

## **CMS Auditing Series: RAC Attack**

From 2005 to 2008, the Medicare Recovery Audit Contractor (RAC) demonstration project recovered \$1.03 billion in improper Medicare payments, returning \$693.6 million to the Medicare Trust Funds.<sup>1</sup> Under the Tax Relief and Health Care Act of 2006, the RAC program was permanently established in all 50 states on January 1, 2010.<sup>2</sup> Although providers failed to experience the anticipated increase in RAC attention, signs of relief may be premature, as CMS may need to identify \$307.5 million in corrections for services provided in the fourth quarter of 2011.<sup>3</sup> In the first part of the Audit Series, this article examines provider anticipations and reactions to trends in RAC audits.

RAC audits identify improper Medicare payments for services provided to Medicare beneficiaries.<sup>4</sup> In 2008, the Centers for Medicare and Medicaid Services (CMS) awarded contracts to four commercial RAC companies, each responsible for a region of the U.S.<sup>5</sup> CMS encourages thorough reviews by providing RACs with a percentage of the improper overpayments collected from providers.<sup>6</sup> A hospital audit occurs when CMS and the local RAC complete a hospital outreach session and the RAC has established a joint operating agreement with a CMS contracted Medicare Administrative Contractor (MAC) or Fiscal Intermediary (FI) for the state.<sup>7</sup> During the RAC demonstration project, approximately two-thirds of all hospital payment errors were due to lack of medical necessity in the care provided.<sup>8</sup>

Despite large total national program corrections (\$684.4 million between October 2009 and June 2011), to date, providers have not reported feeling anxiety over RAC audits, presumably operating under the mistaken assumption believing that only blatant fraud leads to RAC audits.<sup>9</sup> Survey results from hospitals, physicians, and cost report consultants, exposed that providers, "*erroneously believe[d] the Recover Audit Contractor* (*RAC*) program [was] not a threat and that the risk of recoupment basically has gone away."<sup>10</sup> Commentators have suggested that a provider's false sense of security may be due to a shift to automated RAC reviews, whereby providers would not receive record requests.

Although the automated system may not overtly publicize audits, the costs are still very real. Two regional RACs have indicated that, under the less complex automated review system, medical necessity is not a top priority. While the new system may lead to smaller claims (\$399 per claim compared to \$5,281 per claim for complex reviews), lower liability lessens the number of appeals brought and may lead to greater recoveries in the long run.<sup>11</sup> Even simple errors may be identified as improper payments and labeled as fraudulent, which is quick and easy to process under the automated system.<sup>12</sup> Additionally, pressure to achieve the \$82.5 million required for CMS to meet its FY 2011 goal of \$992.7 million may suggest providers take concrete steps to prepare for upcoming audits.<sup>13</sup>

Providers should be aware that a surge of automated audits might soon be on the horizon. As RACs continue to utilize automated processing, a provider may not be aware they are being audited. To mitigate risk, providers will likely benefit from coordinating between clinical and financial departments through creating performance improvement committees focused on coordination and accountability. Tracking and reporting mechanisms may also assist in helping avoid errors resulting in improper Medicare payments.<sup>14</sup> In the next article of the "Audit Series," HC Topics will examine auditing practices response to an increasing amount of digital material.

- "CMS Announces New Recovery Audit Contractors to Help Identify Improper Medicare Payments" Centers for Medicare and Medicaid Services, October 6, 2008, https://www.cms.gov/...a=&keywordType=All&chkNewsType= 6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=dat e (Accessed 9/12/11); "Recovery Audit Contractors' Fraud Referral" Office of Inspector General, February 2010, p. i.
   "Recovery Audit Contractor (RAC) Program" American Hospital Association, 2011, http://www.aha.org/advocacy-
- issues/rac/index.shtml (Accessed 9/12/11); "The PAC Toursening the Ukrison" PU Elizabeth Lend

<sup>3</sup> "The RAC Tsunami on the Horizon" By Elizabeth Lamkin, RAC Monitor, September 1, 2011, http://www.racmonitor.com/news/33-top-stories/652-the-rac-

- tsunami-on-the-horizon.html (Accessed 9/12/11); "RACs Fall Short in Third Quarter by \$82.5 Million" By Vickie Axson-Brown, RAC Monitor, August 3, 2011,
- www.racmonitor.com/news/3-feature-aritcles/624-racs-fallshort-in-third-quarter-by-825-million.html(Acessed 9/12/11).
- "Recovery Audit Contractor (RAC) Program" American Hospital Association, 2011, http://www.aha.org/advocacyissues/rac/index.shtml (Accessed 9/12/11); "CMS Announces New Recovery Audit Contractors to Help Identify Improper Medicare Payments" Centers for Medicare and Medicaid Services, October 6, 2008,
  - https://www.cms.gov/...a=&keywordType=All&chkNewsType= 6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=dat e (Accessed 9/12/11).

