Colorado RAC Program Stakeholder Engagement Meeting

Colorado Department of Health Care Policy & Financing
February 12, 2025

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HCPF Panelists

Stephanie Denning

- Deputy Director of Medicaid Operations Office

Meghan Morhauser, MBA

- Recovery Audit Contract External Communications Liaison

Alyssa Gilger, CSSBB

- Recovery Audit Contract Section Manager & State Rep. for the Colorado RAC Program

Agenda

- RAC Provider Advisory Board

- RAC Program & Audit Updates

- Correct Coding, Claims Billing, and RAC Audits Overview Provider Self-Audits and Self-Referrals

- Provider Resources

- Q & A

RAC Provider Advisory Board Meetings for 2025

- [Quarter 1 - Thursday, March 20, 2025 1pm - Register in advance](#)
- [Quarter 2 - Thursday, June 19, 2025 1pm - Register in advance](#)
- [Quarter 3 - Thursday, September 11, 2025 1pm - Register in advance](#)
- [Quarter 4 - Thursday, December 11, 2025 1pm - Register in advance](#)

All Board meetings are open to the public. Registration links are also on the [HCPF RAC webpage](#)

Any changes to times, dates, or website information will be communicated via email, provider bulletins, and associations

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RAC Program Enhancements & Audit Updates

Complex RAC Program Audit Updates

Complex medical records review audits currently are on hold, including:

- Inpatient Complex Reviews

- Hospice Complex Reviews

- Physician Administered Drugs & Enterals Complex Reviews

These audits will remain on hold for at least the first quarter of 2025.

What Providers can expect:

- All exit conferences are paused

- No inpatient rebilling activities should be occurring for RAC inpatient complex audits while these audits are on hold

- Approved automated audits are still running and providers will receive notices for overpayments for those audits

RAC Program Enhancements and Opportunities

The HCPF RAC Team, Executive team, and other operational teams have been working to:

- Revising business processes and standardizing operations to build efficiencies and ensure alignment with state and federal requirements, while also balancing provider feedback
- Developing relevant, viable, timely audits that help safeguard funding and benefits for members and providers
- Identifying new solutions based on national standards and local provider inputs
- Working with other internal HCPF teams and the RAC vendor to improve communications and trainings focused on helping providers understand policy changes and how to accurately bill

We are excited about the changes we have already put into place, and those that we still hope to achieve, and look forward to getting your input on many of these changes as we begin to implement them

Program Enhancements and Opportunities

Providers and stakeholders can expect:

- New avenues to for HCPF work with providers in work-groups or pilot activities related to RAC audits

- Updated and clear policies, specific to RAC and program integrity

- Greater transparency in new audits and reporting

- More training and recommendations related to audit outcomes

- National requirements and state specific reports, summaries and scorecards related to Medicaid RAC

- Updated instructions and training for RAC inpatient to outpatient rebilling (when complex audits resume)

To give us:
- Recommendations
- Suggestions
- Questions
- Comments or pain points

please use Our Communications Requests Form

Correct Coding, Claims Billing, and RAC Audits

CMS Guidance:
How to Avoid Medicaid RAC Audits in the Future

"To prepare for Medicaid RAC audits and help avoid future improper payments, providers should consider taking proactive steps such as:

- Assess billing procedures to ensure compliance with Medicaid billing requirements
- Determine if there are billing mistakes in their claim history that would trigger a CMS investigation
- Implement a process for responding to the RAC inquiries
- Conduct a self-audit on a subset of claims to determine if they are in compliance with Medicaid requirements
- Train organizational providers on proper documentation for code levels, and the need to be familiar and compliant with Medicaid billing requirements."

Source: CMS.gov "The Medicaid Recovery Audit Contract Snapshot"

HCPF & Federal Correct Coding Standards

Billers/Providers must bill claims in accordance with state and federal laws, policies and regulations to ensure claims are submitted correctly and will be paid accurately

- Denied claims can be re-billed

  - Note: denials in the claims system = billed and never paid; these are not audited "denials," they are true adjudication/claims processing errors

- Claims that are paid incorrectly must be adjusted

- Re-bills must be received by the fiscal agent within the applicable timely filing period

- General claims submissions and status do not have the same rules as claims under an audit.

