



RECOVERY AUDIT
CONTRACTOR (RAC)
REGION 1 AND
REGION 5 HOME HEALTH
& HOSPICE (HHH)

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PERFORMANT



PERFORMANT DISCLAIMER

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All processes and guidelines are undergoing continuous improvement and modification by Performant and the Centers for Medicare and Medicaid Services (CMS).





AGENDA

- Performant Introduction
- Scope of RAC Region 1 and Region 5 HHH
- Recovery Audit Goals
- Additional Documentation Requests
- Record Submissions and Reimbursement
- RAC Review Types
- Discussions and Appeals
- RAC Website Resources
- Questions & Answers





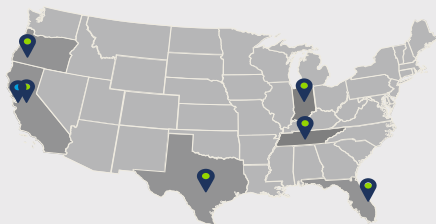
PERFORMANT AT-A-GLANCE



PERFORMANT



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1976

founded

1,200

employees

Medicare RAC
Region 1 (NE & MW)—Parts A &
B and Region 5 (National)—
DMEPOS, home health, hospice



PERFORMANT



SCOPE OF RAC REGION 1
and
REGION 5 HHH's





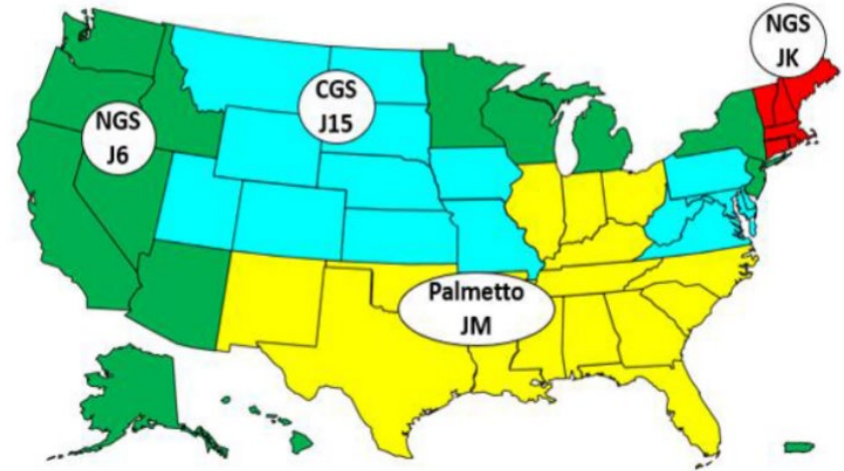
RAC REGION 1

- Michigan & Indiana
 - J8 WPS MAC jurisdiction
- Ohio & Kentucky
 - J15 CGS MAC jurisdiction
- New York, Vermont, New Hampshire, Maine, Massachusetts, Rhode Island, & Connecticut
 - JK NGS MAC jurisdiction



RAC REGION 5 - HHH

- Delaware, District of Columbia, Colorado, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, New Jersey, New York, North Dakota, Pennsylvania, South Dakota, Utah, Virginia, West Virginia, Wyoming
 - J15 CGS MAC jurisdiction
- Alaska, American Samoa, Arizona, California, Connecticut, Guam, Hawaii, Idaho, Maine, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, North Marina Islands, Oregon, Puerto Rico, Rhode Island, US Virgin Islands, Vermont, Wisconsin, Washington
 - J6 and JK NGS MAC jurisdiction
- States: Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas
 - JM Palmetto MAC jurisdiction





RECOVERY AUDIT GOALS



RECOVERY AUDIT GOALS



TRANSPARENCY

CMS requires the RACs to provide detailed review information concerning new issues on their website (<https://performantrac.com/>)



CONSISTENCY

All RACs must abide by the same:

- CMS-approved concepts
- Guidelines set by Medicare rules and regulations, LCDs, NCDs, IOMs, SSA, CFR, etc.
- ADR limitation rules
- Look-back period rules



ACCOUNTABILITY

- Minimum overturn rate for RACs at the first level of appeal must be at or below 10%
- Minimum accuracy rate RACs must maintain is 95%
- Failure maintain these minimums could result in a progressive reduction in ADR limits the RAC is allowed to review.





