AUDITING AHEAD OF THE AUDITORS
A RAC, CERT, and TPE Prevention Program

D. Scott Jones, CHC, CHPC
Vice President, Chief Compliance and Privacy Officer,
Augusta Health

1

Speaker's Disclaimer

- **D. Scott Jones, CHC, CHPC** has no financial conflicts to disclose.
- This presentation is not meant to offer medical, legal, accounting, regulatory compliance or reimbursement advice, and is not intended to establish a standard of care, for any particular situation. Please consult professionals in these areas if you have related concerns.
- The speaker is not promoting any service or product.
- Opinions stated are the speaker's and not those of Augusta Health or it's affiliates.

2

2

Objectives

- Audit ahead of the RAC, CERT, and TPE audit and denials program! Develop a pre-audit program designed to identify risks and improve processes before denials take place.
- CMS and their contractors send signals about audit targets. Learn how to identify the next wave of audits before they appear.
- Turn Compliance into a Revenue Center. Successful preparation leads to successful RAC, CERT, and TPE audits and appeals that retain or regain lost revenue.

3

3

What's Your Compliance Landscape?

4

What's Your Compliance Landscape?

- Augusta Health is a nationally recognized acute care hospital serving Augusta County, VA, at the intersection of the I-81 and I-64 corridors
- Growing and successful network of employed and independent providers associated with a Clinically Integrated Network – Augusta Care Partners (ACP) Accountable Care Organization (ACO) MSSP
- Augusta Medical Group (AMG) is a growing Multi-specialty group of 190+ employed physicians and APP's
  - 34 owned AMG locations, including 4 freestanding Urgent Care Centers (UCC's)
- 750,000 total patient encounters annually, including 430,000 outpatient visits; 60,000 ED visits; 70,000 UCC visits; 11,000 IP admissions.

5

5

Provider and Coder Compliance Audits

- Independent, third party quarterly audits of Evaluation and Management (E&M) patient visit documentation and coding. Sample size = 15; individual provider meetings if accuracy < 93%
  - Primary Care
  - Hospitalists
  - Specialists
  - Urgent Care
- American Academy of Procedural Coders (AAPC) audits of procedure coding from note by in house coding staff
- Compliance Audit team dives problems areas
- 2018-2020: AMG / ACP Compliance, Quality, Risk Self Assessment

6

6

Internal Audit Team

- Compliance Audit team consists of two experienced and dedicated team members with multiple certifications
  - CHC, CPC, CPMA
  - CPC, CPMA (working on CHC!)
- Compliance Audit team dives problems areas and provides guidance enterprise-wide
- Leads Working Compliance Committee (WCC) Department self-audit program – emphasis on CMS Approved RAC Topics
- Audits or Reviews all relevant topics on the CMS Approved RAC Topic list annually

7

7

RAC, CERT, TPE Manager

- Compliance Team RAC Manager: RN, MS with extensive nursing and quality management experience
- Very detailed approach to understanding what the denial says and providing documentation that meets the denial statement
- Involves and educates managers and providers on:
  - Volume, frequency, and $ value of denials
  - Specific CMS LCD's and NCD's, CMS Operations Manual, or published documentation guidance affecting the denial
  - Meets to discuss denials, documentation, and how to avoid being an audit target
- Works closely with HIM on correct and specific Release of Information (ROI)
- Carefully tracks all denials, submissions and appeals
- Works with Revenue Cycle to verify gross, net, and actual payments

8

8

RAC Management requires TALENT!!

9

9

Augusta™ HEALTH

A RAC, CERT, TPE Prevention Program:

Start with The Basics

10

The Basics

- **Denials Reports**
  - What is available from Revenue Cycle? How detailed are reports?
  - Validate denial reasons…like "medical necessity"….
  - How are denials actively worked?
    - Secondary work, "lost in the noise" of larger billing and collections?
    - Lack of attention to the level of detail a CMS RAC, CERT, or TPE auditor needs?
    - Given to a busy team or consulting extended office due to long time lines?
    - Or, not actively tracked and responded to?