  - Claims under and audit should never be adjusted, voided, or rebilled <u>until a determination is made and approval for rebilling is given</u>

Prohibited Adjusting, Voiding, and Re-submission/Rebilling

Claims adjustment and/or rebilling using the "general claims processing requirements" for the reason of correcting RAC findings is prohibited and is monitored

- The general claims submission process and informal reconsideration is not the same as a program integrity audit

- Providers must not tamper with claims under a RAC audit at any time, whether in automated or complex audits, outside of specific inpatient rebilling requests to the RAC vendor, HMS

- Outside of the approved RAC rebilling process, adjustments to claims related to RAC audits will be subject to internal FWA review for compliance

- Records requests and a targeted review are possible if false claims are suspected

Standard HCPF Claims System Billing

Some providers and billers have asked for clarity surrounding the electronic batch claims process. While this is not a RAC process, HCPF has published policies and resources in the HCPF Provider General Information Manual

Electronic Claims

Instructions for completing and submitting electronic claims are available through the following:

- X12N Technical Report 3 (TR3) for the 837P, 837I or 837D
- Companion Guides for the 837P, 837I or 837D
- Provider Web Portal Quick Guides

The Health First Colorado program collects electronic claim information interactively through the Provider Web Portal or via batch submission through a host system

Helpful Provider Resources and Stakeholder Education Links

Resources Available for Providers/Billers:

- The Centers for Medicaid and Medicare Services (CMS) Medicaid NCCI manuals, guidance, and training

- CMS National Training Program and Modules (Free of Cost)

- Code sets outlined in HIPAA regulations

- CMS Code set basics (PDF)

- General Provider Information Manual

- CMS "Medicaid Documentation Matters" Tool kit for providers and billers

- CMS Administrative Simplification Resources Toolkit (ZIP)

Some of the resources listed above are linked from the HCPF RAC web page. Please let us know if there is any other helpful information or training you think would be helpful

Provider Self-Audits and Self-Referrals

Required Provider Self Audits (Not RAC)

Self-Audits are a compliance activity where a provider internally audits their own billing activity

HCPF strongly encourages all providers to routinely conduct internal self-audits and to disclose any overpayments of funds

Self Audits can be triggered by:
- A post-payment review of billing activities identifying a potential trend in billing errors (* including trends and scorecards from Colorado RAC)
- A provider's regular internal compliance monitoring
- Discovery of a billing error for any other reason

Once a billing error has been found, providers are required to report the error in a self-disclosure using the Fraud, waste, and abuse (FWA) self-disclosure process outlined on the FWA web page.

Regulations: 42 U.S.C. § 1320a-7k(d), 10 CCR 2505-10, Section 8.076.3.C

Provider Self Audit Process

Some examples of improper payments suitable for self-audits include:

- Services performed by an excluded individual or entity
- Billing errors
- System errors
- Up coding (billing with code where the payment amount is more than for the code which was used or was necessary)
- Unbundling bundled codes
- Unqualified person providing services
- Time based codes missing in and out or full amount of time spent on services in the record
- Signature and date missing on progress or services note

Once an overpayment has been identified, there is a 60 day window for providers to report it and return overpaid funds

All RAC overpayments, state funds, are returned straight to services and benefits to members and payments to providers. The process can be found on the FWA self-audit web page.

Correcting Claims as Part of a Self Audit

When a claim is within timely filing (365 days from the date of service) providers may correct claims information .

Claims corrections related to self-audits and billing errors (not processing errors) that are needed between the end of timely filing and a potential RAC audit should be corrected via the self-disclosure process

NOTE: This should only be used for claims not currently under an audit.

- When making a self-disclosure, providers can use the Self-Disclosure Spreadsheet to ensure that all required fields are captured so claim(s) can be properly identified

- Payments also must be included

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Provider Self Disclosure Process

Self-Disclosure Process

- If a provider identifies that it received an overpayment, the provider is required to report and return the overpayment within 60 days of identification

- When making this self-disclosure, the provider should use spreadsheet linked below to ensure that all required information is captured, and the claim(s) can be properly identified