ADDITIONAL DOCUMENTATION REQUESTS (The ADR Letter)



ADR LETTER

- Facility/ Provider/ Supplier name and address
- NPI
- Letter Request ID
- Letter Request type and purpose
- Lookback period
- Good cause reasons for reopening a claim
- Links to ADR limits calculations.



Region [Region #] Recovery Audit Contractor (RAC)

Date [Request Date]

[Facility Point of Contact]
[Physician Practice Name]
[Street Address Line 1]
[Street Address Line 2]
[City, State ZIP]

NPI:
PTAN:
Phone:
Fax:
Letter Request ID:
Batch ID:

Request Type & Purpose: Additional Documentation Required and Request for Medical Records

Dear Medicare Provider/Supplier,



ADR LETTER

- Individualized ADR Limits
- Reason for Selection

The maximum number of medical records that may be requested with the exception of CMS-Required Reviews, from you per 45 days is:

| Bill Type | ADR Limit | Bill Type | ADR Limit | Bill Type | ADR Limit | Bill Type | ADR Limit | Bill Type | ADR Limit | Bill Type | ADR Limit |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 11X | 2 | 12X | 0 | 13X | 1 | 14X | 7 | 15X | 0 | 16X | 5 |
| 17X | 16 | 18X | 0 | 19X | 18 | 20X | 1 | 21X | 9 | 22X | 10 |
| 23X | 0 | | | | | | | | | | |

(or)

| Bill Type | ADR Limit | Bill Type | ADR Limit | Bill Type | ADR Limit |
|-----------|-----------|-----------|-----------|-----------|-----------|
| 11X | 10 | PHYS | 8 | DME | 3 |

Note: these above are two different samples of the table that will hold the data

Reason for Selection:

Your RAC, Performant, is requesting additional documentation for the selected list of claims as part of a post-payment, complex review approved by CMS. Details regarding the issue(s) identified are listed in the Requested Claims attachment. As a reminder, the RAC may reopen



ADR LETTER

- Specifies when the records are due by and that you can call for an extension if one is needed.
- Consequences for not complying by due date or extension date
- Please note: if a claim is technically denied, you will have 30 days to submit records from the date of the technical denial. **Additional extensions are not granted on claims that were technically denied for non-compliance.**

Action: Additional Documentation

Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. Providers/Suppliers are required to send supporting medical records to Performant. **Please note that providing medical records of Medicare patients to Performant does not violate the Health Insurance Portability and Accountability Act (HIPAA).** Patient authorization is not required to respond to this request.

An extension for the submission of additional documentation may be requested by contacting Performant's Customer Service via email or phone.

When: **mm/dd/yyyy**

Please provide the requested documentation or contact Performant to request an extension by **mm/dd/yyyy**. A response is still required by **mm/dd/yyyy** even if you are unable to locate the

Consequences:

An improper payment (overpayment) will be determined in instances where the provider/supplier fails to send the requested documentation or contact Performant to request an extension by **mm/dd/yyyy**. After the claim determination has been made, providers/suppliers will receive a Review Results Letter. Providers/Suppliers who wish to discuss the determination may request to



ADR LETTER




The final pages

- list instructions on how to submit records
- which claims are requested,
- what records should be included to support the review,
- and the barcode sheets for record separation when submitting records.

