enjoy the companionship of friends and peers.

Special thanks go out to all the members of the Board of Directors, Committee Chairs and Assistants and our Executive Director, Karen Stuart, for their continued efforts to move MGMA of MS forward and keep up with the rapid changes that are constantly on the horizon.



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Telephone registration is open until 30 minutes before the Webinar. Call toll-free 877.ASK MGMA (275.6462).

Fees: MGMA National Member - \$149; Non-Members \$199

## *The MGMA of MS Board of Directors and the Education and Scholarship Committee are proud to announce an MGMA of MS Scholarship*

The MGMA (Medical Group Management Association) of Mississippi Scholarship Program is designed to financially assist qualified applicants in obtaining degrees from accredited academic institutions of higher learning, *located in Mississippi*, in the field of medical management or any field with any relation to medical management. The program is open to any student preparing to enter or already attending an accredited degree-granting *Mississippi* college or university and pursuing a bachelor, master's or doctoral degree.

The scholarships are awarded based on merit as measured by academic performance and extracurricular activities. The applicant's intended field of study is also considered in the evaluation process with preference given to those candidates pursuing a degree in medical management or a directly related field of study.

To retrieve more information or to print an application, please go to [www.mgmams.com](http://www.mgmams.com)!

# Frequently Asked Questions about Medicare Recovery Audit Contractors (RACs)

Posted on [www.mgma.com](http://www.mgma.com)

## **1. Will the RACs identify underpayments? If an underpayment is found, will my practice receive a payment?**

RACs will identify overpayments and underpayments. If A RAC finds both from a provider, it offsets the underpayment with the overpayment. If the RAC finds only an underpayment, it notifies the Medicare claims processing contractor (fiscal intermediary, carrier or Medicare Administrative Contractor), which will then proceed with the claim adjustment and payment to the provider. Review the Centers for Medicare & Medicaid Services (CMS) educational article SE0617.

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6183.pdf>

## **2. Can we see a copy of a RAC request?**

Yes, very soon. CMS will share with MGMA a copy of a Part B RAC request letter. MGMA will notify members via MGMA Washington Connexion once it is available.

## **3. Does the RAC limit on medical records apply per individual National Provider Identifier (NPI) or per group NPI?**

The medical record limit is linked to the billing NPI number. If your practice is enrolled with Medicare and submits claims for all your practice's physicians under its group NPI, then the RAC medical record limit is linked to your group NPI.

## **4. Will the RAC's letter indicate the problem with a claim? For example, medical necessity or incorrect coding.**

Yes. The RAC letters will contain detailed information, including:

- The coverage, coding or payment policy that was violated
- A reason for conducting the review
- A description of the overpayment situation
- Recommended corrective actions
- An explanation of the provider's right to submit a rebuttal statement prior to recoupment of any overpayment
- An explanation of the procedures for recovery of overpayments
- The provider's right to request an extended repayment schedule
- Information on the provider's right to appeal
- Other demand letter requirements for written notifications

## **5. If my practice appeals a RAC decision by Medicare, must we immediately make the correcting payment and wait for the decision on the appeal, or does the appeal delay the need to pay?**

If your group appeals the decision within 30 calendar days of receiving a letter requesting overpayment, recoupment is halted. Regardless of whether you file an appeal, interest begins accruing 31 days from when your practice receives the overpayment letter, unless you have made full repayment. Practices have up to 120 days to file an initial appeal. Review the CMS educational article on RAC appeals. MLN6183

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6183.pdf>

## **6. If the provider wins an appeal, can the RAC or CMS appeal that decision?**

No.

**7. What software vendors do you recommend for tracking the record requests?**

MGMA does not endorse vendors or products, but we encourage members to strongly consider EHR systems certified by the Certification Commission for Health Information Technology (CCHIT). You can see a list of CCHIT-certified products and their current certification level is available at <http://www.cchit.org/>.

**8. Where do we find approved issues for RAC review by CMS?**

RACs will list the issues, vulnerabilities and codes they are targeting on their Web sites. Expect them initially to focus on problems identified during the RAC demonstration, in Office of Inspector General reports and in Comprehensive Error Rate Testing (CERT) reports. MGMA will share this information as it is announced via the MGMA Washington Connexion e-newsletter.

**9. Are time frames for levels of appeal in business or calendar days?**

Calendar days.

**10. What is the RAC in my state?**

See a map of permanent RAC contractors and the RAC expansion schedule on the following page



**11. Will RAC audit requests only come via letter, or will auditors show up in the hospital or medical practice?**

The RACs will typically send letters to practices requesting medical records. Although the RACs have the authority to go to providers' locations to view and copy the records, medical groups may refuse to allow access. A RAC would then need to make a written request for copies.

