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## **PREPARING FOR AND RESPONDING TO AN AUDIT AND APPEALING UNFAVORABLE RESULTS**

With all the agencies out there whose purpose it is to review, audit, evaluate, assess and, if called for, prosecute providers who are not in "compliance", the likelihood having one of them scrutinize your work has never been higher. So, with all the added activity by these agencies, how prepared are you to know how to handle an audit notice from one of them?

Consider the following ...

### **Importance of Compliance Programs**

- ✓ Develop policies and procedures for responding to audit request
- ✓ Conduct frequent education and training on coding and billing practices
- ✓ Perform regular internal and/or external audits
- ✓ Conduct own data mining
- ✓ Correct problems identified in audits

### **CMS Suggestions for Preparation**

*"To prepare for the start of the (audit) programs (i.e. RAC), health care providers should consider conducting an internal/external assessment to ensure that submitted claims meet the Medicare rules."*

### **Responding to Audits**

- ✓ Provide complete documentation
- ✓ Don't rush the process, BUT meet deadlines
- ✓ Don't sign statements certifying completeness of records until confirming that all documents have been provided
- ✓ Retain or request a copy of all documents provided to contractor

## Medicare Five-Level Appeal Process

- ✓ Redetermination from the Intermediary/Carrier
- ✓ Reconsideration from a Qualified Independent Contractor
- ✓ Appeal to an administrative law judge
- ✓ Appeal to the Medicare Department Appeals Board
- ✓ Appeal to a federal district court

## Tips for Appeals

- ✓ Be prepared to appeal
- ✓ Know the appeal timelines and requirements for each appeal level
- ✓ Understand reasons for denial at each level of appeal
- ✓ Be aware of recoupment timing
- ✓ Establish multi-disciplinary appeals team (billing, compliance, medical staff, case management, utilization review, legal)
- ✓ Review EVERY claim for possible appeal
  - Procedural – Did (auditors) follow rules?
  - Substantive – Was claim medically necessary?
- ✓ Obtain outside reviews (medical, coding, statistical) as appropriate
- ✓ Develop standard templates for specific denials

The Fox Group has over two decades of experience helping providers who are experiencing an increase in audits to fully and efficiently comply with the audit requirements, and to establish internal systems that will **minimize future exposure**. Our team of professionals can help keep your compliance efforts on track with a risk based coding audit and training program that will not only help keep you off the “audit radar”, but will have welcome byproducts such as well supported billing and a **consequential speedier collection of billed charges**.

**The Fox Group**, providing excellence to the healthcare community since 1989.

The Fox Group is a healthcare consulting firm serving physicians, hospitals and other diverse healthcare providers throughout the U.S. and abroad to achieve their strategic, operational, and financial goals. Our team of consultants includes healthcare executives with substantial, real-world experience and academic credentials in various healthcare systems and services.

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