Please submit all applicable documentation that supports justification of payment of claims corresponding to claim date(s) of service included in this request, including but not limited to the following components of the beneficiary's medical record:

Sample list:

- Ambulance records
- Discharge summary
- Nursing documentation
- Physician notes
- Operative / procedure report
- This is not an inclusive list. All pertinent information must be considered

| Beneficiary Information | DOB & DOS | Check Box | RA Case # |
|-------------------------|------------------------------|-------------------------------------|--|
| Name: | DOB: | <input checked="" type="checkbox"/> |  90033321614 |
| Claim#: | HIC: | | |
| PT Ctrl: | DOS: 9/17/2014 - 9/23/2014 | | |
| Amount: | | | |
| Name: | DOB: | <input type="checkbox"/> |  90033319824 |
| Claim#: | HIC: | | |
| PT Ctrl: | DOS: 11/17/2014 - 11/25/2014 | | |
| Amount: | | | |
| Name: | DOB: | <input type="checkbox"/> |  90033322414 |
| Claim#: | HIC: | | |
| PT Ctrl: | DOS: 4/17/2013 - 4/19/2013 | | |
| Amount: | | | |






RECORD SUBMISSIONS and REIMBURSEMENT





MEDICAL RECORD SUBMISSION PROCESS

1. In the barcode sheet below there are 3 distinct record requests. Copy the Bar Code Sheet(s) as the first page for each corresponding set of documents.
2. Place a check mark in the box to associate which claim # the corresponding set of documents is for. Records for each claim should be a **separate and distinct bundle**.
3. Large record sets should be mailed or submitted via esMD. **If faxing, each record set per claim must be sent in a separate fax.** Faxes are received electronically and mixed claim records in one fax can lead to errors.

| Beneficiary Information | | DOB & DOS | | RA Case # | |
|-------------------------|------------------------------|-----------|--|-------------------------------------|--|
| Name: | DOB: | Check Box |  90033321614 | <input checked="" type="checkbox"/> | |
| Claim#: | HIC: | | | | |
| PT Cntrl: | DOS: 9/17/2014 - 9/23/2014 | | | | |
| Amount: | | | | | |
| Name: | DOB: | Check Box |  90033319824 | <input type="checkbox"/> | |
| Claim#: | HIC: | | | | |
| PT Cntrl: | DOS: 11/17/2014 - 11/25/2014 | | | | |
| Amount: | | | | | |
| Name: | DOB: | Check Box |  90033322414 | <input type="checkbox"/> | |
| Claim#: | HIC: | | | | |
| PT Cntrl: | DOS: 4/17/2013 - 4/19/2013 | | | | |
| Amount: | | | | | |

REMINDER:

The records should be submitted by the date designated in the ADR letter. If for any reason, extra time is needed to gather and submit records, call Customer Service at 1-866-201-0580 and request an extension.



MEDICAL RECORD REIMBURSEMENT

The Medicare Program Integrity Manual (PIM) Section 3.2.3.6. provides guidance to RACs on reimbursement for medical records. Performant tracks record submissions and issues a check within 45 days of record submission. There is no requirement to invoice.

| Type of Record | Cost ¹ |
|--|---|
| PPS Provider Record Reproduction | \$0.12 cents per page, plus first-class postage ² |
| Non-PPS Institution and Practitioner Record Reproduction | \$0.15 cents per page, plus first-class postage ² |
| esMD Submission | Above reimbursement rates per page plus a \$2.00 per transaction reimbursement in lieu of postage |

¹ Providers under a Medicare reimbursement system (e.g., critical access hospitals) receive no photocopy reimbursement.

² Maximum reimbursement to a provider per medical record if sent via esMD shall not exceed \$27 (including a \$2 transaction reimbursement) or \$15 (including first class postage) if sent any other method.



RAC Review Types





RAC REVIEW TYPES

| Automated | Complex | CMS Required |
|---|--|--|
| <ul style="list-style-type: none"> Does not require review of medical record documentation for claim determination Claims identified through systematic edit parameters based on Medicare regulations/policies and billing guidelines RAC issues Informational/ Initial Findings Letter (IFL) to the provider as notification of improper payment Provider has 30-days from the IFL date to file a Discussion Request with the RAC. Claim may be submitted to MAC for adjustment on day 31 | <ul style="list-style-type: none"> Requires medical record documentation to be reviewed for claim determination Additional Documentation Request (ADR) letters are sent in accordance with CMS Approved Provider ADR Limits RAC issues ADR to provider Provider has 45-days to furnish documentation to RAC Clinical review completed within 30 days of receipt of provider's documentation Provider has 30-days from the Review Results Letter date to submit a Discussion Request with the RAC Claim may be submitted to MAC for adjustment on day 31 | <ul style="list-style-type: none"> RAC is required to perform CMS referred, provider specific reviews on approved issues Requires medical record documentation to be reviewed for claim determination Not subject to and/or counted towards CMS Approved Provider ADR Limits RAC issues ADR to provider Provider has 45-days to furnish documentation to RAC Clinical review completed within 30 days of receipt of provider's documentation Provider has 30-days from the Review Results Letter date to submit a Discussion Request with the RAC Claim may be submitted to MAC for adjustment on day 31 |