11

11

The Basics

- **Responsibility for CMS RAC, CERT, and TPE program audits and denials – are you ready?**
- Revenue Cycle Response
  - "Denials are denials"
  - Pushback – It's their territory
  - Is there a difference between CMS timelines and requirements, and commercial denials?
- **Need for Compliance, Audit, and Clinical Expertise**
  - CMS Auditors are frequently certified coders or LPN's
  - Details are obscure in large and complex medical records
  - Expect denials even when supporting documentation is actually in the record
  - Understanding the denial reason(s) is key
  - Indexed response is essential

12

12

The Basics

- **The CMS RAC Approved Topic List**
- https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Approved-RAC-Topics

Issue Number - Name	Review Type	Provider Type	MAC Jurisdiction	Date Approved
0001 - Inpatient Hospital MS - DRG Coding Validation	Complex	Inpatient Hospital	All A/B MACs	2017-02-01
0002 - Cataract Removal: Medical Necessity and Documentation Requirements	Complex	Ambulatory Surgical Center (ASC); Outpatient Hospital	JE, JF, JH, JJ, JK, JL, JN, J6, J8, J11, J15	2017-02-01
0003 - Sacral Neurostimulation: Medical Necessity and Documentation Requirements	Complex	Ambulatory Surgical Center (ASC); Inpatient Hospital; Outpatient Hospital; Professional Services	Urinary incontinence- All A/B MACs Fecal incontinence- JE, JF, JH, JL, JN, J15	2017-02-01
0004 - Skilled Nursing Facility: Medical Necessity and Documentation Requirements	Complex	Skilled Nursing Facility (SNF)	All A/B MACs	2017-02-01
0008 - Bariatric Surgery-Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital	All A/B MACs	2017-02-01
0010 - Cardiac Positron Emission Tomography Scans: Medical Necessity and Documentation Requirements	Complex	Laboratory/Ambulance; Outpatient Hospital; Professional Services	JN	2017-02-01

- **» 164 items listed by issue number, name, review complexity, provider type, MAC Jurisdiction, date approved**
- **» Current list ranges from 2017 to 2020**
- **» Regular monthly additions and updates**

13

13

The Basics

- **CMS PEPPER Reports**
- Program for Evaluating Payment Patterns Electronic Report
- https://pepper.cbrpepper.org/
  - User's guide
  - Training / resources
  - Distribution – PEPPER report by provider type, release dates, portals for reports and quality data programs
  - **CMS.gov QualityNet** Includes Value Based Purchasing, Hospital Acquired Condition and Readmissions Reduction program info
- **PEPPER Success Stories** – information on how healthcare uses PEPPER for risk assessment, to identify underpayments, or monitor compliance risks
- https://pepper.cbrpepper.org/About-PEPPER/Success-Stories

14

14

The Basics

- **REMEMBER: CMS Uses Detailed Data Analysis Support from claims submission. Claim outliers may trigger audit.**

- **CMS Division of Data Analysis**
- https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Data-Analysis
  - **FATHOM** – First-Look Analysis Tool for Hospital Outlier Monitoring – MS Access application – hospital-specific data statistics provided to States
  - **CBR** – Comparative Billing Report – individual provider billing data
  - **Medical Review Specialty Studies** – StrategicHealthSolutions, LLC, review Part A and Part B claims

15

15

The Basics

- **OIG Publicized Targets**
  - **OIG WORK PLAN** https://oig.hhs.gov/reports-and-publications/workplan/index.asp
  - **What's New Page** https://oig.hhs.gov/newsroom/whats-new/index.asp
  - **Regularly updated list of Investigation targets**

- **MAC Publicized Targets**
  - **Palmetto GBA Part A** https://oig.hhs.gov/newsroom/whats-new/index.asp
  - **Recovery Audit Contractor** https://www.palmettogba.com/palmetto/providers.nsf/Docs/Providers~JM%20Part%20B~Browse%20by%20Topic~Recovery%20Audit%20Contractor
  - **CMS RAC Page**
  - https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/index

