

#### THE BIG PICTURE

- Quickly assess pre-RAC audit risks and liabilities on claims currently being processed
- Reduce ongoing costs related to recurring RAC audit processing
- Ensure full compliance with RAC standards on ongoing claim audits

## RAC Solution<sup>®</sup>

### A Proactive Tool To Avoid RAC Recoupment

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#### INDUSTRY CHALLENGE:

Healthcare organizations are at risk for post payment recoupment from Recovery Audit Contractors. This recoupment can dramatically impact cash flow, response workload and financial planning.

RACs are paid on a contingency fee basis a risk-free process for CMS. RACs use proprietary data mining software to identify claim errors as part of their non-complex reviews.

#### CONTEXT SOLUTION:

The RAC Solution<sup>®</sup> Audit solution is an online tool that allows healthcare providers to upload their claims in various electronic file formats. Healthcare providers are then able to quickly assess their pre-RAC audit risk and liability on claims already processed and paid by Medicare.

This process helps healthcare providers reduce their risks and liabilities and keeps their claims processing activities moving forward.

#### VALUE POINTS

- ▶ Avoid RAC recoupment – not react to RAC notification
- ▶ Ensure that claims are properly coded and are in accordance with Medicare rules and regulations.
- ▶ Examines the entire claim and identifies procedure to diagnosis mismatches, unbundling occurrences, nonspecific diagnosis codes, global service violations, potential unbilled revenue.
- ▶ Quickly assess your audit risks
- ▶ Easy to calculate return on investment

#### HOW IT WORKS:

Because it is Software as a Service (SaaS) solution, the RAC Solution® Audit requires no hardware investment or additional integration with existing systems, ensuring a rapid return on investment (ROI). The solution enables healthcare providers to:

- Use a secure online portal to correct claims being processed
- Totally eliminate hardware investments and additional systems integration costs
- Analyze and correct a variety of issues with a complete editing system
  - ▶ Coding initiative violations
  - ▶ Procedure/diagnosis relatedness
  - ▶ Code validity
  - ▶ Utilization errors
  - ▶ Billing oversights
  - ▶ Support documentation requirements
  - ▶ Global period violations
  - ▶ NCD, LCD, DME, Medical Necessity, and many more
- Clinical Editing:
  - ▶ Edits are specific to the clinical coding aspect of the claim (for example, unbundling edits, ICD and/or diagnosis/procedure code mismatches, global period violations, complete local coverage determination policies, correct coding initiatives, healthcare provider oversights, regulatory, reporting)
  - ▶ Other solutions only edit technical aspects (for example, payor ID is 10 characters instead of the required 12)
- Create, customize, and write rule sets based on RAC audit findings with a flexible and comprehensive rule writer tool
- Make better assessments, manage claim generation, and improve the overall review process with a full set of standard management and financial reports (more than 20 reports)