Discussions and Appeals





DISCUSSION PERIOD

PURPOSE: To offer providers the opportunity to submit additional information if they disagree with the review determination.

SUMBISSION:

The Discussion request form can be found on our website in the supporting resources section. Include evidence to support why you believe the claim was properly coded, correctly billed, and should be covered by Medicare.

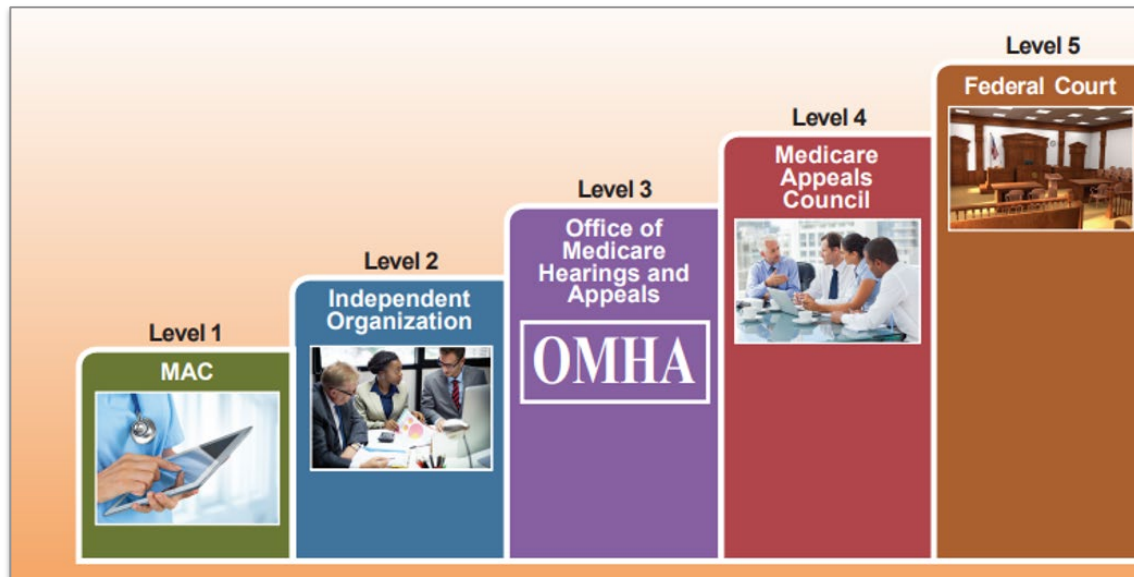
PROCESS:

RAC considers the additional information, reaudits the account, and either upholds or overturns the original decision.

BENEFIT:

If a decision is overturned during the Discussion Period, the RAC will not send an adjustment to the MAC; no further action will be required of the provider.

APPEAL PROCESS PART A & B



Below is the link to the document on the CMS website that details and guides you through each appeal process.

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Downloads/Medicare-Parts-AandB-Appeals.pdf>



RAC WEBSITE RESOURCES





RAC WEBSITE RESOURCES

The screenshot shows the Performant website's 'Provider Resources for the Medicare Recovery Audit Program' page. The page features a blue header with navigation links: ABOUT US, NEWSROOM, INVESTORS, CAREERS, and a search icon. Below the header is a dark blue navigation bar with links for INDUSTRIES, SOLUTIONS, CONSUMERS, SUPPORT, and CONTACT. The main content area has a background image of a stethoscope and a network diagram. The title 'PROVIDER RESOURCES FOR THE MEDICARE RECOVERY AUDIT PROGRAM' is prominently displayed. A breadcrumb trail reads: Home > Solutions > Healthcare > CMS RAC Resources > CMS RAC Provider Resources. A secondary navigation bar includes: PROVIDER PORTAL, REGION 1, REGION 5, and CMS RAC PROVIDER RESOURCES. The main text area contains three columns of content:

- Left Column:** A paragraph stating that the page provides the latest information for the Medicare Fee for Service (FFS) Recovery Audit Program for Regions 1 and 5, including helpful resources. Below this is a paragraph about the company's commitment to a best-in-class customer experience and minimizing burden. A final paragraph offers assistance with questions. A 'CONTACT US' button is highlighted with a green border.
- Middle Column:** A section titled 'SECURE PROVIDER PORTAL' with a sub-paragraph about accessing claim review status and updating contact information. A 'PROVIDER PORTAL' button is highlighted with a green border.
- Right Column:** A sub-paragraph asking if the user needs to update contact information, with a 'CLICK HERE' button highlighted with a green border.





RAC WEBSITE RESOURCES (CONT.)

SUPPORTING RESOURCES

> APPROVED ISSUES

> FAQs (DOWNLOAD PDF HERE)

> SAMPLE DOCUMENTS (DOWNLOAD PDFS HERE)

> ADDITIONAL DOCUMENTATION SUBMISSION INSTRUCTIONS (DOWNLOAD PDF HERE)

> DISCUSSION REQUEST FORM

EXTERNAL RESOURCES

> CMS RECOVERY WEBSITE

> CMS MANUALS

> UNDERSTANDING REMITTANCE ADVICE

> INSTITUTIONAL (I.E., FACILITIES) ADDITIONAL DOCUMENTATION LIMITS

> DURABLE MEDICAL EQUIPMENT (DME) ADDITIONAL DOCUMENTATION LIMITS

> PHYSICIAN/NON-PHYSICIAN PRACTITIONER ADDITIONAL DOCUMENTATION LIMITS

> AMERICAN HOSPITAL ASSOCIATION

If you are a provider seeking additional information for Region 1 support, [Click Here](#)

If you are a DMEPOS supplier or Home Health or Hospice provider seeking additional information for Region 5 support, [Click Here](#)

PROVIDER PORTAL: LOGIN

After you accept the terms of usage this login screen will appear. The information to log onto the website is provided to you in writing via a “Welcome Letter” from Performant. If you cannot locate this information, contact Performant’s Customer Service team at 1-866-201-0580 and they will assist you.



The screenshot shows the Performant Recovery website's provider portal login page. At the top left is the Performant Recovery logo. To the right are navigation links: HOME, CONTACT, ABOUT US, and PROVIDER PORTAL. Below the navigation is a banner with the text: "Performant is proud to support organizations working to strengthen our communities." The main content area is a login form titled "PROVIDER LOGIN". It contains fields for "User ID:" and "Password:", a "Forgot Password" link, and a CAPTCHA image showing the number "90361" with a handwritten line through it. Below the CAPTCHA is a text prompt: "In the space below type the word appearing in the picture." followed by an input field. A "Login" button is at the bottom right of the form. At the bottom of the page, there is a box with the following text:

Welcome to the "Claims Status" page

This page is for users that have received an Additional Documentation Request (ADR)/medical record request letter. The user id and password for access to this page will be sent to you with the 1st ADR letter you receive. Only providers who have received an ADR letter will have a user id and password assigned. If you have received an ADR letter, but not received a user name and password please contact customer service at 866-201-0580.

PROVIDER PORTAL: WHAT'S INSIDE

- Provider's overall ADR limit
- ADR letter mailed date
- Medical documentation received date
- Medical review completed date
- Outcome of the review (overpayment, underpayment, no finding)
- Discussion Period information
- Appeals outcomes
- Case closure date
- Update contact information

NOTE: The portal is updated nightly.



Performant Recovery

HOME CONTACT ABOUT US PROVIDER PORTAL CHANGE PASSWORD LOGOUT

Performant is proud to support organizations working to strengthen our communities.