- Payment also must be included
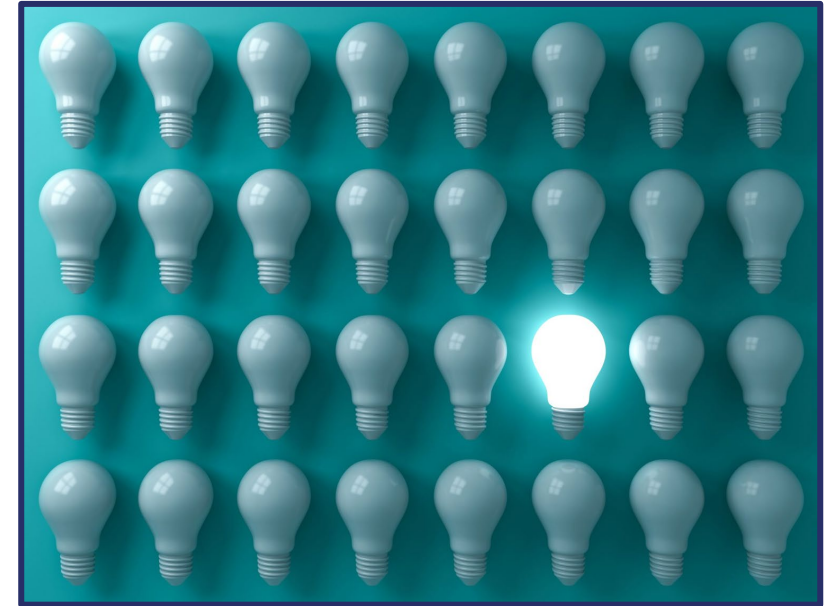
For more information, please visit: Provider Self-Disclosure | Department of Health Care Policy and Financing

Provider Self Audits & Self Disclosures

Once a provider initiates a self-disclosure, RAC cannot audit those claims

Self-Audits benefit both HCPF and providers by:

- Correcting issues before a formal audit
- Providers gaining internal education
- Identifying HCPF needs for more resources, provider education, claims system edits

The goal of Self-Audits is for HCPF and providers to work in partnership to improve billing and help to maintain access to care for members

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Provider Resources

RAC Provider Training and Resources Available Today

Content on the HCPF RAC and HMS websites:

- Colorado RAC FAQ
- HMS/HCPF Provider registration links and calendar
- HMS Colorado RAC provider portal training guide
- HMS Colorado RAC provider scorecard training
- HMS Colorado RAC hospice reviews and provider training (slides and recordings available)
- HMS Colorado RAC automated audit provider training
- HMS Colorado RAC complex reviews and provider training
- HMS Colorado RAC claims and mailing limits provider training (slides and recordings available)
- HMS Colorado RAC claims re-billing provider training (slides and recordings available)
- CMS Approved RAC topics
- HCPF provider billing training calendars

Available Training & Resources From RAC

Website content with detailed information and instructions related to:

- The Exit Conference Process and Training

- The Informal Reconsideration Process and Training

- Medical records submissions, training and best practices

- Every approved complex and automated audit

- All approved claims limits, specific to each kind of audit

- Contact information for HCPF staff, the RAC Contractor, and billing trainers, to help providers find the right person to solve any issues

- RAC Quarterly Reporting

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Available Training & Resources From RAC

Website Links and Other Resources

- Request information or give feedback to the HCPF RAC communications liaison
- Request email updates for the Colorado RAC Program
- RAC Program updates, memos, policies, and OSA updates
- Links to commonly used HCPF quick guides, such as instructions for how to copy, adjust, or void a claim to correct it for underpayments
- Legislative bills, recordings, and reports
- State Plan Amendments (SPA)
- The RAC Contract, option letters, and amendments
- Standard Operating Procedures
- URAC accreditation information, links to the directory and the RAC contractor's current accreditation status
- Program integrity regulations for Colorado Medicaid
- All HCPF Colorado Medicaid program rules and regulations
- Colorado laws for program integrity and HCPF

Available Training & Resources From RAC

Website Links and Other Resources

- Federal laws and regulations for State Medicaid Agencies and Programs
- Federal laws and regulations for Medicaid Program Integrity
- Federal laws and regulations for the Medicaid RAC program
- The RAC final rules with CMS clarifications and guidance
- HCPF Reports
- CMS Medicaid & CHIP national state scorecards and profiles
- Government Accountability Office (GAO) reports and congressional papers

HCPF Provider Resources

Medicaid claims billing training:

- HCPF claims billing training
- Provider quick guides

Claims denials, client eligibility, provider enrollment and billing questions:

- Gainwell Provider Services (Not HMS): 1-844-235-2387 (M-F 7:00 a.m. - 5:00 p.m.)

Policy and Benefits Clarifications:

- Provider Billing Manuals
- Provider Bulletins
    - Policy/Program Staff are listed in the billing manuals and bulletins (online)

Help from HCPF Provider Field Representatives:

- Technical assistance for the Provider Web Portal
- Provider enrollment
- Billing and claims
- Electronic Data Interchange
- Understanding and reconciling the remittance advice

Upcoming Colorado RAC Stakeholder Meetings

RAC Stakeholder Meetings

- Wednesday, May 14, 2025 12pm-1pm MST

- Wednesday, August 13, 2025 12pm-1pm MST

Q & A