16

16

The Basics

- **Actual CMS Payment….and Denials Experience**
- **Medicare Provider Utilization and Payment Data**
  - https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Physician-and-Other-Supplier
  - **By Provider, Address, Organization, Entity Type, Address**
  - **Place of Service, Codes, number of services, beneficiaries**
  - **Average Medicare allowed amount, submitted charge, payment, standardized amount**
  - **Have you looked up or compared your providers lately?**

17

17

Augusta™ HEALTH

Building the RAC, CERT, TPE Prevention Program

18

Clinical Compliance Expertise

- **Clinical Compliance Team Member**
  - Understands the clinical care rendered
  - Interprets and comprehends medical record information
  - Compares denial statements to documentation
  - Finds documentation that counters the denial statements (often, under a different document name)
  - Can speak knowledgably with providers when requesting letters of medical necessity or attestations of service
  - Assists our Revenue Cycle partners with their understanding of clinical documentation that meets other denials (Non-Audit, Medicare Denials)
  - Is a great researcher
  - Not afraid to argue merits of the care rendered
  - Not afraid to admit if documentation just won't support services billed

19

19

Responding to ADR's Timely

- **System for responding to Additional Documentation Requests (ADRs)**
  - Compliance and HIM ROI working together
  - Understanding what information must be sent at ADR, and at Denial
  - Timing deadlines
  - Turnaround
  - Alerts or reports when documents are released / sent
  - Return Receipt Requested (signed)
  - Or, Delivery service with signature if time sensitive
  - Alerts or reports on receipt by auditors
  - Expect auditors to deny because "…we never received…" or "…did not receive timely…" **Dated Receipt Documentation wins!**

20

20

Detailed Response – Indexing Records

- **<u>The Importance of Detailed Response and Indexed Records</u>**
- Understand the denial reason
- Find the supporting documentation
  - Obtain a letter of medical necessity from provider
  - Obtain an addendum (with correct entry time, date identified)
- Write a detailed appeal, with copies of the denial support in the appeal letter
- And, copy the medical record denial support (again) and index it to the appeal letter with tabs
- Highlight and tab what you want auditors to read
- **Tell them what you are going to tell them. Tell them. Tell them what you have told them.**

21

Augusta HEALTH

21

Appeal, Appeal, Appeal

- **<u>There are five levels of Appeal. Usually, one, two, or three work.</u>**
- Remember: What is the RAC motivation? How do they get paid?
- **Expect** the first denial. If documentation can't support care, admit a fatal denial exists. If it can, **Appeal.**
- **Anticipate** the second denial. Use denial details to build your **Appeal case.**
- If given opportunity, engage in a phone conference to discuss case. Identify and coach your provider champion. Learn their reasoning.
- **Prepare** to argue the case with the Administrative Law Judge (third **Appeal**)
  - Again, identify and coach your provider champion
  - Review the records in detail and be prepared to **argue the merits**
- Remember: **Usually, providers win.**

22

Augusta HEALTH

22

Compliance Audit Team

- **CHC, CPC, CPMA Auditors**
- Must be able to think Inpatient **and** Outpatient
- Broad exposure to the entire enterprise
- **Establish an auditing protocol**
  - **Sample sizes** for Investigative, Probe, and Full audits
  - **Timelines for investigations** – Timely filing? Retrospective?
  - **Establish Attorney Client Privilege** when needed
  - **Report results** to the involved departments, CEO and Board
  - **Set up a CMS Voluntary Repayment Process**
- Timing of planned audits
- Time for unplanned, high risk exposure audits

23

23

Augusta™ HEALTH

Audit Results:
Those Things You Don't Expect

24

Compliance Audit Team Voluntary Repay

- Time Based Office Visits
  - Time based services should not exceed the time patients were on site
  - Time spent reviewing records does not roll into the time spent face to face with the patient
  - Voluntary Repayment to CMS
- New Patient vs. Established Patient
  - Patients present across multiple service locations
  - Establishing “new patient” status requires attention to last visit date, last provider seen, and correct patient identity
  - EMR Interoperability….?
  - Voluntary Repayment to CMS