Welcome 9432046-Provider Name [1902804552] [Update Contact Info](#)

Choose a region: Region 1 Region 5 Region A All Regions

[Click here for ADR limits](#)

[Complex](#) [Automated](#) [Semi-Automated](#)

** Note: From Jan 03, 2012, Demand Letters will be printed by the MAC. Please contact the MAC for Demand Letter details for claims after Jan 03, 2012.*

** Click on the label to sort by*

| RAC Case Id | Status | Service Date | | ADR Letter | | | Addl. Docs Rec'd on | Audit | | Review Results Letter | | Discussion Period | |
|-------------|-----------|--------------|------------|----------------|------------|---------|---------------------|----------------|---------|-----------------------|---------|--------------------|------------------|
| | | From | To | Claim Paid Amt | Mailed On | ID | | Completed Date | Outcome | Mailed On | ID | Request Rec'd Date | Review Comp Date |
| 90031003032 | Active | 10/23/2012 | 10/31/2012 | \$32,733.83 | 01/29/2015 | 1547591 | 02/17/2015 | | | 04/16/2015 | 1581681 | | |
| 90031005656 | Active | 11/10/2012 | 11/14/2012 | \$18,182.51 | 01/29/2015 | 1547591 | 02/17/2015 | | | 04/14/2015 | 1581230 | | |
| 90031020747 | Active | 03/27/2013 | 04/02/2013 | \$30,729.78 | 01/29/2015 | 1547591 | 03/02/2015 | | | 04/29/2015 | 1585149 | | |
| 90031022750 | Active | 09/14/2014 | 09/17/2014 | \$7,800.65 | 01/29/2015 | 1547591 | 02/17/2015 | | | 04/13/2015 | 1581038 | | |
| 90031694301 | Active | 10/02/2013 | 10/04/2013 | \$9,293.58 | 03/23/2015 | 1568176 | 04/15/2015 | | | 06/12/2015 | 1601676 | | |
| 90031694533 | Cancelled | 09/28/2013 | 10/04/2013 | \$11,406.65 | 03/23/2015 | 1568176 | 04/27/2015 | | | | | | |
| 90031694806 | Cancelled | 09/11/2012 | 09/19/2012 | \$16,912.24 | 03/23/2015 | 1568176 | 04/20/2015 | | | | | | |
| 90031694954 | Active | 02/11/2014 | 02/14/2014 | \$18,945.19 | 03/23/2015 | 1568176 | 04/10/2015 | | | 06/09/2015 | 1598269 | | |
| 90031700199 | Active | 09/06/2013 | 09/17/2013 | \$31,289.93 | 03/23/2015 | 1568176 | 04/27/2015 | | | 06/24/2015 | 1603798 | | |
| 90031705081 | Active | 07/09/2013 | 07/16/2013 | \$11,542.97 | 03/23/2015 | 1568176 | 04/20/2015 | | | 06/18/2015 | 1602951 | | |
| 90031715486 | Active | 06/14/2014 | 06/20/2014 | \$19,147.65 | 03/23/2015 | 1568176 | 04/17/2015 | | | 06/16/2015 | 1602604 | | |
| 90031719157 | Cancelled | 11/30/2014 | 12/07/2014 | \$21,251.64 | 03/23/2015 | 1568176 | 04/22/2015 | | | | | | |
| 90032178239 | Active | 02/25/2014 | 03/08/2014 | \$20,537.91 | 05/15/2015 | 1593819 | 06/17/2015 | | | 08/11/2015 | 1623882 | | |

[Print](#) [Download](#)

PROVIDER CONTACT INFORMATION CUSTOMIZATION

UPDATE YOUR CONTACT INFORMATION HERE.

RAC REQUEST FOR PROVIDER CONTACT INFORMATION

Performant Recovery is the Recovery Audit Contractor (RAC) for Regions 1 and 5. Please provide your contact information for both Medical Record Requests and Review Results Letters/Discussion Period Letters below. If you represent multiple facilities/providers, please complete this form for each facility/provider or you can complete the Excel spreadsheet linked below. If you utilize the Excel spreadsheet, email the completed form to our RAC Customer Service Team.

