

SERVICES

Audit Services
Case Management
Chief Medical Officer Services
Clinical Advisory Services
Coding & Compliance
Fair Market Value Compensation
Financial Consulting
Health Information Management (HIM)
Hospital Compliance Services
Human Resources
Internal Audit
Litigation Support
Managed Care
Medical Economics
Mergers and Acquisitions
Performance Improvement
Physician Coding Compliance
Physician Services
Quality Management
Real Estate
Reimbursement
Retirement Plan Consulting
Revenue Cycle
Strategic Planning
Tax Services
Valuation Services

CLAIMS REVIEW FOCUS AREAS

In this assessment, PYA will review a targeted sample of medical records, considering both medical necessity and coding components, to identify potential risk exposure for overpayment in accordance with demonstrated areas of RAC audit scope. Typically, the sample population will include Medicare claims paid after October 1, 2007 and will be evaluated for the following:

- DRGs at risk for overpayment reflected in the organization's PEPPER (Program for Evaluating Payment Patterns Electronic Report) data and other Office of Inspector General ("OIG") MS-DRGs
- Other MS-DRGs targeted during the RAC demonstration program, such as heart failure (291-293), respiratory system diagnoses (207, 208, and 870-872), and excisional debridement (463-465), among others derived from the hospital's data
- One-day inpatient versus outpatient stays (excluding transfers) with emphasis on certain diagnoses, including heart failure and/or chest pain, medical back pain, and metabolic disorders
- Three-day qualifying inpatient stays with a discharge disposition to a skilled nursing facility ("SNF")

Additional areas of focus may include appropriateness of physician documentation to support the need for transfer to SNF, Post-Acute Transfer Policy ("PACT") provisions related to SNF discharges, and consistency of overall documentation in the chart. Review of acute inpatient rehabilitation services may be warranted as well.



APPEALS COORDINATION SERVICES

PYA's uniquely cohesive approach to RAC Appeals combines the expertise of a clinical team, including active physician involvement, with a team of dedicated coding and billing specialists to strive for favorable appeals outcomes.

Approach I: Review of Hospital-developed Appeals Prior to RAC Submission

With this approach, designated PYA team members will promptly review any hospital-developed appeals (including letters, pertinent billing documents, excerpts from medical records, etc.) upon receipt of all applicable information to be submitted with the appeal.

PYA will review all materials received and provide requested feedback within a period of time not to exceed five (5) business days, barring extenuating or unforeseen circumstances.

Approach II: Development of Appeals Based on Hospital Provided Data

With this approach, designated PYA team members will provide guidance to hospital staff or develop the actual letters of appeal on the client's behalf, as appropriate, upon receipt of all applicable information (including letters, pertinent billing documents, excerpts from medical records, etc.) to accompany the RAC appeal.

PYA will review all materials received and provide requested appeals guidance or generate the appeals letter(s), as appropriate, within a period of time not to exceed ten (10) business days, barring extenuating or unforeseen circumstances.

ORGANIZATIONAL STRUCTURE ANALYSIS

The goal of this assessment is to identify opportunities for improvement within the hospital's RAC Preparedness Organizational Structure. This review is accomplished by conducting meetings with the RAC task force as well as examining various related documents, including:

- Minutes from monthly RAC task force meetings held to date
- Roster of designated RAC task force members, including position title
- Related trending/reports prepared to determine areas of internal RAC focus
- Previously identified risk areas and/or initial efforts to evaluate risk areas internally/externally
- Hospital policies or procedures drafted and/or amended as it relates to RAC activities
- RAC education/communication materials prepared for hospital and physician staff

Upon completion of our review and analysis, hospital management will benefit from our independent assessment of the institution's RAC preparedness and underlying exposure. Needed improvements will have been identified and possible corrective steps proposed for consideration and implementation.