25

25

Compliance Audit Team Voluntary Repay

- Hospice visits using GV and GW Modifier
  - Ensure hospice care is billed correctly for care associated with the per diem Hospice benefit
  - Ensure medical care not related to the Hospice qualifying diagnosis is correctly identified with the correct modifier and billed to MC Part A
  - Voluntary Repayment to CMS

26

26

Compliance Audit Team Work Product

- **198** Provider audits and re-audits
- **2,970** medical records reviewed
- **70** Provider education sessions
- **25** New Provider orientation sessions

- **18** RAC Topics
- **23** Working Compliance Committee Semi-Annual Departmental Monitoring and Auditing Meetings
- **5** Attorney Client Privileged Work items 2019
- **3** Voluntary Repayments to CMS 2019

27

27

Compliance Audit Team Work Product

- **Audits and correction of documentation, coding, and billing processes for:**
- Multi-Use Drugs
- Coumadin Clinic
- Lab transport fees
- Diuresis Clinic
- Telemedicine
- Assistant Surgeon
- Lactation Services
- Blepharoplasty
- Drug wastage reporting
- Medical Nutritional Therapy
- Home Health Recertification
- Hospice
- Continuous Glucose Monitoring
- Spasticity Clinic
- New Patient Status
- Radiology Services
- Inpatient Rehab Facility
- Sleep Center Testing and Interpretation
- New Provider orientation and education
- AAPC audits of AMG coding staff

28

28

RAC Audit Results

- **RAC/Cotiviti 2019**

- 5 new CERT ADR Requests
- 274 RAC Cotiviti ADR Requests
- 328 Successful Appeals (including some 2018 denials)
- Overall, 48% of RAC ADR's converted to denials

- **Retained** **$1,982,741.00**
- 88% success on appeals

29

29

TPE Audit Results

- **TPE**

- 9 New TPE Audits
- 244 TPE ADR Requests
- 216 Successful Appeals

- **Recouped** **$1,021,982.00**
- 88% success on appeals

30

30

Combined Totals

- **TOTAL RAC/TPE DENIALS RECOUPED or RETAINED in 2019:**
- **$ 3,004,723.00**

- **+ ALJ Settlement / IP Rehab denials paid 12/18/19**
- **$ 247,602.02**

- Overall success rate = 94.1%

31

31

Augusta™ HEALTH

Report It!

32

Q4 2019 RAC Dashboard 1

YTD 4th Quarter 2019

Medicare Additional Documentation Requests and Denials

Location	Total # of services/ADR	Total # of Denials	ADR/Denial Conversion %	Total # of New ADRs 4th Q	At Risk Gross (PrePayAudits)	At Risk Net (Paid Amts)	Total Cases Won (Net Revenue Amount)	2019 (Net Revenue Amount)
IP Psych	27	3	11%	0	$23,870	$0	$249,913	58,114.97
Inpatient Rehab	43	16	37%	0	$0	$340,013	$492,792	0
Joint Injections (Pain Management)	13	9	85%	0	$0	$54,781	$25,230	0
OT services	1	1	100%	0	$0	$480	$0	0
Cardiac (Pacemaker)	1	1	100%	0	$0	$159,629	$0	0
CERT	11	0	0%	0	$0	$0	$71,431	$33,236
RAC	279	0	0%	16	$0	$116,778	$1,927,341	$1,891,390.26
TOTALS	**375**	**30**	**48%**	**16**	**$23,870**	**$671,681**	**$2,766,706**	**$1,982,741**

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system

33

Q4 2019 RAC Dashboard 2

4th Quarter Medicare Denials/Level of Appeal at a glance

Location	Total # of services/ADR	# of Current Denials	Total records waiting for ADR review results	Total Appeals Currently at Level 1	Total Appeals Currently at Level 2	Total Appeals Currently at Level 3	Fatal Appeals	Successful Appeals
IP Psych	27	3	0	0	0	3	1	23
Inpatient Rehab	43	16	0	0	0	16	2	25
Joint Injections (Pain Management)	13	9	0	0	0	9	0	4
OT services	1	1	0	0	0	1	0	0
Cardiac	1	1	0	0	0	1	0	0
CERT	11	0	0	0	0	0	0	11
RAC	279	0	4	0	0	0	10	265
TOTALS	**375**	**30**	**4**	**0**	**0**	**30**	**13**	**328**