[ProviderAddressUpdateSpreadsheet](#)

Please ensure all required fields are completed in each section

Please indicate your State *

Provider Name *

NPI # *

Hospital/Physician Group Name *

Same as NPI (Note: If you are a hospital your NPI# and your Group NPI# are the same #.)

Tax Identification # *

Group NPI # *

Does your facility/office bill under any other NPIs?

Yes No

If yes, please fill out a form for each NPI, or alternatively please download and submit the Provider Address Update Spreadsheet from above to info@performantrac.com



CONTACT INFORMATION

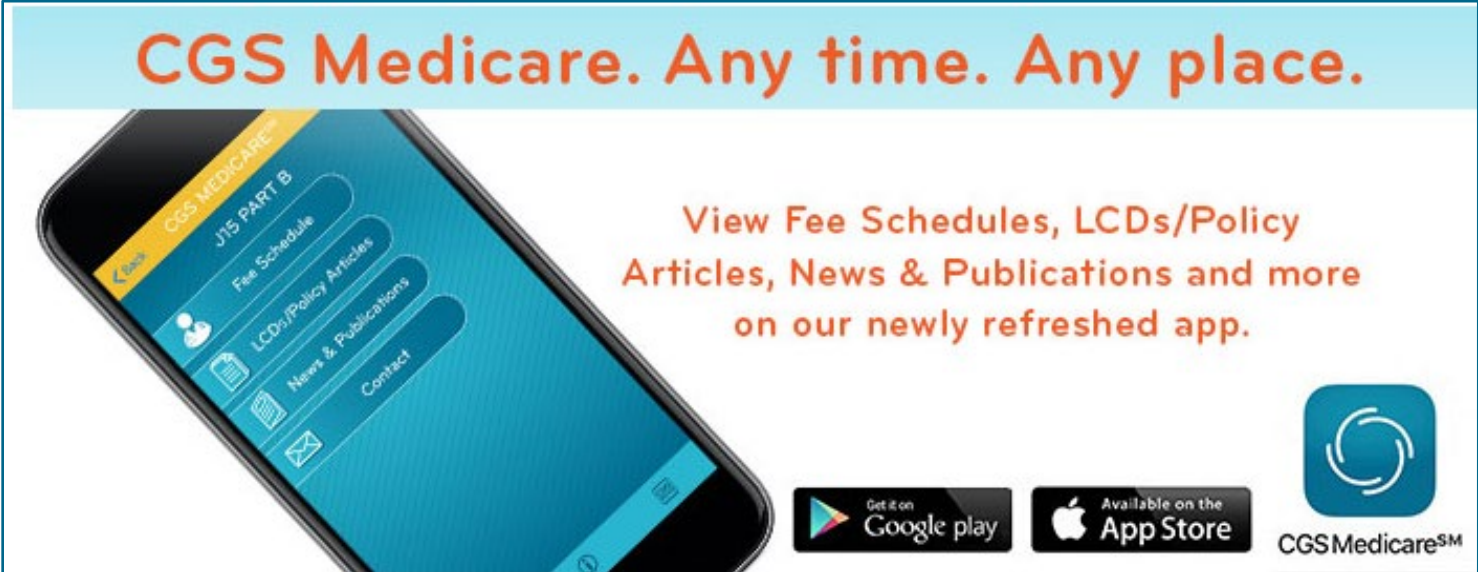
- Performant
 - Toll-free: 1-866-201-0580
 - Medical Record Fax: 1-325-224-6710
 - Discussion Request Fax: 1-833-366-9118
 - Website: <https://PerformantRAC.com>
 - Email: info@performantRAC.com
 - Hours of Operation: 8:00 a.m. – 4:30 p.m.
- CMS
 - Website: <https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-ffs-compliance-programs/recovery-audit-program/>
- MACs
 - Primary contact for all processes related to payments, recoupments, refunds, and Level 1 appeals inquiries.
 - Region 1 and Region 5 Jurisdictions
 - CGS: J15, JB, and JC
 - NGS: J6 and JK
 - Noridian: JA and JD
 - Palmetto: JM
 - WPS: J8