## (Continued from previous page)

- <sup>5</sup> "Recovery Audit Program: Overview" Centers for Medicare and Medicaid, September 6, 2011, http://www.cms.gov/recoveryaudit-program/ (Accessed 9/12/2011); "RAC National Program and Contractor Information" American Hospital Association, 2011, http://www.aha.org/advocacy-issues/rac/contractors.shtml (Accessed 9/12/11).
- <sup>6</sup> "Recovery Audit Contractor (RAC) Program" American Hospital Association, 2011, http://www.aha.org/advocacyissues/rac/index.shtml (Accessed 9/12/11); "CMS Announces New Recovery Audit Contractors to Help Identify Improper Medicare Payments" Centers for Medicare and Medicaid Services, October 6, 2008, https://www.cms.gov/...a=&keywordType=All&chkNewsType= 6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=dat e (Accessed 9/12/11).
- <sup>7</sup> "RAC National Program and Contractor Information" American Hospital Association, 2011, http://www.aha.org/advocacyissues/rac/contractors.shtml (Accessed 9/12/11).
- <sup>8</sup> "RAC for all; Push for more audits could affect hospitals; experts" By Jennifer Lubell, Modern Healthcare, March 15, 2010.
- <sup>9</sup> "The RAC Tsunami on the Horizon" By Elizabeth Lamkin, RAC Monitor, September 1, 2011, http://www.racmonitor.com/news/33-top-stories/652-the-ractsunami-on-the-horizon.html (Accessed 9/12/11); "Medicare Fee-for-Service Recovery Audit Program as of June 2011" Centers for Medicare and Medicaid Services, June 2011,

Accessed at http://www.cms.gov/Recovery-Audit-Program/Downloads/NatProg.pdf (Accessed 9/12/11).

- <sup>10</sup> "The RAC Tsunami on the Horizon" By Elizabeth Lamkin, RAC Monitor, September 1, 2011, http://www.racmonitor.com/news/33-top-stories/652-the-rac-
- tsunami-on-the-horizon.html (Accessed 9/12/11).
  "The RAC Tsunami on the Horizon" By Elizabeth Lamkin, RAC Monitor, September 1, 2011, http://www.racmonitor.com/news/33-top-stories/652-the-rac-
- tsunami-on-the-horizon.html (Accessed 9/12/11).
  "The RAC Tsunami on the Horizon" By Elizabeth Lamkin, RAC Monitor, September 1, 2011, http://www.racmonitor.com/news/33-top-stories/652-the-rac-
- tsunami-on-the-horizon.html (Accessed 9/12/11).
  "The RAC Tsunami on the Horizon" By Elizabeth Lamkin, RAC Monitor, September 1, 2011, http://www.racmonitor.com/news/33-top-stories/652-the-rac-tsunami-on-the-horizon.html (Accessed 9/12/11); "RACs Fall Short in Third Quarter by \$82.5 Million" By Vickie Axson-Brown, RAC Monitor, August 3, 2011, www.racmonitor.com/news/3-feature-aritcles/624-racs-fall-short-in-third-quarter-by-825-million.html(Accessed 9/12/11).
- <sup>14</sup> "The RAC Tsunami on the Horizon" By Elizabeth Lamkin, RAC Monitor, September 1, 2011, http://www.racmonitor.com/news /33-top-stories/652-the-rac-tsunami-on-the-horizon.html (Accessed 9/12/11).



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**Robert James Cimasi**, MHA, ASA, FRICS, MCBA, AVA, CM&AA, serves as President of **HEALTH CAPITAL CONSULTANTS** (HCC), a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

Mr. Cimasi holds a Masters in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Intuition of Chartered Surveyors (FRICS – Royal Institute of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: *"The U.S. Healthcare Certificate of Need Sourcebook"* [2005 - Beard Books], *"An Exciting Insight into the Healthcare Industry and Medical Practice Valuation"* [2002 – AICPA], and *"A Guide to Consulting Services for Emerging Healthcare Organizations"* [1999 John Wiley and Sons].

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious *"Shannon Pratt Award in Business Valuation"* conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows.



**Todd A. Zigrang**, MBA, MHA, ASA, FACHE, is the Senior Vice President of **HEALTH CAPITAL CONSULTANTS** (HCC), where he focuses on the areas valuation and financial analysis for hospitals and other healthcare enterprises. Mr. Zigrang has significant physician integration and financial analysis experience, and has participated in the development of a physician-owned multi-specialty MSO and networks involving a wide range of specialties; physician-owned hospitals, as well as several limited liability companies for the purpose of acquiring acute care and specialty hospitals, ASCs and other ancillary facilities; participated in the evaluation and negotiation of managed care contracts, performed and assisted in the valuation of various healthcare

entities and related litigation support engagements; created pro-forma financials; written business plans; conducted a range of industry research; completed due diligence practice analysis; overseen the selection process for vendors, contractors, and architects; and, worked on the arrangement of financing.

Mr. Zigrang holds a Master of Science in Health Administration and a Masters in Business Administration from the University of Missouri at Columbia, and is a Fellow of the American College of Healthcare Executives. He has co-authored "*Research and Financial Benchmarking in the Healthcare Industry*" (STP Financial Management) and "*Healthcare Industry Research and its Application in Financial Consulting*" (Aspen Publishers). He has additionally taught before the Institute of Business Appraisers and CPA Leadership Institute, and has presented healthcare industry valuation related research papers before the Healthcare Financial Management Association; the National CPA Health Care Adviser's Association; Association for Corporate Growth; Infocast Executive Education Series; the St. Louis Business Valuation Roundtable; and, Physician Hospitals of America.



Anne P. Sharamitaro, Esq., is the Vice President of HEALTH CAPITAL CONSULTANTS (HCC), where she focuses on the areas of Certificate of Need (CON); regulatory compliance, managed care, and antitrust consulting. Ms. Sharamitaro is a member of the Missouri Bar and holds a J.D. and Health Law Certificate from Saint Louis University School of Law, where she served as an editor for the Journal of Health Law, published by the American Health Lawyers Association. She has presented healthcare industry related research papers before Physician Hospitals of America and the National Association of Certified Valuation Analysts and co-authored chapters in *"Healthcare Organizations: Financial Management Strategies*," published in 2008.