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system

34

Q4 2019 RAC Dashboard 3

What's new since last report	
RAC	17 claims retained for $199,210.26
Non-Audit Denials	Overturned Amount $76,630.29
CERT	

ADR's received 4th Quarter
0 Psych
0 Inpatient Rehab
0 CERT letters
16 RAC
TOTAL ADRs = 16

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system

35

Q4 2019 Non-Audit Medicare Dashboard

Non-Audit denials working/recommendations given

SERVICES	Total Denials	Date Range	$ Open	Explanation	Overturned	Net $ overturned	
Diagnostic Mammogram/BX	12	10/5/17-2/6/19	$3,484.00	2 at ALJ, 1 at L2 3 Closed	6 out of the 12	$4,857.29	
Cardiac	11	3/5/18-8/8/19	$244,004.91	1 at L1, 1 at L2 1 closed	8 out of the 11	$178,032.41	*adjusted-after self audit, 1 pace maker account reflected gross amount and not net amount overturned for a difference of $220,934.39
Colonoscopy	7	2/14/18-5/15/2019	0.00	1 Closed	6 out of 7	$9,384.77	
Radiology	43	7/26/17-10/11/19	$44,341.27	5 at ALJ 9 at L2, 3 at L1 3 closed	23 out of the 43	$35,219.72	
Lab Services	61	8/4/17-8/1/2019	122,690.86	1 at L1, 5 at L2 6 closed	49 out of 61	$41,418.94	*adjusted $928.89
Dental	2	3/21/18-10/2/2019	26,874.62	1 at ALJ, 1 at L1	0	$0.00	
IV Antibiotics/Medication	43	7/5/2017-7/3/2019	$259,415.22	5 at ALJ 2 at L1, 5 at L2 7 Closed	24 out of the 43	$53,021.13	
Nebulizer ED	1	10/11/17-10/13/17	$0.00	0	1	$498.06	
Removal of Skin lesion	4	10/20/2017-7/12/19	$55,612.79	1 at ALJ, 2 at L2	1 of 4	$1,083.51	
Capsulotomy	1	9/7/2018	$0.00	0	1	$2,120.22	
Stress Test	1	1/3/2018	$0.00	0	1	$373.02	
Short Stay	2	3/7/2018-7/30/18	$0.00	0	2 out of the 2	$5,533.94	
Lithotripsy	4	9/25/2018-4/16/19	$13,001.00	1 at L2	3 out of 4	$6,475.41	
Spirometry	8	8/1/17-12/3/18	$1,250.00	2 at ALJ	6 out of 8	$2,249.57	

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system

36

Q4 2019 Non-Audit Medicare Dashboard, continued

Non-Audit denials working/recommendations given

SERVICES	Total Denials	Date Range	$ Open	Explanation	Overturned	Net $ overturned	
RF Ablation/Joint	11	10/18/2017-10/1/19	$19,889.72	1 at ALJ, 2 at L1, 4 at L2 2 closed	2 out of the 11	$1,141.24	
MUE Error	20	6/14/18-7/3/19	$2,971.50	2 at L2,	18 out of 20	$23,018.83	
Arthrocentesis	2	10/16/18-8/19/19	$2,244.00	1 at L2	1 out of 2	$871.07	
Sleep Study	4	8/27/2018-9/24/19	$2,190.00	2 at L1	2 out of 4	$548.26	
Sacral Neurostimulator	1	5/20/2019	$0.00	0	1 out of 1	$17,083.34	
Perc. Neurostimulator	1	5/3/2019	$224,755.98	1 at L2	0	$0.00	
Neurostimulator	1	9/10/2019	$212,790.54	1 at L2	0	$0.00	
Physical Therapy	3	3/23/19-5/2/2019	$467.45	1 at L2 1 Closed	1 out of 3	$596.54	
Medical Nutritional Therapy	1	3/28/2019	$0.00	1 closed	0	$0.00	
Inpatient only Procedure	1	7/14/2019	$206,443.87	1 at L2	0	$0.00	
IMRT Therapy	1	5/13-5/22/19	$0.00	0	1 out of 1	$2,470.24	
Botox Denials	78	6/4/19-9/30/19	$22,490.41	1 at L1, 14 at L2	63 out of 78	$72,198.00	Side Note: With the Botox denials Palmetto has identified HCPCs J0585 were denied in a mor with reason code 55303. Palmetto GBA has isolated the processing issue and will initiate a mass adjustment for claims submitted on or after May 29th, 2019 once the issue is corrected. Sara submitted the L1s on these with this verbage from Palmetto GBA. 14 accounts still denied after Level I Appeal and will be appealed
Totals	324		$1,464,918.14			$458,195.51	