**12. Will the RACs review Medicare Advantage (Part C) claims?**

No, the RACs review Part A and Part B claims only.

**13. Will the RACs review claims from private insurance carriers?**

No, the RACs review Medicare Part A and Part B claims only.

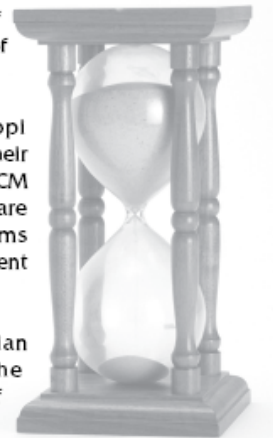
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# Toolkit for Recovery Audit Contractor “RAC” Program

Section 302 of the Tax Relief and Health Care Act of 2006 makes the Recovery Audit Contractor (RAC) Program permanent, and requires the expansion of the program to all 50 states by no later than 2010. As a result, a subteam of the Clinical Terminology and Classification Practice Council has developed a toolkit to assist members in preparing for the program. This information was sent from the American Health Information Management Association and you may find it helpful.

The toolkit includes the following resources:

- . Program background
- . Overview of audit process
  - . Preparation checklist
  - . Hierarchy of Authority
- . Sample Policy and Procedure
- . Sample RAC Coordinator Job description
  - . Education materials
  - . Sample Appeal Letters
- . Appeal Submission Checklist
  - . Resource links

Go to [www.ahima.org](http://www.ahima.org) - click on HIM Resources – then on Practice/Brief Tools – then Tool Kits



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Bob Vosburgh, President of 9g Enterprises, Inc., who spoke at our Summer Meeting in 2008 has written a new book, *Organizational Evolution*. Bob has made some portions of this book available to download. This book is based upon Bob's experience presenting to and coaching more than 6,000 medical organization administrators and physicians.

Download PDFs of the Overview, Introduction and/or Chapter One at <http://www.orgevolution.com/book>.



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# RED FLAGS RULE AND THE MEDICAL PRACTICE

BY: SHEILA M. HARKINS, CMPE

The Red Flags rule defines a creditor as “any person who regularly extends, renews, or continues credit; any person who regularly arranges for the extension, renewal, or continuation of credit; or any assignee of an original creditor who participates in the decision to extend, renew, or continue credit.” FTC says that Medical Practices should incorporate Red Flags (indicators of a possible risk of identity theft) into our Policies and Procedures. MGMA has concerns about the application of these rules as they apply to health care providers. MGMA National and AMA were able to delay the initial November 1, 2008 and subsequent May 1, 2009 deadlines to August 1, 2009.

<http://ftc.gov/os/fedreg/2007/november/071109redflags.pdf>

I must digress a moment and tell about my practice experience as it relates to identity theft. It all started when the patient “did not have a form of identification.” After much discussion between the front desk clerk and the patient, she decided that it was “okay this time”. Long story short, the patient was using the name and medical insurance of a co-worker. If that was not bad enough ... the co-worker ended up with a diagnosis no one would want on their medical record. It took months to correct the medical record and billing errors. (It did not end up very well from the patient/employer standpoint either.) Bottom line – it happens!

If you determine your practice qualifies as a creditor, the Red Flags rule applies. My hope is that this article will give a better understanding of basic policies you should develop for monitoring Identity Red Flags.

- What identifying information will your practice will require?
- Develop procedures for checking patient identification. How will they handle that person who refuses to offer the information?
- Train your staff to look for identity theft indicators:
  1. Drivers license, insurance card, or other identifying information has been altered. Picture ID does not resemble patient.
  2. Information on one form of ID is inconsistent with a secondary form of ID. For instance: Drivers License address varies from what your practice management system has.

3. Information on these forms of ID differs from the return address on a check.
  4. The following SSNs are always invalid:
    - The first three digits are 666
    - The first three digits range from 772 to 799
    - The first three digits are in the 800, 900, or 000 range
    - The fourth and fifth digits are 00 or
    - The last four digits are 0000.
  5. Patient’s mailing address is invalid. Post Office Boxes are fine for mailing, but also maintain a street address in your practice management system.
  6. Patient will not provide requested identifying information.
  7. Compare signatures on checks or forms with signatures on file.
- Develop a procedure for reporting and investigating:
    1. Suspected identity theft reported by your employee(s).
    2. A patient claim of identity theft.

MGMA National has a Red Flags Rule Resource Center that will be valuable as you develop your protocols. The website is <http://www.mgma.com/policy/default.aspx?id-22932>. Included in this website is a link to a free 30 minute Red Flags Rule Webinar that can be used for yourself or as a training tool for your employees.

Good Luck!



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