

March 1, 2011



Prevent, Detect, and Correct Unnecessary Repayments

Our recent experience has taught us that RACs, State and federal payers, and law enforcement agencies are sometimes demanding repayment for the same patient and on the same DOS. These reimbursements on the same claims and efforts to reconcile them are causing providers financial hardship. Based on our experience, the DOJ, State and federal payers and RACs do not appear to be communicating with one another. Uncoordinated activity is happening! Watch out for it, detect it, and put a process in place to prevent unnecessary repayments. If you are interested in our working methodologies, please feel free to contact us at 888-299-2197. Our professionals are helping providers nationwide deal with this on a routine basis. We are prepared to assist you in avoiding duplicate payments.

What You Should Know

There are multiple intervention efforts happening from all levels of government regarding Medicare and Medicaid claims for all types of providers. According to CMS guidelines, Medicare inpatient claims may be denied for lack of medical necessity even if there was a green light from admission screening criteria. Here are some questions you may want to ask yourself regarding your organization:

- 1. Is our staff using the right billing procedures?*
- 2. Are they dedicated to following all necessary guidelines?*
- 3. Are all aware of the repercussions and major expense (e.g., appeals process) that could be incurred by organizations if there are inaccuracies or missing documentation?*
- 4. Do you have a plan in place, and enough staff that has the knowledge to re-bill or appeal in case of denials? If you need additional support and resources, we can help.*