Currently 80 denials open

37

Q4 2019 TPE Dashboard 1

YTD 4th Quarter 2019

Targeted Probe and Educate/Medical Review — Prepayment Audit

TPE/MR	Total # of services/ADR	Total # of Denials	ADR/Denial Conversion %	Total # of New ADRs 4thQ	At Risk Gross (Total Charges)	Net amount paid	Cases Won in 2019 (Net Revenue Amount)
Manual Therapy	44	0	0%		$52,174	$9,121	$9,121
HBO Therapy	40	1	3%		$34,800	$14,518	$14,518
Prolia	40	0	0%		$203,571	$36,923	$36,923
Neulasta	40	0	0%		$3,313,687	$445,927	$445,927
DRG 291/292	20	0	0%		$421,052	$155,403	$155,403
DRG 470 (MR)	20	0	0%	5	$1,402,705	$242,632	$242,632
DRG 682/683	20	0	0%	7	$721,882	$117,459	$117,459
HBO Therapy Round 2	14	0	0%	14	$13,792	$0	$0
J1745 Infliximab	6	0	0%	6	$286,174	$0	$0
	244	**1**	**0%**	**32**	**$6,449,838**	**$1,021,982**	$1,021,982
					x 25% =1,612,459.50		

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system

38

Q4 2019 TPE Dashboard 2

4th Quarter TPE/MR Denials at a Glance

TPE/MR	Total # of services/ADR	# of Current Denials	Total records waiting for ADR review results	Total Appeals Currently at Level 1	Total Appeals Currently at Level 2	Total Appeals Currently at Level 3	Fatal Appeals	Successful Appeals	
Manual Therapy	44	0	0	0	0	0	2	42	1 not appealing
HBO Therapy	40	1	0	0	1	0	0	39	
Prolia	40	0	0	0	0	0	0	40	
Neulasta	40	0	0	0	0	0	0	40	
DRG 291/292	20	0	0	0	0	0	0	20	
DRG 470 (MR)	20	0	0	0	0	0	0	20	
DRG 682/683	20	0	5	0	0	0	0	15	
HBO Therapy Round 2	14	0	14	0	0	0	0	0	
J1745 Infliximab	6	0	6	0	0	0	0	0	
	244	**1**	**25**	**0**	**1**	**0**	**2**	**216**	

Data confirmed by Revenue Cycle from AH Billing and Accounts Receivable (BAR) system

39

Q4 2019 TPE Dashboard 3

What's new since last report
3 New ADR Request DRG 682/683
14 New ADR Request HBO Round 2
6 New J1745 Infliximab

Total ADRs received 4th Quarter	
Manual Therapy	
HBO Therapy	
Prolia	
Neulasta	
DRG 291/292	
DRG 470 (MR)	5
DRG 682/683	7
HBO Round 2	14
J1745 Infliximab	6
Total	**32**

40

Q4 TPE Educational Opportunities

- Manual Therapy
- HBO Therapy
- Prolia Injections
- Neulasta
- DRG 291/292 (Heart Failure and Shock with Complication or Comorbity)
- DRG 470 (Major Joint Replacement / Knee Replacement or Reattachment of Lower Extremity without Major Complication or Comorbity)
- DRG 682/683 (Rental Failure with Complication or Comorbity / with Major Complication or Comorbity)
- HBO Therapy (Round 2)
- J1745 Infliximab (Intravenous antibody to treat chronic inflammatory diseases)

41

And….Reserves

- Quarterly, meet with Finance to ensure appropriate reserves are in place for actual RAC, CERT, and TPE exposures
- Take into account the NET vs. GROSS value of exposure
- Review your actual success rate with Finance and External Auditors
- Analyze the volume of ADR's and conversion to denials
- Remember targets will shift year to year – educate External Audit
- Provide copies of reports, tracking, lists of ADR's and denials examples
- Keep extensive files and examples

42

42

Augusta HEALTH

Questions? Answers!

