

Georgia Physician “Medical Record/Recovery Audit Contractors”

Auditors Name/Purpose	Legal Basis	Review Process	Record Request Limit/Time Period	Audit Time Line	Actions You Can Take
Medicare					
<p>RAC-Connolly Consultants is the RAC for Georgia.</p> <p>RACs are independent contractors approved by CMS to identify overpayments and underpayments and recoup overpayments made to physicians.</p> <p>They are paid on contingency fee basis.</p>	<p>Started as demonstration project under Medicare Modernization Act of 2006. Tax Relief and Health Care Act of 2006 made program permanent and expanded to all 50 states.</p>	<p>Claims reviewed on post-payment basis with either an automated or complex review. Automated review requires no additional medical documentation; while complex reviews may require physician to submit medical documentation. RAC reviews any issues CMS has authorized and must publish on their website. If RAC identifies overpayment, they issue a demand letter. For complex review, it is a detailed demand letter requesting documentation to review claim.</p>	<p>A RAC cannot review any claims before October 1, 2007 and cannot review any claims paid more than three years ago. The "additional documentation request," ADR, limits will be based on the physician's billing Tax Identification Number, as well as the first three positions of the ZIP code where that physician is physically located. ADR limits will be based on the number of individual rendering physicians/nonphysician practitioners reported under each TIN/ZIP combination in the previous calendar year.</p> <p>50 or more: 50 records 25-49: 40 records 6-24: 25 records Less than 5: 10 records</p> <p>PER 45 days</p>	<p>Allow recoupment at 45 days. Request redetermination no later than 120 days of after receipt of demand letter or 30 days after receipt of demand letter to prevent offset.</p>	<p>Physician's options after receiving demand letter are:</p> <ol style="list-style-type: none"> 1. If physician agrees with RAC, physician pays claims processor the amount of overpayment by check or allow recoupment at 45 days. (Interest accrues on 1st day. 2. If physician disagrees, physician may: a. enter into "discussion period" with RAC up to 40 days from date of demand letter. Physician can provide additional documentation and RAC will send letter detailing findings of discussion period. b. Request a redetermination by the claims processor-1st level of appeal no later than 120 days of demand letter or no later than 30 days after receipt of demand letter to prevent offset.

			CMS reserves the right to give the RACs permission to exceed the cap.		
ZPIC-Zone Integrity Program contractors located in 7 zones of country-Replaced Program Safeguard Contractors and Prescription Drug Integrity Contractors. Primary goal is to find and pursue cases of suspected fraud and take immediate action. Cases are referred to the Office of the Inspector General. ZPICs support law enforcement during investigation and prosecution of cases. Contractors are paid at a fixed contractual rate and can receive bonuses. Also provide fraud and abuse training to MACs and staff.			No record request limits.		
MIC-Medicaid Integrity Contractors; Assess overpayment by state Medicaid programs		Three types of contractors: 1. Review MICs, who analyze claims data to identify payment vulnerabilities; 2. Audit MICs, who conduct post-	Five year lookback period and physicians are given timelines as to record submission requirements.		

		<p>payment audits of documentation to identify overpayments, this is where they would intersect with physician; and 3. Education MICs, who educate the provider community as needed based on uncovered issues. The contractor often request physicians to respond to additional documentation requests.</p>			
<p>MAC-Medicare Administrative Carrier-in Georgia –Cahaba Blue Cross and Blue Shield of Alabama</p>	<p>CERT contractor identifies problem areas specific to MAC, the MAC pursues the issues as part of Progressive Corrective Action. These are service specific probes which are prospective audits of a limited number of claims for services identified as problematic, i.e., 99214 for internal medicine. Claims are pulled which</p>				

	<p>match the probe criteria through the claims payment system. The physicians is then asked for additional documentation and must submit it within a specified time frame. If not submitted, claims are not paid. If submitted is reviewed for appropriateness of billing under the reported code. Results must be put on MAC website.</p>				
DME					
Medicare Advantage Health Plan/Contractor					
Medicaid					
RAC	<p>The Patient Protection and Affordable health Care Act (PPACA) including provision requiring each state to establish a program for the state to Contract with a RAC. Georgia is presently carrying that out.</p>				

Georgia OIG					
Commercial Insurance Audits					
Blue Cross					
United					
Aetna					
Humana					
CIGNA					