CGS MedicareSM App

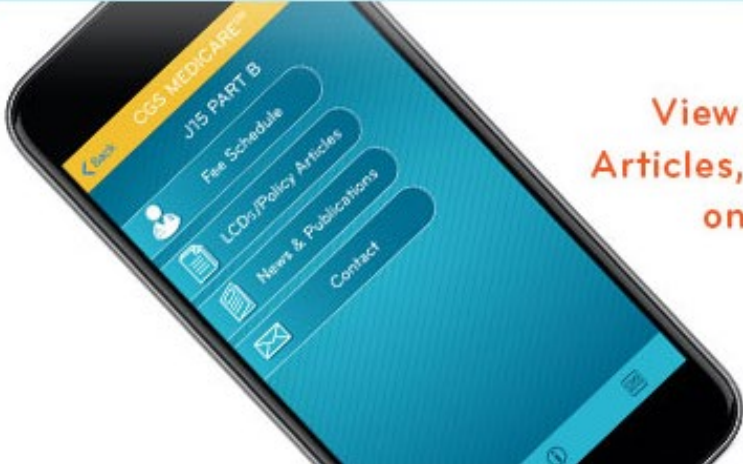
CGS MedicareSM App Guide

(https://www.cgsmedicare.com/pdf/cgs_medicare_app_guide.pdf)




CGS Medicare. Any time. Any place.

View Fee Schedules, LCDs/Policy Articles, News & Publications and more on our newly refreshed app.



Get it on Google play

Available on the App Store

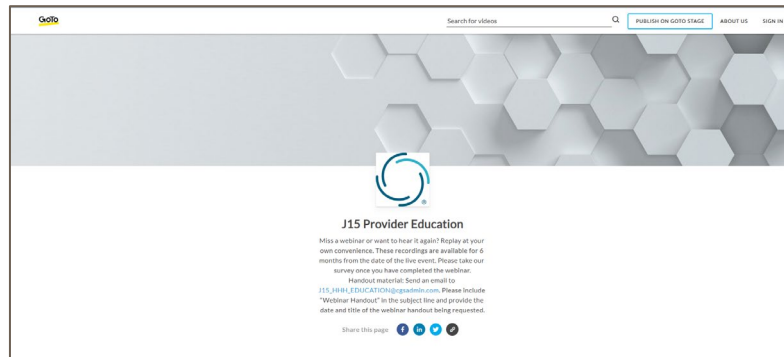


CGSMedicareSM

GoToStage Video Channel!

CGS has recently made improvements to access the Part A, Part B, and the Home Health & Hospice webinar recordings. Access will be provided to all the J15 recorded webinars through GoToStage Video Channel (<https://www.gotostage.com/channel/j15education>).

- Webinars will display as:
 - Featured Videos
 - Recently Added
 - myCGS
 - Line-of-Business specific (A/B/HHH)
- Select the webinar and register to view
- Transcript also available



STAY CONNECTED

CHECK OUT OUR WEBSITE:

<https://www.cgsmedicare.com/>



GET EVEN MORE RESOURCES:

- CMS MLN Web page: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo>. This includes the MN Connects, MLN articles, and more.
- Electronic Mailing List page at: <https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Electronic-Mailing-Lists>
- CMS e-mail updates at: https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_7819

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By clicking, "Join/Update ListServ" in the top-right corner or <https://www.cgsmedicare.com>

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A CELERIAN GROUP COMPANY



Outreach & Education

Check out our calendar of events! Be sure to join us for our upcoming webinars. Click on the link below:

- Home Health & Hospice
 - Home Health and Hospice Calendar of Events (https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/hhh_report/hhh_report.aspx)
- Part A
 - Part A Calendar of Events (https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/parta_report/parta_report.aspx)
- Part B
 - Part B Calendar of Events (https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/partb_report/partb_report.aspx)

SAVE THE DATE! RSVP Today!!

RSVP today: <https://cvent.me/38W1DZ>