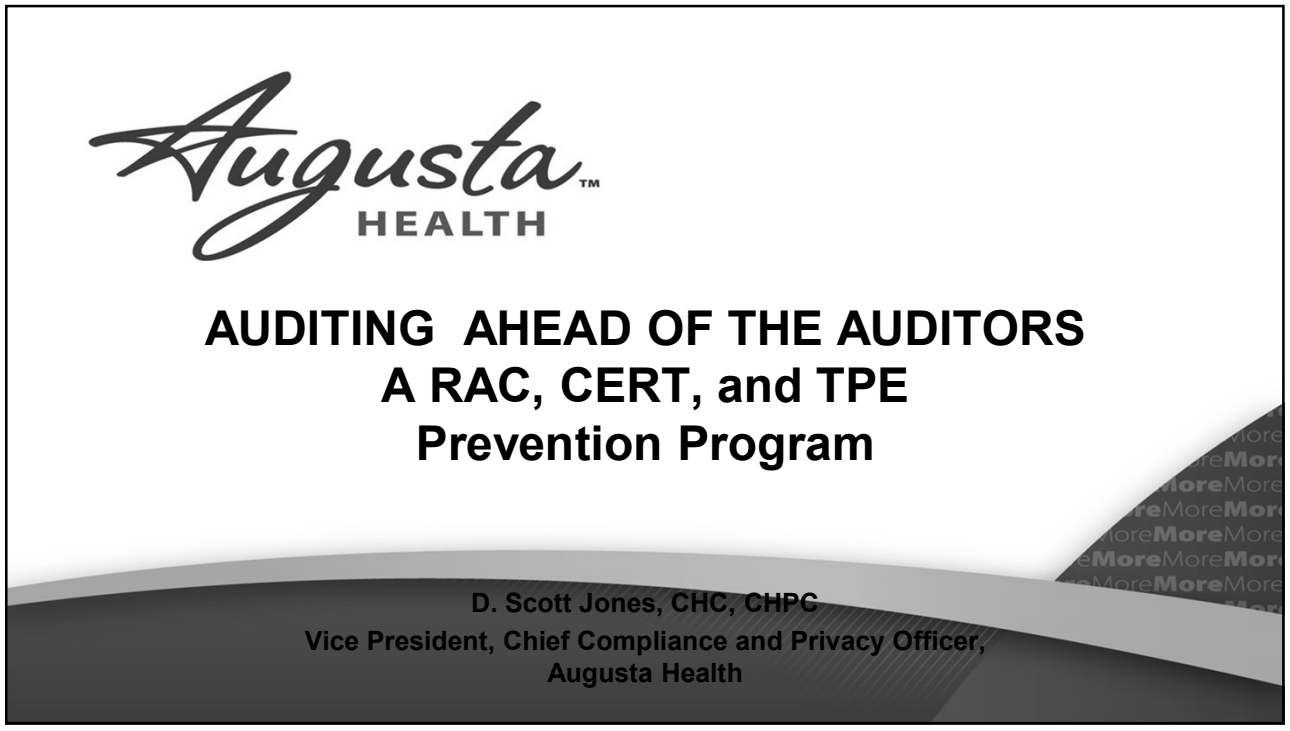
43

Augusta HEALTH

Thank you!

D. Scott Jones, CHC
sjones1@augustahealth.com
540 245 7455 (office, direct)

44


Augusta™
HEALTH
AUDITING AHEAD OF THE AUDITORS
A RAC, CERT, and TPE
Prevention Program
D. Scott Jones, CHC, CHPC
Vice President, Chief Compliance and Privacy Officer,
Augusta Health

45